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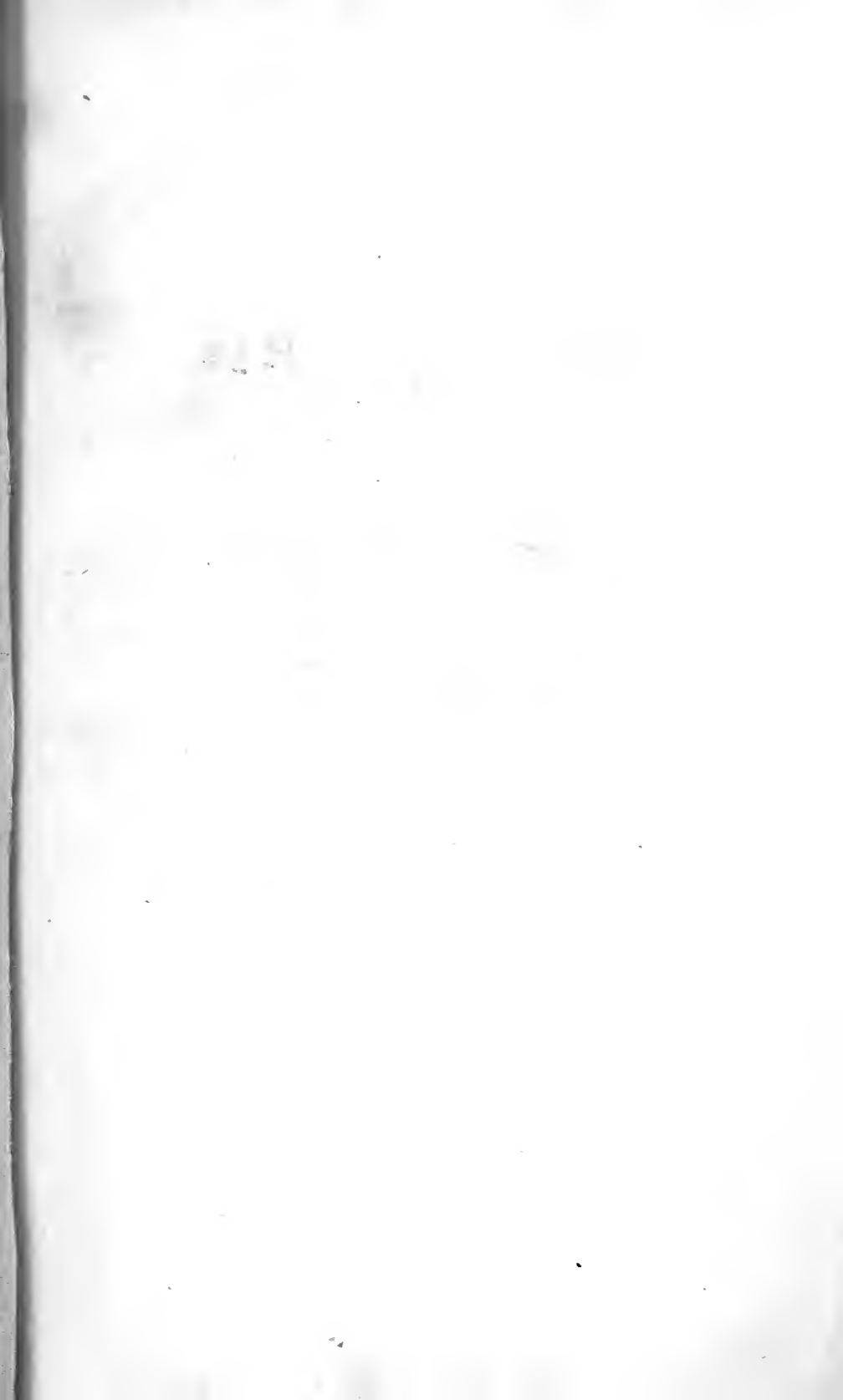
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**PREVENTIVE MEDICINE  
AND HYGIENE**



# PREVENTIVE MEDICINE AND HYGIENE

BY

MILTON J. ROSENAU

PROFESSOR OF PREVENTIVE MEDICINE AND HYGIENE, HARVARD; DIRECTOR OF THE SCHOOL  
OF PUBLIC HEALTH OF HARVARD UNIVERSITY AND THE MASSACHUSETTS INSTITUTE  
OF TECHNOLOGY; FORMERLY DIRECTOR OF THE HYGIENIC LABORATORY,  
U. S. PUBLIC HEALTH SERVICE, ETC.

WITH CHAPTERS UPON

SEWAGE AND GARBAGE, BY GEORGE C. WHIPPLE, PROFESSOR OF SANITARY ENGINEERING,  
HARVARD

VITAL STATISTICS, BY JOHN W. TRASK, ASSISTANT SURGEON-GENERAL, U. S. PUBLIC HEALTH  
SERVICE

MENTAL HYGIENE, BY THOMAS W. SALMON, MEDICAL DIRECTOR, NATIONAL COMMITTEE  
FOR MENTAL HYGIENE, ETC.



FOURTH EDITION

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## PREFACE TO THE FIRST EDITION

This book has been written in response to a demand for a treatise based upon modern progress in hygiene and sanitation. The work is planned to include those fields of the medical and related sciences which form the foundation of public health work. So far as I know, no other book on the subject covers the broad field considered in this volume. The progress in hygiene and sanitation has been so rapid that the subject of preventive medicine has become a specialty, and its scope has become so broad that the question throughout the making of this book has been rather what to leave out than what to include. The facts here brought together are widely scattered in the literature and many of them are difficult of access; they have been collected for the convenience of the student of medicine and the physician, as well as those engaged in sanitary engineering or public health work.

During twenty-three years of varied experience in public health work it has been my good fortune to have served as quarantine officer, in epidemic campaigns, in epidemiological investigations, and in public health laboratories, at home, on the Continent, and in the tropics. The fruits of these experiences are reflected in this book, which may be taken as representing my personal views gained in the field, in the laboratory, in the classroom, and in administrative offices.

It is well-nigh impossible to prevent or suppress a communicable disease without a knowledge of its mode of transmission. This is the most important single fact for successful personal prophylaxis, as well as in the general warfare against infection; therefore the communicable diseases have been grouped in accordance with their modes of transference. Each one of the important communicable diseases is discussed separately in order to bring out the salient points upon which prevention is based. The classification adopted is believed to be unique and should prove helpful to those who are especially concerned in the prevention of infection.

The book may be considered in two parts, namely, that which deals with the person (hygiene) and that which deals with the environment (sanitation). The first part includes the prevention of the communicable diseases, venereal prophylaxis, heredity, immunity, eugenics, and similar subjects. The second part deals with our environment in its relation to health and disease and includes a discussion of food, water, air, soil, disposal of wastes, vital statistics, diseases of occupation, industrial

hygiene, school hygiene, disinfection, quarantine, isolation, and other topics of sanitary importance, as well as subjects of interest to health officers. All the important methods used in public health laboratories are described.

To have made this book in monographic style with references to authorities for every statement would have resulted in an unwieldy work of impractical size and form. The textbook style has therefore been adopted and citation of authorities for facts that are now well established has been regarded as unnecessary. In this respect it may seem that I have given scant credit to many workers from whose writings I have borrowed results, thoughts, and sometimes words or even sentences. At the end of each chapter will be found a list of references to articles or books that I have especially drawn upon, and I desire to acknowledge my obligations to these sources as well as to refer the reader to them for further study of particular subjects. I have also drawn freely upon my own previous writings and those of my co-workers in compiling this book. The chapter on "Disinfection" is based upon my book entitled: "Disinfection and Disinfections," published by P. Blakiston's Sons & Co., Philadelphia, 1902.

I have received generous help from a number of friends and it is a pleasure here to acknowledge especially my obligation to Dr. David L. Edsall for reading and correcting the chapter on Diseases of Occupations, to Dr. John F. Anderson and Dr. Joseph Goldberger for revising the chapters upon Measles and Typhus Fever, to Prof. George C. Whipple for reading and improving the chapter upon Water, to Charles T. Brues for many suggestions in the section upon insect-borne diseases, and to Prof. W. E. Castle for a similar service with the section on Heredity. Dr. Charles Wardell Stiles has kindly furnished information concerning the relation of parasites to soil. I also desire to express my obligations to Prof. Arthur I. Kendall, Dr. Harold L. Amoss, Dr. Lewis W. Hackett, Prof. William D. Frost, and Miss Emily G. Philpotts.

It has been my object to give in this volume the scientific basis upon which the prevention of disease and the maintenance of health must rest. Exact knowledge has taken the place of fads and fancies in hygiene and sanitation; the capable health officer now possesses facts concerning infections which permit their prevention and even their suppression in some instances. Many of these problems are complicated with economic and social difficulties, which are given due consideration, for preventive medicine has become a basic factor in sociology.

M. J. ROSENAU

BOSTON



## PREFACE TO THE FOURTH EDITION

This edition has been largely rewritten and entirely reset. The following new subjects have been added: Public Health Methods and Measures; Relative Values in Public Health Work; A Public Health Program; Organization of Health Departments; Median Endemic Index; Housing; Rural Sanitation; Public Health Education; Public Health Nursing; Drug Addiction, Alcoholism; Undernutrition; Sanitary Surveys; Infant Mortality; Koch's Laws; Intelligence Quotient; Vitamins; Oral Hygiene; Ocular Hygiene; Personal Hygiene; and a Laboratory Course in Preventive Medicine and Hygiene.

The following diseases are discussed in this book for the first time: Vincent's Angina; Deer-Fly Fever; Leishmaniasis; Epidemic Encephalitis; Yaws; Psychoneuroses; War Edema.

The following subjects have been rewritten: Venereal Diseases and Hygiene of Sex; Dysentery; Influenza; Trench Fever; Mental Defectives; Food Poisoning; Botulism; Deficiency Diseases and Goiter. More or less extensive changes have been made throughout the rest of the volume.

I have received letters from many parts of the world calling my attention to errors of commission or omission. I am grateful for these suggestions and will appreciate others that may help improve the book and keep it up to date. Acknowledgment of special help is stated on page xi.

M. J. ROSENAU

HARVARD MEDICAL SCHOOL  
BOSTON



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D. Appleton and Company have met with unusual difficulties in publishing a book of this size at this time, and I am indebted for their coöperation, especially that of Dr. J. R. Broome.

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BOSTON

M. J. ROSENAU



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# PREVENTIVE MEDICINE AND HYGIENE

## SECTION I

### PREVENTION OF THE COMMUNICABLE DISEASES

#### CHAPTER I

#### DISEASES HAVING SPECIFIC OR SPECIAL PROPHYLACTIC MEASURES

#### **SMALLPOX AND VACCINATION**

The prevention of smallpox depends primarily upon vaccination, secondarily upon isolation and disinfection. Vaccination was the first specific prophylactic measure given to man; it produces an active immunity to smallpox. On account of its importance and great practical value this subject will be considered in some detail, for much of the antivaccination sentiment is due to ignorance or misconstruction of the facts.

Smallpox was once the most prevalent and dreaded disease in the world. Before the days of vaccination only five persons out of a hundred escaped it, and about a quarter of those who took it died. Many of those who recovered were mutilated or maimed for life.

**Historical Note.**—The credit of giving vaccination to the world is due to Jenner, who proved through carefully planned experiments that cowpox protects against smallpox. This fact had been familiar to the farmers and folk of England as a vague tradition for a long time. A young girl who sought medical advice of Jenner, when a student at Sudbury, said, "I cannot take smallpox because I have had cowpox"; this remark made a strong impression upon the young medical student.

Benjamin Jesty, a Dorchestershire farmer, in 1774 successfully vaccinated his wife and two sons. Plett, in Holstein, in 1791 also successfully vaccinated three children. It was Jenner, however, who through logical and scientific methods proved that a person who has had the mild disease, cowpox, enjoys protection against the serious and often

fatal disease, smallpox. Waterhouse and others soon repeated and corroborated Jenner's experiments and helped to establish the soundness of his conclusions.

Jenner made his crucial experiments in 1796, when he transferred the vaccine matter from the hand of a dairy maid (Sarah Nelms) to the arm of James Phipps, a boy about 8 years old. Sarah Nelms scratched her hand with a thorn and "was infected with the cowpox from her master's cows, in May, 1796." Jenner transferred the vaccine virus from the eruption upon the hand of Sarah Nelms to the arm of James Phipps on May 14, 1796. A typical take followed. "In order to ascertain whether the boy, after feeling so slight an affection of the system from the cowpox virus, was secure from the contagion of the smallpox, he was inoculated the first of July following with variolous matter, immediately taken from a pustule. Several slight punctures and incisions were made on both arms, and the matter was carefully inserted, but no disease followed. The same appearances were observable on the arm as we commonly see when a patient has had variolous matter applied, after having either the cowpox or the smallpox.<sup>1</sup> Several months afterward he was again inoculated with variolous matter, but no sensible effect was produced on the constitution."

In addition to such direct experimental proof, Jenner inoculated smallpox matter into ten persons who had at some previous time contracted cowpox.

Date of Inoculation with Smallpox	Name	Ascertained to have had Cowpox
1. 1778	Mrs. H. ———	When very young
2. 1791	Mary Barge	31 years previously
3. 1792	Sarah Portlock	27 years previously
4. } 1795	{ Joseph Merret	25 years previously
5. }	{ William Smith	1, 5, 15 years previously
6. }	{ Elizabeth Wynne	10 months previously
7. } 1797	{ Sarah Wynne	9 months previously
8. }	{ William Rodway	38 years previously
9. After 1782	Simon Nichols	Some years previously
10. Not stated	John Phillips	53 years previously

In justification of such human experimentation it should be remembered that at that time the inoculation of smallpox matter into healthy individuals was an acknowledged method of preventing that disease. Jenner himself was inoculated when a boy. The question of "inoculation" (with smallpox) as contrasted with "vaccination" (with cowpox) will be discussed presently.

With such proof as this Jenner put a popular belief upon a scientific basis. He demonstrated that cowpox is a local and mild disease

<sup>1</sup>This keen observation shows that Jenner was familiar with the modified take, recently rediscovered and now known as the immediate reaction.



in man, that it may be readily transferred from man to man, and that it protects against smallpox. The chain of evidence was complete, but he first proved his thesis to his own satisfaction before he gave it to the world. He said himself: "I placed it on a rock where I knew it would be immovable before I invited the public to take a look at it." Jenner presented the results of his observations to the Royal Society, of which he was a Fellow, but the paper was refused. He then published it in 1798 as a book, modestly entitled, "An Inquiry Into the Causes and Effects of the Variolae Vaccinae, a Disease Discovered in Some of the Western Counties of England, Particularly Gloucestershire, and Known by the Name of the Cowpox." Every student of preventive medicine should read this brief "inquiry" in the original. It may be taken as a model of careful observation and logical presentation, showing great self-restraint and moderation of an observant, imaginative, and judicial mind.

Dr. Benjamin Waterhouse, the first professor of Theory and Practice of Physic in the Harvard Medical School, early became convinced of the value of Jenner's demonstration and obtained some vaccine virus on threads from abroad. On July 8, 1800, he vaccinated his son, Daniel Oliver Waterhouse, then five years old. This was the first person vaccinated in America, so far as existing records show. After successful vaccination with cowpox his two sons and other members of his household were inoculated with smallpox at the Smallpox Hospital by Dr. Zabdiel Boylston, with negative results.

In Boston on August 16, 1802, nineteen boys were vaccinated with the cowpox. On November 9th twelve of them were inoculated with smallpox; nothing followed. A control experiment was made by inoculating two unvaccinated boys with the same smallpox virus; both took the disease. The nineteen children of August 16th were again unsuccessfully inoculated with fresh virus from these two boys. This is one of the most crucial experiments in the history of vaccination, and fully justified the conclusion of the Board of Health—"cowpox is a complete security against the smallpox."

Thomas Jefferson helped materially to spread the new doctrine in this country, and, in 1806, in writing to Jenner, said: "Future nations will know by history only that the loathsome smallpox has existed and by you has been extirpated." This prophecy has by no means been fulfilled—though eminently possible.

### VACCINATION

**Vaccination** may be defined as the transference of the virus from the skin eruption of an animal having vaccinia or cowpox into the skin of another animal. Vaccination, then, consists in introducing the active

principle of cowpox into the skin of a susceptible animal. For over one hundred years vaccination (from *vacca*—a cow) was a specific term limited to the introduction of the virus of cowpox into the skin, in order to induce vaccinia and prevent variola. In recent years, however, the term has been used in a generic sense to include the introduction of many different substances in many different ways and for many different purposes. Thus we speak of attenuated or killed bacterial cultures as bacterial vaccines; and the subcutaneous inoculation of organic substances of diverse origin and nature is often spoken of as vaccination. We hear of typhoid vaccines, anthrax vaccines, staphylococcus vaccines, and we read in the literature of animals “vaccinated” with extracts of cancer and other organic substances. For distinction between a vaccine and a virus, see page 534.

### VACCINE VIRUS

**Vaccine virus** is the living specific principle in the matter obtained from the skin eruption of animals having a disease known as “vaccinia” or “cowpox.” Vaccine virus is obtained from calves, but may also be obtained from older cattle, from man, rabbits, buffalo, camels, and other mammals.

**Cowpox**, or vaccinia, is an acute specific disease to which many animals are susceptible, namely, man, cattle, camels, rabbits, monkeys, guinea-pigs, rats, etc. The disease runs practically the same clinical course in all susceptible species. The eruption is always local and confined to the site of the vaccinated area; the constitutional symptoms are always benign and usually slight. Vaccinia or cowpox is a benign disease; when uncomplicated, it has never been known to cause death or leave any unpleasant sequelae.

After an incubation period of from three to four days the local eruption begins as a papule which soon develops into a vesicle, and later into an umbilicated pustule. Surrounding the vesicle is a reddened, inflamed, and tender areola. The neighboring lymph glands are swollen and tender, and there may be slight fever lasting several days. The pustule dries, leaving a crust or scab, which comes away, disclosing a typical foveated or pitted scar.

**Human and Bovine Vaccine Virus.**—Vaccine virus is usually obtained from (1) bovine or (2) human sources.

*Human virus* is now seldom used, for the reason that the supply would not be sufficient. Upon the appearance of a smallpox outbreak it is sometimes necessary to have enough virus to vaccinate one hundred thousand or more people. Such large quantities evidently could not be obtained from man at any desired time. Another objection to the use of human virus is the possibility of transmitting syphilis, and perhaps

other diseases peculiar to man. It is not always practical to select donors so as to avoid such transmission.

When human seed is used the virus may be transferred directly from arm to arm; or the virus may be preserved dry in the scab; or the contents of the vesicle may be kept in either a dried or moist state, as described below for bovine virus. Arm-to-arm vaccination is still practiced in several parts of the world, particularly in Mexico, where it is claimed that it has the advantage of producing a better take; that the results are surer in that there are fewer unsuccessful vaccinations; and, finally, it is stated that the human virus affords a better immunity, but as to this there is no proof and some doubt.

*Bovine virus* has been used more or less since the time of Jenner, but especially since 1866 when the Beaugency strain was discovered, and more since 1891 when Copeman showed how to purify it with glycerin. It has the great advantage of being readily obtained in any amount and when desired. It may be purified, and it further totally eliminates the danger of conveying syphilis and other diseases peculiar to man.

**Forms of Vaccine Virus.**—Vaccine virus may be used in one of three forms: (1) fresh, (2) dry, (3) glycerinated.

The *fresh* virus may be taken from the eruption of the calf or man and transferred directly. Thus the Institut Vaccinale at Paris still prefers to use the fresh virus. The vesicle is squeezed at its base between the blades of forceps, and some of the content is transferred from the calf directly to the skin of the arm by means of a thumb lancet or any similar instrument.

The vaccinal matter may be *dried*, and the virus remains potent in this state a very long time, especially if kept cold and protected from light. The virus may be dried upon a splinter of ivory, bone, or other substance. Formerly physicians preserved the dried crust from a typical take. When needed, small portions of this crust were ground, moistened, and inserted into the skin.

*Glycerinated* virus consists of vaccine pulp treated with 50 per cent. glycerin. This purifies it and hence is preferable.

**Vaccine Pulp and Vaccine Lymph.**—A distinction is drawn between the pulp and the lymph. The *pulp* consists of the entire vesicle with its contents, which is scraped from the skin, and is composed of epithelium, leukocytes, bacteria, products of inflammatory reaction, the fluid content of the vesicle, débris, etc. The *lymph* is the serous fluid contained in the vesicle or which often exudes from the broken vesicle. When the eruption is produced on the skin of a calf in a large confluent area, the surface of the eruption is scraped away and the exuding "lymph" is placed upon points by dipping or brushing.

Most of the active principle of vaccine virus is contained in the epithelial cells, and this portion is largely lost when only the lymph is

used. The pulp, which includes the lymph, therefore contains the virus in greater concentration, and is almost exclusively used in this country at the present time.

**Dry Points versus Glycerinated Vaccine Virus.**—The old-fashioned dry points were prepared by applying the vaccine lymph to splinters of ivory. Bone or glass were later substituted for ivory. Bone is undesirable because it is difficult to sterilize and may contain tetanus spores. The only advantage of the dry point is its convenience in vaccinating. One disadvantage is that the virus dried upon such points cannot easily be purified as is the case with glycerinated pulp. Further, the points are used as scarifiers and the method of scarification favors irritation and infection of the wound. Dry points practically always contain more bacteria than the glycerinated virus. For these reasons points are no longer permitted in interstate traffic in accordance with the federal regulations.

The best container for single doses of vaccine virus is a capillary tube. These are easily sterilized, filled and hermetically sealed. They should be wiped with alcohol and broken with sterile gauze, and the contents can then safely be emptied by means of a small rubber bulb. When many vaccinations are to be done, it is preferable to have the virus in bulk.

**The Process of Ripening or Aging.**—When the vaccine virus is fresh it is said to be "green." Glycerin is added to the green pulp, and after it has acted a certain period of time the virus is said to be "aged" or "ripe." The use of glycerin for this purpose was introduced by Moncton Copeman<sup>2</sup> in 1891 for the purpose of preserving<sup>3</sup> and purifying the virus. The glycerin acts as a differential germicide, that is, it is comparatively harmless to the active principle in the vaccine virus, but destroys the frail non-spore-bearing bacteria. In time the virus itself succumbs. Vaccine virus must, therefore, not be used while green nor when too old. Manufacturers date their products as "not reliable after" 2 months in the summer time, and 3 months during the cold season.

Fifty per cent. glycerin of the best quality is used. I have shown that no growth of bacteria, yeasts, or molds takes place in 60 per cent.<sup>4</sup> glycerin. Two to four parts of 50 per cent. glycerin are added to 1 part of the pulp by weight. The mixture is then thoroughly ground with a mortar and pestle by hand, or between glass rollers in a special mill driven by machinery. The pulp should be thoroughly broken up and a uniform suspension obtained. The amount of glycerin added depends upon the consistency and character of the pulp. The only objection

<sup>2</sup> Transactions of the International Congress of Hygiene, 1891.

<sup>3</sup> Glycerin also serves as a preservative for other filterable viruses, as foot-and-mouth disease, infantile paralysis, rabies, etc.

<sup>4</sup> Hyg. Lab. Bull. No. 16, U. S. P. H. & M. H. S., 1903.

to adding more glycerin would be the greater dilution of the virus, and, therefore, a larger proportion of negative takes. A higher percentage than 50 per cent. of glycerin soon renders the virus inert. The time required for the virus to ripen depends upon the temperature. Most of the non-spore-bearing bacteria perish in 30 days at 15° to 20° C. Approximately the same effect may be obtained at 37° C. in a few hours. At low temperatures the glycerin has practically no bactericidal effect. The process must always be controlled bacteriologically.

Vaccine virus should always be kept cold until used. The warmth of the doctor's pocket may be enough to destroy its potency in a few hours. The heat of the railroad car or post office may soon render it impotent. This explains the difficulty sometimes encountered in obtaining potent virus during the summer months.

Substances other than glycerin are used for the purpose of purifying vaccine virus. Carbolic acid (0.5 to 1.0 per cent.), in addition to glycerin, is used with success in Japan, and to a large extent in this country. Potassium cyanid, brilliant green, chloroform, chlorobutanol, etc., have been tried, with less success in practice.

**Bacteria in Vaccine Virus.**—Vaccine virus obtained from the skin always contains bacteria. However, these bacteria are, for the most part, harmless to man. They are commonly those that are found on and in the skin of the calf. The non-spore-bearing varieties are largely eliminated by the process of ripening. There are fewer bacteria in the typical unbroken vesicle than in the pustule or in a broken, crusty, inflamed eruption. Green virus may contain from a few thousand to over a million bacteria per cubic centimeter. The ripened, glycerinated virus contains much fewer, and these mostly harmless saprophytes. The number of such bacteria in the ripened virus may be taken as an indication of the care and cleanliness with which the virus has been prepared. In the United States vaccine virus is required to have fewer than 50 bacteria per dose.

Noguchi<sup>5</sup> by painstaking methods obtained a bacteria-free vaccine virus, which may be propagated in the testicles of bulls or rabbits. Human beings react to the testicular strain in an entirely typical manner, but this method has not been found practical for propagation on a large scale.

**Seed Vaccine.**—The seed virus may be obtained (1) from cowpox, (2) from smallpox, (3) by retrovaccination.

"Spontaneous" or casual cowpox occasionally occurs; that is to say, the disease appears to arise spontaneously because its origin cannot be traced. Casual cowpox comes either from another case of cowpox or from a case of smallpox. Cattle are not subject to smallpox, but, when smallpox virus is introduced into the skin of a calf, it produces cowpox.

<sup>5</sup>*Jour. of Exp. Med.*, June 1, 1915, XXI, 6, p. 339.

When smallpox is thus converted into cowpox, it remains fixed as such, and never reverts to smallpox.<sup>6</sup> Twenty-nine separate records of successful modification of smallpox virus into cowpox are found in the literature; also a number of negative attempts. Some of the strains obtained in this way were used to vaccinate children with typical takes and adequate protection.

*Retrovaccination* consists in carrying the vaccine virus back from child to calf; better still, the virus may be passed from man through rabbit, monkey, or other susceptible animal, and then again to the calf. Changing the species helps to maintain the activity of the vaccine virus for an indefinite time; furthermore, the change leaves behind certain associated bacteria which may gather increased virulence by successive passage from animal to animal of the same species.

**Propagation.**—In the propagation of bovine virus young calves are preferred, because they are more manageable, the skin is more tender, and the eruption is therefore more abundant and typical. With young animals a milk diet may be used, which simplifies the problem of dust contamination from dry feed. If hay or fodder is used, it should first be autoclaved. Either heifers or bull calves are suitable, although the former are preferred.

The animals are held in quarantine for seven days, under observation, to determine the absence of infections such as tuberculosis, glanders, foot-and-mouth disease, tetanus, fever, diarrhea or skin eruptions of any kind.

Before vaccinating the calf it is carefully cleaned, and the site of the inoculation is shaved and prepared surgically,<sup>7</sup> but without the use of strong germicidal solutions, for the reason that they are apt to destroy the action of the vaccine virus. Cleanliness and asepsis are the watchwords. The area selected is usually the abdominal wall between the tip of the sternum and the groin, sometimes including the inner side of the thigh. The usual method is to make long, superficial incisions in the skin about one centimeter apart, and the seed virus is gently rubbed into these incisions. The calves must then be kept rigidly isolated in a special room, moderately lighted, free from dust, and screened to keep out insects. The temperature of the animal is taken several times daily and the eruption at each stage of the disease is closely watched and recorded.

The virus is usually taken from the animal about the fifth day. It is an advantage to take the virus early, in order to avoid contaminating infections which may occur when the vesicles mature. Vaccine virus

<sup>6</sup> It is highly significant that casual cowpox was formerly much more common when smallpox was much more prevalent.

<sup>7</sup> I used 3 scrubbings with soap and 3 floodings with alcohol, at the Antitoxin and Vaccine Laboratory, Mass. State Dept. of Health.

taken after the eighth day is unreliable. Jenner's golden rule was to take the virus before the areola appeared. Virus taken after the eighth day is apt to produce unduly inflamed or abortive vesicles, called spurious takes by the early vaccinators. Only typical and entirely characteristic vesicles should be removed. Before the virus is removed, the animal is chloroformed to avoid pain, and an autopsy is done as soon after the virus is removed as practicable. If the autopsy shows any lesions indicating infections other than vaccinia, the virus is discarded.

It is not wise in propagating vaccine virus to vaccinate too large an area. This favors infections by lowering resistance; furthermore, less typical eruptions are obtained than when the area vaccinated is moderate in extent. A yield of from 30 to 50 grams of pulp from one calf should satisfy the propagator.

Before the virus is taken the animal is placed upon a special table, the site of the vaccination exposed and given a very thorough washing and prolonged scrubbing with soap, and an abundant flushing with sterile water. The pulp is obtained by scraping the vesicles with a sharp spoon curette.

Glycerin (50 per cent.) in the proportion 1 to 4 is added at once to the pulp, and this is ground to a state of fine and uniform subdivision in a Csokar lymph mill, or simply by hand with a mortar and pestle. This glycerinated pulp is then allowed to age, and when purified by the action of the glycerin it is hermetically sealed in capillary tubes, or placed in small vials for the market.

## METHODS OF VACCINATION

Vaccination consists in transferring the virus of cowpox from one animal to the skin of another animal. The operation of vaccination consists of introducing vaccine virus *into* the skin. Under no circumstances must the vaccine virus be placed under the skin or subcutaneously. The operation may be compared to the transfer of a culture in a bacteriologic laboratory. Precisely similar precautions to prevent contamination must be used in both cases. Vaccination must be regarded as a surgical operation. No person unfamiliar with surgical cleanliness should be permitted to perform this "little" operation.

The vaccine virus may be introduced in one of three ways: (1) by puncture, (2) by incision, or (3) by scarification.

Jenner used punctures or short incisions. Later blisters were raised upon the skin and the virus placed upon the abraded surface. The incisions were then increased in number, and finally cross scratchings or scarifications were made.

**Puncture.**—The simplest method is shallow oblique pricking of the skin with a needle moistened with the vaccine virus; this gives little chance of contamination and the eruption is typical. The disadvantage is that the virus now used is diluted with glycerin, and therefore somewhat attenuated, so that a few punctures may not give an adequate take.

**Incision or Scratch.**—The method advised and recommended is that of incision. Incision is the only method of vaccination permitted by the laws of Germany, and recommended by the Local Government Board of England. Incision, if not too deep, consists really of a series of punctures, and serves the same purpose. Incisions may be made with the point of a scalpel. I prefer to use a sterile needle. The incision or scratch should not be deep enough to draw blood, but a few drops do

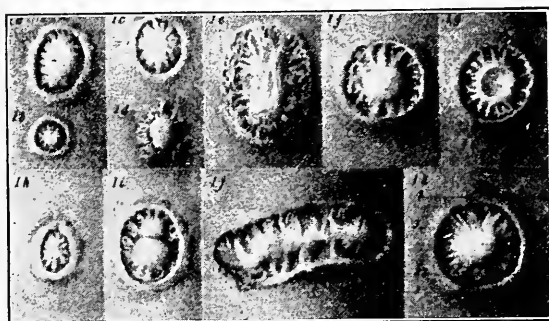


FIG. 1.—VACCINATION SCARS PRODUCED BY METHOD OF SCARIFICATION.

Note unnecessary central scar.

no harm. It is rather difficult to control the depth of the incision with a scalpel, especially if it is sharp. Scratching with a needle is much more easily controlled. Two incisions should be made about one inch long and about an inch apart. The vaccine virus is first placed upon the skin in two

small droplets about an inch apart. The point of the needle is now moistened in the droplet and as the scratch is made the needle carries the virus along with it into the little wound. With the flat of the needle the virus should be gently rubbed (not ground) into the scratch. It is important not to cause any unnecessary irritation so as to avoid attracting infections.

**Scarification.**—Scarification or cross-scratching should be prohibited by law. It is forbidden in Germany. The objection to scarification is that this method produces a relatively large abraded surface which is soon covered by a dry, hard crust of serum and blood, through which the eruption cannot pierce. The vesicles form a ring around the scarified area, leaving a central irritated wound inviting infection. Most of the cases of tetanus complicating vaccination occur in cases in which scarification was used. In this method favorable anaërobic conditions are produced under the crust or scab which forms over the abraded surface. The scarified area also leaves an unnecessary and unsightly scar (Fig. 1).



**The Point of Election.**—The outer surface of the left arm at about the insertion of the deltoid is the most convenient for the operator and the patient. This is the original site selected by Jenner, and is less liable to severe glandular complications than other points. The skin here is easily made taut during the operation by grasping the under side of the arm. Inspection of the course of the eruption is also facilitated.

Flachs recommends the side of the chest at about the level of the sixth rib, in the axilla. Here the scar is not visible; but this site is more objectionable than that recommended by I. H. Goldberger,<sup>8</sup> who uses the inner and back side of the arm.

The leg is sometimes selected to avoid disfigurement. The vaccination scar should not be regarded as a deformity. To the sanitarian a typical vaccine scar is a sanitary dimple. The leg is more exposed than the arm to traumatism, and, therefore, to complications. Dock refuses to vaccinate on the leg unless the patient will stay in bed until the vesicle heals. With babies in diapers and with young children it is exceedingly difficult to keep these parts clean. If the leg is selected, the vaccination should be done on the calf below the head of the fibula, and not on the outer surface of the thigh.

**Number of Incisions.**—This has an important bearing upon the probability of the take, as well as the protection. It is not wise to depend upon one. There is a definite relation between the number of vesicles and the degree and length of the immunity. See page 17. The German regulations of 1899 require at least four incisions, each one centimeter long and two centimeters apart. The Local Government Board of England directs that four vesicles should be produced, and that the total area of the vesicle formation shall not be less than one-half a square inch. My own practice follows that of Dock, who makes not less than two incisions about an inch long and an inch apart; but in case of exposure to smallpox three or four such incisions are advisable.

**The Operation.**—The skin at the site of the operation must be surgically clean, but need not necessarily be treated with germicides. If such are used, they must be carefully washed away in order not to destroy the activity of the virus. A thorough preliminary scrubbing with soap and water is necessary for a dirty skin. Washing with warm water followed by alcohol is usually enough. The alcohol should be permitted to evaporate before the vaccine is applied and the incision is made. In general, the less the skin is irritated the less the danger of complications. Needles are particularly handy, as they may be flamed just before the operation, and are convenient in saving time when many people are to be vaccinated. The vaccine virus is gently rubbed into the incision, not ground in, and then allowed to dry. No dressing is necessary as long as the vesicle remains unbroken, but several layers of dry sterile

<sup>8</sup> *N. Y. Med. Jour.*, Dec. 25, 1920, 112, No. 6, p. 1035.

gauze held in place by adhesive plaster do no special harm, provided they are removed before pustulation. Pads, plasters, and shields of any sort are unwise, because by retaining heat and moisture they cause softening and breaking down; in other words, they act like a poultice.

The best dressing is the unbroken skin, and then the crust (scab) which naturally forms. This permits frequent inspection and avoids undue heat and softening. If the pustule breaks or the crust comes off, or the take shows indications of secondary infection, frequent dressing with an active germicide is indicated. It is not good surgical technic to bind up any actively suppurating area for more than 24 hours.

Painting the vesicle with tincture of iodine, cauterizing the base with silver nitrate, or the application of carbolic acid, picric acid, and other active germicides does not diminish redness or shorten the course of the vaccinal eruption.

Bathing need not be omitted, nor any of the ordinary occupations, but care should be taken not to soften the crust by water or sweat. Unnecessary use of the arm must be guarded against, as this increases the congestion, inflammation, and the chances of infection.

#### INDICES OF A SUCCESSFUL VACCINATION

The take must be typical and the clinical course characteristic, otherwise we have no assurance that the individual is protected against small-pox. The best indices of a successful take are: (1) the course of the eruption, (2) the general symptoms, and (3) the scar.

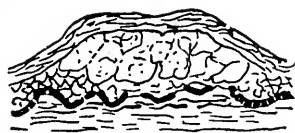
The importance of knowing the skin lesions of vaccinia were insisted upon by Jenner. Every vesicle, scab, ulcer, or irritated wound is not vaccinia. No confidence should be placed in doubtful or atypical takes. The characteristic features of vaccination are singularly alike. The clinical course of a primary vaccination is as follows:

**Course of the Eruption.**—The primary wound soon heals. Apparently nothing occurs for 3 to 4 days, which is the period of incubation. Then one or more small papules appear upon the skin where the vaccine virus was introduced. The papule is small, round, flat, bright red, hard, but superficial. About the fifth day the summit of the papule becomes vesicular. The vesicle is at first clear and pearl-like. Umbilication soon develops as the vesicle enlarges. A deep, red, and swollen areola surrounds the vesicle and grows wider as the lesion advances. This gives the picture of the "pearl upon the rose leaf" which constitutes the true Jennerian vesicle. By the seventh day the vesicle is full size, round or oval, flat on top, umbilicated, and contents clear. It is multilocular; if pricked with a pin or accidentally opened only that portion of the lymph contained in the compartment opened will exude. By the eighth day it turns yellowish, the middle is fuller, following which the so-called second umbilication develops. Meanwhile the areola

deepens, widens, and may be swollen. The skin feels hot, is painful, and the axillary glands become enlarged and tender. About the tenth day the areola begins to fade and the swelling subsides. By the eleventh or twelfth day the pustule rapidly dries, leaving a brown, wrinkled scab, which finally drops off about the twentieth day. It should never be removed, as it forms the best dressing.



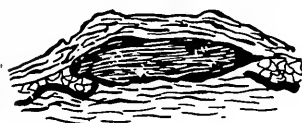
PUNCTURE



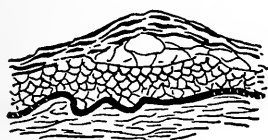
PUSTULE 9TH DAY



PAPULE 4TH DAY



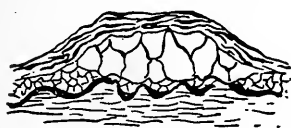
DESICCATION 12TH DAY



VESICLE 5TH DAY



CRUST 18TH DAY



UMBILICATION 7TH DAY



FOVEATED SCAR

FIG. 2.—THE COURSE OF THE ERUPTION (Diagrammatic).

The scar is at first red, finally turns white, with the pits or foveations so characteristic of true cowpox.

**General Symptoms.**—These vary. Malaise, loss of appetite, sometimes nausea and vomiting, headache, pain in the muscles of the back, and other indications of a mild febrile reaction appear about the seventh day, and soon cease. The temperature may go to  $38^{\circ}$  or  $38.5^{\circ}$  C. as the vesicle ripens. The febrile reaction bears no special relation to the size and number of the vesicles or to the areola. The regional lymph nodes become enlarged and tender about the time the pustule forms. The nitrogen elimination increases about the tenth day for a short time. The blood changes resemble those of smallpox, an early leukopenia and secondary leukocytosis.

Secondary vaccinations often run an accelerated, milder, or modified course with shortened periods of incubation (see revaccination).

**Vaccination certificates** should be based upon observation of the course of the take. Modified reactions in revaccinations are to be interpreted as successful takes, but their nature should be recorded—as immediate, or accelerated reactions, page 18.

#### THE IMMUNITY

The immunity appears about the eighth day of the vaccination. Layet puts the point of safety at the ninth day, Burckhard at the elev-

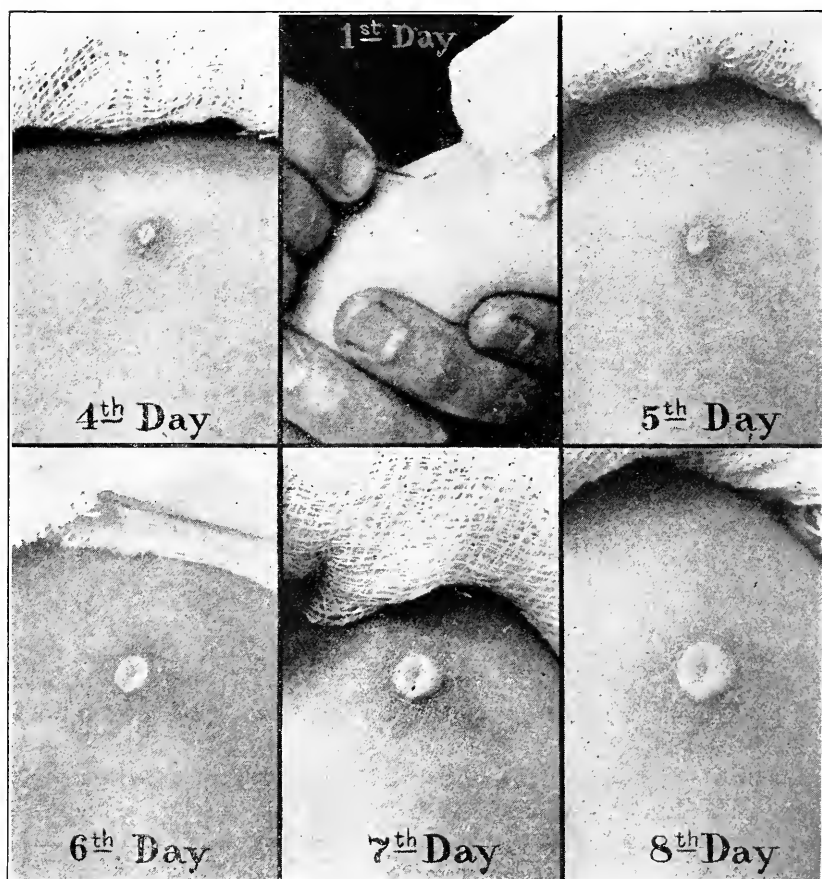


FIG. 3.—VACCINIA. Course of the Eruption.

enth. These data are based upon the early work with variolation, when persons were inoculated with smallpox at various periods following vaccination. Sacco got only a local eruption by inoculating smallpox on the eighth to the eleventh days, and none after that.

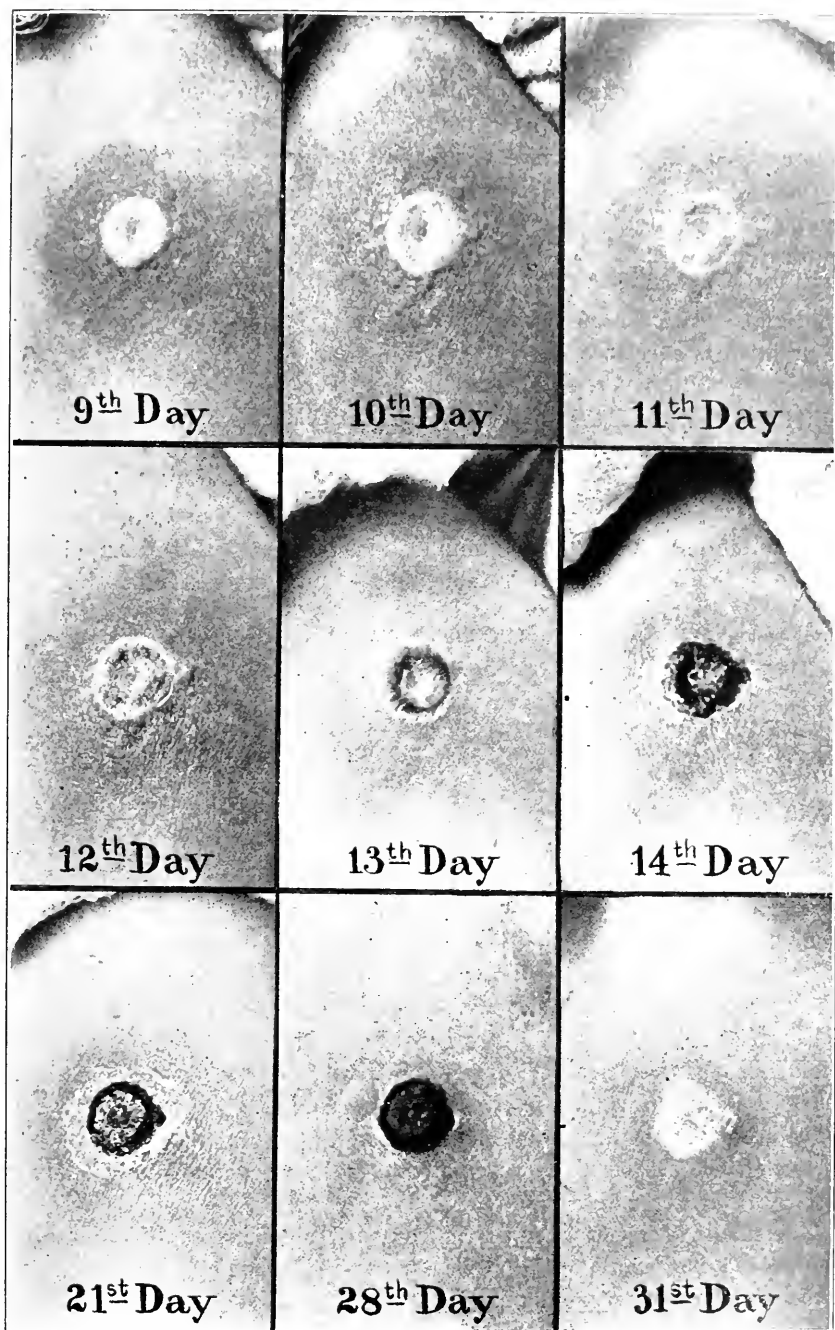


FIG. 4.—VACCINIA. Course of the Eruption.

Vaccinia protects not only against smallpox, but also against vaccinia. Curiously enough, the degree and length of immunity appear to be greater against smallpox than against itself. Persons who have had smallpox may often be vaccinated successfully. It is irrational to attempt to fix a definite time for the duration of the immunity. This varies as in other infectious processes. It is known through experiment and experience that the immunity gradually wears off. The degree of protection is usually absolute for some years, and then gradually fades. Judged by successful revaccinations, it begins to disappear in 2 years and in 10 years is almost completely gone. In this, as in other diseases, immunity is a relative term. Smallpox itself does not always protect against smallpox. Some people have two and even three attacks of smallpox.<sup>9</sup> Such cases, however, are exceptional, and it is also exceptional to have smallpox occur in an individual who has been properly vaccinated.

Careful statistics collected in Japan since 1879 show quite definitely the gradual diminution of the immunity, beginning with the second year after vaccination. Kitasato's table,<sup>10</sup> based on 951 cases, is as follows:

SUCCESSFUL REVACCINATION AFTER

1 year.....	13.6	per cent.
2 years.....	32.9	" "
3 years.....	46.6	" "
4 years.....	57.3	" "
5 years.....	51.1	" "
6 years.....	63.8	" "

Weil, in 1899, reported 72.5 per cent. of successful revaccinations after seven years, 80 per cent. after eight years, 85 per cent. after nine years, and 88.6 per cent. after ten years. German Government reports show 90 to 93 per cent. successful revaccinations after 10 years.

It is commonly asserted that, if a revaccination takes, the subject was therefore susceptible to smallpox. While this is usually true, it does not necessarily follow. It is a still greater fallacy to state that, if a vaccination fails, the subject is therefore immune. This view may result in real harm. Vaccination may fail for many reasons—the operation may not have been properly done, or the virus may have been inert. Sometimes persons are unsuccessfully vaccinated three, four, or more times before a typical take is obtained.<sup>11</sup>

A modified reaction must be regarded as evidence of immunity. Thus, the immediate reaction is a clear indication of immunity, the accelerated reaction of partial immunity.

<sup>9</sup> Jenner mentions "the lady of Mr. Gwinnett, who has had the smallpox five times."—Baron's "Life of Jenner," Vol. II, p. 265.

<sup>10</sup> *Jour. A. M. A.*, March 25, 1911, p. 889.

<sup>11</sup> One of my cases gave a history of having been unsuccessfully vaccinated five times. The sixth attempt produced a typical primary take with 21 vesicles.

There appears to be a definite relation between the immunity conferred and the number of vaccination scars. There is also some evidence that the protection is directly proportional to the area of the local eruption. This question has not been carefully studied since the data contained in the final Report of the Royal Commission on Vaccination, which is summarized in the following table:

MORTALITY OF POSTVACCINAL SMALLPOX IN RELATION TO THE NUMBER OF SCARS

Number of Scars	3,094 cases* (1836-51)	10,661 cases* (1852-67)	6,839 cases†
None	21.7%	39.4%	.....
1	7.6	13.8	6.2%
2	4.3	7.7	5.8
3	1.8	3.0	3.7
4	0.7	0.9	2.2

\* Final Report of the Royal Commission on Vaccination, 1896, paragraph 291. Dr. Thorne, from data collected by Mr. Marson.

† Same Report, paragraph 293. Summary of cases apart from those of Mr. Marson.

One point needs emphasis: The degree and duration of the immunity are directly proportional to the typical nature of the take. No reliance should be placed upon atypical reactions.

The immunity may be renewed; two vaccinations are usually sufficient to protect for life.

The nature of the changes in the body which produce the immunity are not understood. In this sense vaccination is still an empiric procedure. We now know of many analogous instances, however, where an active acquired immunity is induced by means of an attenuated virus. The immunity produced by vaccine virus does not depend upon an anti-toxin. The blood, however, contains specific antibodies, shown by the fact that the activity of vaccine virus is destroyed when mixed with equal parts of blood serum from a calf two weeks after successful vaccination.

#### WHEN TO VACCINATE

The fact that the immunity wears off after a number of years makes it necessary to practice revaccination in order to afford a continuous protection. There is some difference of opinion as to just when it is best to vaccinate the second time. Ten years is too long a period, probably, to depend upon in individual cases. One year—advised by some—is shorter than necessary in most cases. The five-year interval of Japan

is good in many respects, but probably not better than revaccination in the twelfth year obligatory in Germany.

The best time to vaccinate is in the first year, at least before the second summer, and again at from ten to thirteen years. After this it is usually unnecessary to vaccinate again, unless there is particular danger of exposure to smallpox.

All persons exposed directly or indirectly to smallpox should at once be vaccinated and revaccinated until only an immediate reaction is obtained—unless they have had smallpox. There are no contraindications to vaccinating babies immediately after birth, but takes are somewhat less likely than at six months. Vaccination is accompanied by less reaction in young infants than in children, and less in children than in adults.

### REVACCINATION

The clinical picture of secondary vaccinations may be quite different from the typical take following a primary vaccination. These altered reactions were known in the time of Jenner, but were lost sight of until recently rediscovered, and their significance realized from studies in anaphylaxis.

Revaccinations may be divided into three groups: (1) they may run an unaltered course resembling *primary* takes in all respects, showing that immunity to cowpox had disappeared; (2) they may run a somewhat more rapid course in which the period of incubation is shortened and in which the height of the eruption occurs about the sixth day, this is known as the *accelerated* reaction; or (3) they may run a very much shortened, milder, and rapid course. The eruption may be only a small papule which does not develop into a vesicle and slowly disappears; the period of incubation is about 24 hours. This is known as the *immediate* reaction and resembles a cutaneous tuberculin reaction in many respects. Every gradation occurs between an immediate reaction and a primary take. These altered reactions are significant and have been studied especially by von Pirquet and are shown graphically in Fig. 5.

Both the immediate and the accelerated reaction are indications of immunity and therefore should be considered as successful takes. The immediate reaction may be put to practical use in order to distinguish smallpox from chickenpox.<sup>12</sup> Thus, Tièche has shown that smallpox virus introduced into the skin of a person immunized by vaccination will show the typical immediate reaction; whereas the virus of chickenpox is invariably negative. This test can be freed of all possible danger by heating the virus to 60° C. for 30 minutes, which does not seem to affect the reaction.

<sup>12</sup> See also page 395.



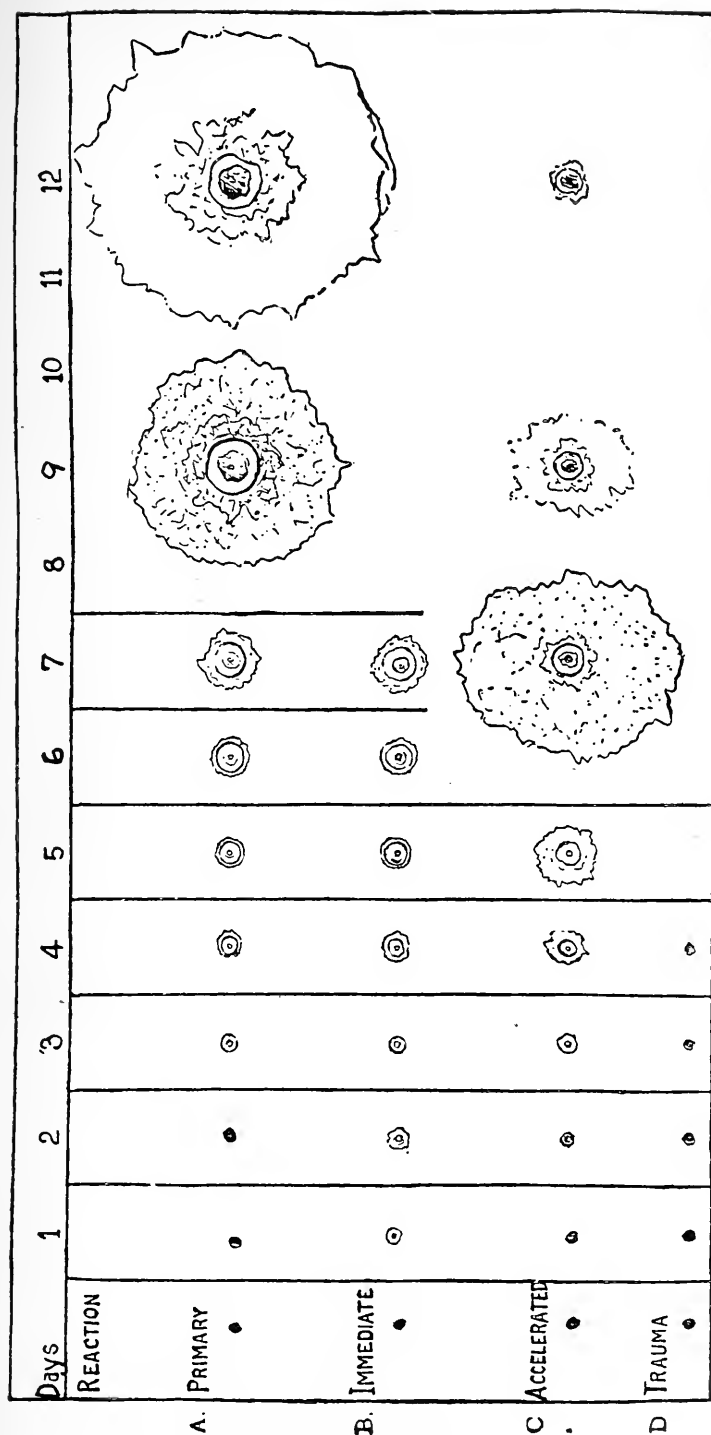


FIG. 5.—A. COURSE OF PRIMARY VACCINATION WITH COWPOX, FROM DAY TO DAY.

B. REVACCINATION AFTER A SHORT INTERVAL—EARLY OR IMMEDIATE REACTION. The papule does not mature and disappears slowly.

C. REVACCINATION AFTER A LONG INTERVAL—ACCELERATED REACTION.

D. TRAUMATISM ALONE (modified from von Pirquet, *Arch. Int. Med.*, Feb. and Mar., 1911). All intermediate gradations occur.

## CLAIMS FOR VACCINATION

1. "Duly and efficiently performed it will protect the constitution from subsequent attacks of smallpox as much as that disease itself will."<sup>13</sup>

2. It protects the individual against smallpox for a period which has not been determined mathematically for the individual, but which averages about seven years.

3. The protection may be renewed by a second vaccination.

4. Persons successfully vaccinated on two occasions are usually immune against smallpox for life.

5. Vaccination and revaccination systematically and generally carried out confer complete protection to a community or a nation. In other words, while the individual protection is not always lasting, the communal protection is absolute.

6. A person vaccinated once and at a later time contracting smallpox as a rule has the disease in a less serious form than unvaccinated persons (varioid).<sup>14</sup> The degree of favorable modification of smallpox is in inverse proportion to the period of time elapsing between the vaccination and the attack of smallpox.

7. The beneficial effects of vaccination are most pronounced in those in whom the vaccine affection has run its most typical and perfect course.

## VACCINATION OF EXPOSED PERSONS

The question frequently arises whether persons exposed to smallpox should be vaccinated. The effect of vaccination during the period of incubation of smallpox is very interesting, and may be summed up as follows:

1. Vaccination just before or during the primary fever of smallpox does not influence the disease.

2. If the vaccination is done during the last stage (9th to 14th day) of the period of incubation of smallpox, the two infections run their course side by side without influencing each other.

3. If it is done about the sixth or eighth day of the period of incubation the vaccination takes and may modify the severity of the smallpox.

4. Vaccination done at the beginning of the incubation period, in

<sup>13</sup> "I never expected that it would do more, and it will not, I believe, do less."—Jenner. *Baron's Life*, Vol. II, p. 135.

<sup>14</sup> The term varioid was introduced by Thompson in 1820 to describe the mild and modified form of smallpox occurring after vaccination. The eruption in varioid does not mature and disappears more rapidly than in variola.

Yolfert, Dornbleuth, and Harden showed that one vaccination was not always sufficient protection against smallpox for a lifetime, that revaccination was necessary and that the clinical manifestations of this vaccination are as different from those of the first vaccination as varioid is from variola.

time to have the vaccine eruption reach maturity before the smallpox begins, will prevent or abort the disease.

As we can never be quite sure just what stage in the period of incubation a given case may be in, it is always advisable to vaccinate exposed persons. Furthermore, little harm will be done if it is too late and the vaccine eruption is added to the smallpox. Indeed, Hanna<sup>15</sup> presents claims to the effect that there is evidence of mitigation of the severity of smallpox when vaccination is performed at any time after infection up to the day of onset and even afterward.

### DANGERS AND COMPLICATIONS

The alleged danger from vaccination has been greatly magnified by the antivaccinationists. However, vaccination is not always a harmless procedure; it must be looked upon as the production of an acute infectious disease, and, although the disease is always mild and benign, it must not be treated as trifling. The chief danger lies in the fact that we have produced an open wound, which is subject to the complications of any wound. Even a pin prick or a razor scratch may result in death. While the aggregate number of deaths resulting from the complications of vaccination were considerable, the individual risk is now so small as to be disregarded, especially when proper precautions are taken. Many of the infections after vaccination occur in those in whom the regard for cleanliness is slight, and who neglect the care of the wound. In recent years, owing to the improved quality of the vaccine virus and the introduction of aseptic methods, a bad sore arm is a rare occurrence, and serious complications still rarer. *The danger connected with vaccination is infinitesimal when compared with the benefit conferred.*

The following complications need consideration:

**Auto Vaccination.**—This is usually due to scratching the virus with the finger into the nose, the mouth, the mucous membranes, or any part of the skin. When carried into the eye it may cause blindness. Physicians sometimes vaccinate their lips by blowing into vaccine tubes. In vaccine establishments accidental vaccination of the hand is common.

**Generalized Vaccination.**—This is sometimes reported, but is in my experience a mistaken diagnosis. A generalized eruption of cowpox is exceedingly rare, if it ever occurs. I have seen it once in the calf after intravenous injection of a large amount of the virus, in which case there was a prolonged period of incubation.

The eruption is strictly confined to the point of vaccination. Satellite vesicles sometimes develop in the immediate neighborhood, owing to the spread of the virus into minute nicks in the epithelium.

<sup>15</sup> *Public Health*, July, 1910, XXIII, No. 10, p. 351.

**Wound Infections**, such as ulcers, gangrene, erysipelas, abscesses, lymphangitis, suppuration of the axillary glands, and other septic infections are now exceedingly rare, and demand the usual surgical measures to prevent their occurrence.

**Impetigo contagiosa** occasionally occurs and may be a serious complication of vaccination, especially the rare bullous impetigo or pemphigus which is attributed to special susceptibility or chance infection and not to the vaccine virus.

(Syphilis, tuberculosis, and leprosy were formerly thought of as possibilities when human virus was used, but these are not to be feared with the use of bovine virus.)

**Tetanus.**—*Tetanus* deserves a special word. This serious infection sometimes complicates a vaccination wound just as it may any wound. When we consider the many millions of vaccination wounds, many of which are neglected surgically, it is no surprise to learn that tetanus occasionally occurs as a postvaccinal complication. Acland is acquainted with only one instance in more than five million consecutive vaccinations in England, and even in this one there was no evidence that the tetanus was in the vaccine virus. Over 31,000,000 doses of vaccine were used in the United States from 1904 to 1913 inclusive, yet only 41 authenticated cases of tetanus occurred subsequent to vaccination.<sup>16</sup> A study of these cases makes it clear that the infective principle was not in the vaccine virus, but was received ten days or more after vaccination, owing to the prolonged period of incubation (20.7 days) and the high mortality (75.2 per cent.). The pernicious method of vaccination by scarification was used in almost all cases of tetanus following vaccination. Many of the cases give a history of having the vaccination scab or crust removed in some way, thus permitting infection of the wound with a re-formation of the crust and the establishment of an anaërobic condition. The fact that lack of care is an important factor in postvaccinal tetanus is indicated in the figures from the United States Army and Navy with a record of millions of vaccinations without a single case of tetanus. At the Hygienic Laboratory at Washington vaccine virus representing over two million vaccinations has been examined without finding tetanus. Special tests for tetanus are required by Federal regulations of every lot of vaccine virus before it is placed upon the market. In the Vaccine Laboratory of the State Department of Health of Massachusetts, these tests are conducted in accordance with the Regulations<sup>17</sup> of the U. S. Public Health Service of October 1, 1919, as follows:

Samples of the virus from each calf are tested separately. Only

<sup>16</sup> J. F. Anderson: United States Public Health Report, Reprint 289, July 16, 1915.

<sup>17</sup> Edward Francis, "Laboratory Studies on Tetanus," Hygienic Laboratory Bull., No. 95, August, 1914, U. S. Public Health Service. Also G. W. McCoy and Ida A. Bengston, Hyg. Lab. Bull. No. 115, Oct., 1918.

ground glycerinated pulp kept without preservative for at least 7 days at a temperature of 10° C. or higher is used for the tetanus test. This is to permit the destruction by the glycerin of the most of the frail bacteria. The test virus must not contain phenol or preservative other than glycerin. Two cubic centimeters of the virus is planted in each of four Smith fermentation tubes, each containing at least 25 cubic centimeters of meat infusion broth. These tubes are heated to 100° C. for thirty minutes just before planting in order to expel the oxygen of the air. The tubes are incubated at 37° C. and inspected daily; those showing gas or growth in the closed arm are used to inoculate mice or guinea pigs with one cubic centimeter of the unfiltered broth, not less than twenty-four hours after growth in the closed arm and also nine days after planting. If the animals show symptoms of tetanus, the entire batch of vaccine is discarded. Or:

(a) Plant 0.25 c. c. virus in plain broth fermentation tube. Incubate at 37° C and inject 0.25 c. c. of the growth at the end of 9 days subcutaneously into a mouse.

(b) Plant 0.25 c. c. virus into fermentation tubes of glucose bouillon and incubate immediately. Inject 0.25 c. c. of the growth at the end of 9 days subcutaneously into mice.

(c) Plant 0.25 c. c. vaccine virus into fermentation tubes of glucose bouillon, heat at 60° C. for one hour and then incubate. Inject 0.25 c. c. of the growth into mice at the end of 9 days.

(d) Plant 0.25 c. c. vaccine virus into fermentation tubes of ordinary bouillon, containing a bit of sterile tissue, and inject 0.25 c. c. of the growth at the end of 9 days into mice.

(e) Inject 0.25 of the vaccine virus subcutaneously into guinea-pigs.

If tetanus spores are present in the virus, one of these four methods is almost sure to detect them. The tests are made in duplicate so that a total of 2.5 c. c. of the virus is thus tested.

The occurrence of occasional stray tetanus spores in vaccine virus was demonstrated by Carini.<sup>18</sup> Such vaccine, however, had proved entirely harmless in thousands of cases. Francis also showed that vaccine virus purposely contaminated with tetanus spores will not produce tetanus in monkeys, although it will produce typical "takes."

Glycerin does not destroy the tetanus spore. While the occasional danger cannot be denied, it is plain that postvaccinal tetanus can usually be laid to improper methods of vaccination and to lack of care of the vaccination wound.

To prevent tetanus complications it is important to avoid scarification and irritation, to avoid the use of shields and bandages which favor anaërobic conditions, to require the patient to use strict cleanliness, and to use vaccine virus that has been properly prepared and tested.

<sup>18</sup> *Centralbl. f. Bakt., Orig.* 1904, XXXVII, p. 1147.

**Foot-and-Mouth Disease.**—The infection of foot-and-mouth disease has in one instance been demonstrated as a contamination of vaccine virus.<sup>19</sup> It is, however, impossible to convey foot-and-mouth disease to man through cutaneous inoculation. While no harm has been done to man, the contamination is undesirable, and vaccine virus is tested from time to time to assure its freedom from this infection (page 406).

As an illustration of how seldom complications are caused by vaccination we have the results of Germany, where in thirteen years (1885-1898) 32,166,619 children were vaccinated. Of these 115 died within a few weeks or months after the operation, presumably of injuries incidental thereto. Of these at least 48 probably did not die as a direct result of the vaccination.

The figures of recent years are still better, for it is now exceedingly rare for a death to be recorded as directly due to vaccination.

Ten million vaccinations in the Philippine Islands were done under the direction of American health authorities without the loss of life or limb. Of the millions of vaccinations done in the army and navy during the World War, there is not a single record of serious result. This clearly indicates that with the use of a carefully tested virus and efficient technic, the danger is nil.

#### THE GOVERNMENT CONTROL OF VACCINE VIRUS

By the law of July 1, 1902, the vaccine virus sold in interstate traffic in the United States must come from a licensed manufacturer. These licenses are issued by the Secretary of the Treasury only after a careful inspection of the plant, personnel, and product by a competent government officer. The licenses are good for one year only, and are reissued only after reinspection. The government regulations require each lot of vaccine virus to be examined carefully by modern bacteriological methods to determine the number of bacteria, and special tests must be made to determine the absence of pathogenic microorganisms. These tests include animal inoculations, as well as cultural methods. Special tests for each lot of vaccine must be made to determine the presence or absence of streptococci, tetanus spores, the gas bacillus, and other pathogenic microorganisms, etc. The government does not guarantee the purity and potency of each package of vaccine virus, but through its inspections and frequent examinations of the virus on the market every confidence may now be had in the vaccine virus propagated by licensed manufacturers in this country.

<sup>19</sup> Mohler and Rosenau, U. S. Dept. of Agriculture, B. A. I. Circular 147, June 16, 1909.

## THE UNITY OF COWPOX AND SMALLPOX

The unity or duality of these two diseases has been the subject of much contention. Jenner originally considered cowpox to be a modified smallpox.<sup>20</sup> The successful experiments in Germany, England, and this country, in which smallpox has actually been modified by passing varicellous matter through calves has proved positively that we are dealing with two forms of one disease. Much of the vaccine virus used during the past hundred years was originally obtained from cases of casual cowpox. This virus has been shown by experience and experiments to protect against smallpox, which again makes it highly probable that we are dealing with one disease. See also page 8.

It seems plain that the so-called casual cowpox has its origin from smallpox through accidental inoculation in milking cows by persons having or recovering from smallpox. Once started, the propagation of the modified virus from cow to cow would be comparatively simple.

## COMPULSORY VACCINATION

Vaccination affords a high degree of immunity to the individual, and a well-nigh perfect protection to the community. To remain unvaccinated is selfish in that by so doing a person steals a certain measure of protection from the community on account of the barrier of vaccinated persons around him.

The laws<sup>21</sup> and regulations relating to vaccination in the several states of the United States show marked lack of uniformity. Compulsory general vaccination can be said to exist by law only in Kentucky, Philippine Islands, and Porto Rico.<sup>22</sup> Arizona, Hawaii, Maryland, New Mexico, and North Dakota have laws requiring vaccination of children. Most states or cities have laws requiring vaccination before admission to the public schools.

Decisions in the various courts in the United States have held compulsory vaccination to be legal. A decision of the Supreme Court of the United States (Henning Jacobson vs. The Commonwealth of Massa-

<sup>20</sup> Smallpox is a disease subject to mutations. Since 1898 a mild form of smallpox has existed in this country with a death-rate of about 0.5 per cent. This mild form shows little tendency at present to increase in virulence. Chickenpox itself may belong to the smallpox family. The two diseases are sometimes indistinguishable at the bedside. Jenner always considered cowpox and smallpox as modifications of the same "distemper," and that in using vaccine lymph he was impregnating the constitution with the disease in its mildest form instead of propagating it in its virulent and contagious form. *Alastrim*, *kaffirpox*, *milkpox*, etc., are aberrant forms of smallpox occurring in the tropics, and for public health purposes should be regarded as *variola vera*. These irregular forms of the disease need further study.

<sup>21</sup> Kerr, J. W., "Vaccination, and Analysis of the Laws and Regulations Relating Thereto in Force in the United States," Public Health Bull. 52.

<sup>22</sup> Massachusetts, in 1809, was the first state to enact legislation relative to vaccination.

chusetts, April 1, 1905) upheld in every respect the statute, the validity of which was questioned under the Constitution:

"The liberty secured by the Constitution of the United States . . . does not impart an absolute right in each person to be, at all times, and in all circumstances, wholly freed from restraint. Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own, whether in respect to his person or his property, regardless of the injury that may be done to others."

Theoretically it would be ideal if all persons submitted to vaccination and revaccination voluntarily. But experience has shown that this is impractical, and, wherever tried, has failed. The best results have always been obtained where vaccination has been compulsory, and, in my judgment, this is the only present means by which smallpox may be eliminated.

The world may learn a valuable lesson from the splendid results obtained in Germany through compulsory vaccination and revaccination. In England the "conscience clause" allows many persons to remain unvaccinated and thereby seriously diminishes the effects of the vaccination laws of that land. In Minnesota the state health authorities became weary of the clamor against compulsory vaccination and assisted in having the law repealed. They said, in substance, to the people of the state: "Take your choice. Be vaccinated and protect yourself, or run the risk of contracting smallpox; if you get it, it is your own fault."

There is now much smallpox widely distributed in the United States, among a large non-vaccinated portion of the population.

### INOCULATION OR VARIOLA INOCULATA

#### [Variolation]

The practice of *inoculation* or *variolation* must be carefully distinguished from that of vaccination. By inoculation we mean the introduction of *smallpox* virus into the skin of man. The disease thus produced is usually mild, but is nevertheless true smallpox, and just as contagious as smallpox.

This phase of the subject may be made clearer by considering smallpox as existing in three forms: (1) *variola vera* or true smallpox; (2) *variola inoculata* or inoculated smallpox; (3) *vaccinia*, cowpox, or modified smallpox. The differences between these affections are shown in the table on the following page.

Emphasis must be placed on the fact that *variola inoculata*, while usually a mild disease, is just as communicable as true smallpox, and those who contract the disease in this way get true smallpox, sometimes in serious or fatal form. *Inoculation, therefore, protects the individual but endangers the community.*



<b>Variola Vera</b>	<b>Variola Inoculata</b>	<b>Vaccinia or Cowpox</b>
True smallpox.	Inoculated smallpox.	Modified and attenuated smallpox.
Occurs only in man.	Occurs in man and monkeys.	Man, monkeys, cattle, guinea-pigs, rabbits, rats, camels, and many other mammals.
High mortality.	Milder; rarely fatal; about 1 in 500.	Very mild; never fatal.
A general eruption, often confluent or hemorrhagic.	A local and a general eruption, fewer pustules (rarely over 200); seldom confluent or hemorrhagic.	Always local and confined to the site of the vaccination.
Highly contagious.	Equally highly contagious.	Not contagious—contracted only by mechanical transfer of vaccine virus.
Period of incubation 12-14 days.	8 days.	3-4 days.

Inoculation is a very old custom. It was practiced by the Chinese from time immemorial. The method was introduced into western civilization through Lady Mary Wortley Montagu, who learned of the method at Constantinople and had her own boy "engrafted" with successful result. In 1717 Lady Montagu wrote her now famous letter to her friend Sarah Chiswell, and the practice soon became popular in England (1721) and spread to America and the Continent.<sup>23</sup> It was introduced into this country by Dr. Zabdiel Boylston at Boston. But the dangers were early realized and inoculation was soon replaced by vaccination. According to Plehn, inoculation is still practiced in central Africa.

The method of inoculation is precisely similar to that of vaccination. The matter is obtained from the vesicle or pustule of a case of smallpox. This material is then introduced into the skin by means of a puncture, an incision, or through an abraded surface. The Chinese inoculate usually by plugging the nostrils with cotton previously saturated with a mixture of water and pustular-crustaceous matter taken from the eruption of a smallpox patient; less commonly by blowing the crushed fresh crusts into the nostrils through a bamboo pipe.

Following the inoculation of smallpox virus a local eruption appears on the fourth day at the site of the inoculation. This local eruption resembles vaccinia but develops more rapidly. Constitutional symptoms appear on the evening of the seventh or the morning of the eighth day following the inoculation. These symptoms resemble the onset of true smallpox and are rigor, headache, vomiting, and fever. The local erup-

<sup>23</sup> The practice of inoculation had been published in England as early as 1714 by Dr. Timoni of Constantinople; at Venice in 1715 by Pylarini, and in the same year in London by Mr. Kennedy, a surgeon who had been in Turkey. Its adoption and subsequent diffusion, however, were due to Lady Mary Wortley Montagu.

tion subsides on the appearance of the febrile symptoms but at the same time the general eruption breaks out. The crop is usually discrete, moderate in number, but runs the usual course through papule, vesicle and pustule formation.

Inoculation has fallen into disuse only because we have vaccination. There are conceivable emergencies in which the practice would be justified. For example, on board ship or on an island or isolated place, in the absence of vaccine virus. Under such circumstances it would be essential to inoculate everybody at the same time.

The inoculation of smallpox will always remain for the student of hygiene one of the most interesting episodes in the development of preventive medicine. It illustrates in the clearest manner some of the fundamental phenomena of infection, susceptibility, and immunity. It was animal experimentation on a huge scale, the like of which we shall never see repeated on man as the subject. It is now a matter of regret that for the sake of science better advantage was not taken of the data.

### PREVALENCE OF SMALLPOX

It is very difficult for us now to realize that smallpox was once much more common than measles and much more fatal. Many of those who recovered were disfigured for life, left blind, or with some other serious consequence of the disease. For centuries smallpox was one of the greatest scourges. It depopulated cities and exterminated nations. In Europe alone, where its ravages were comparatively slight, it killed hundreds of thousands yearly. In the 18th century, of which we have the best records, almost everybody had it before he grew up. Parents often exposed their children to the disease in order to be through with it, just as they now sometimes do with the minor contagious diseases.

Smallpox was formerly a disease of children. It was called *Kinderblättern*. Since vaccination protects the child, smallpox has now become more prevalent among adults.

The distinguished mathematician, Bernouille, estimated that 15,000,000 people died of smallpox in 25 years in the 18th century. It has been estimated that 60,000,000 people died of smallpox during that century. Haygarth gives an account of a smallpox epidemic in Chester, England, population 14,713. At the termination of the epidemic there were but 1,060 persons, or 7 per cent. of the population, who had never had smallpox. Many similar instances are cited in the literature. The French physician de la Condamine (1754) said that "every tenth death was due to smallpox and that one-fourth of mankind was either killed by it or crippled or disfigured for life." Sarcene (1782) estimated the

number of persons in Italy who suffered from smallpox as 90 per cent. of the population.

Smallpox was introduced into the western hemisphere by the Spaniards about fifteen years after the discovery of America. In Mexico within a short period 3,500,000 persons are said to have died of the disease (Chapman). Catlin (1841) states that of 12,000,000 American Indians 6,000,000 fell victims to smallpox. In Iceland, in 1707, 18,000 perished out of a population of 50,000, that is, smallpox killed 36 per cent. of the total population in one year.

A good example is that of Boston in 1752, population at that time 15,684. Of this number 5,998 had previously had smallpox. During the epidemic 5,545 persons contracted the disease in the usual manner, and 2,124 took it by inoculation. One thousand eight hundred and forty-three persons escaped from the town to avoid infection. There were, therefore, left in the city but 174 persons who had never had smallpox.

Smallpox is still as serious as it was in former times. Thus, in five years, from 1893-1897, 346,520 persons died of smallpox in sixteen countries. Of this number Russia alone lost 275,502. These figures are the more terrible when it is realized that these lives might have been saved by the use of a simple prophylactic measure within reach of all.

### EPIDEMIOLOGY

Few of the acute infectious diseases show such a complete independence of conditions such as race, climate, soil, age, sex, and occupation, sanitary surroundings, etc., as does smallpox. It thrives wherever the contagion is carried, and wherever it finds susceptible people. Probably no one is naturally immune. The susceptibility of an unvaccinated population varies, because a smallpox outbreak leaves so many immune. This is one reason why the disease recurs in waves. The mortality varies greatly in different epidemics. At times it is less than one per cent.; it frequently reaches thirty per cent. and over.

From 1897-1912 the mortality in the United States varied from 0.34 per cent. to 6.2 per cent.; in 1895 it was 20.84 per cent., and following that 0.5 per cent. These differences occurred in the prevaccination era as well as now. There seem to be two distinct strains in the United States, one the classic smallpox of the text books, the other a very mild form.

The epidemiology of smallpox bears no relation to improved sanitation, which has diminished the prevalence of plague, typhoid, cholera, and has practically subdued typhus and relapsing fever. It is evident that general sanitation could not affect contagious diseases like smallpox and measles. Smallpox spares neither the high nor the low, the rich nor the poor, the clean nor the dirty; before the days of vaccination it

counted many kings, queens, and princes among its victims. George Washington contracted smallpox in the West Indies.

### *MODES OF INFECTION*

We are still ignorant of the precise mode by which smallpox is conveyed. The view generally held is that the infection is air-borne and enters the system through the respiratory mucous membranes. It has been surmised that a local lesion may be produced in this favorable soil, the so-called "propustule," from which general infection through the blood takes place. The blood infection is marked by a sharp onset (the initial symptoms), and the skin eruption is embolic in character. The objection to this view is that a careful search at 54 autopsies in Boston by Councilman and his colleagues failed to find such a propustule.

The Chinese inoculate the disease by placing variolous matter in the nostrils, but the disease so produced is said to resemble variola inoculata.

The virus of smallpox is contained in the skin lesions. Of this we have experimental evidence. It is also supposed to be in the expired air. This, however, has never been experimentally proved and is doubtful. The disease is contagious before the eruption appears. It is even believed to be communicable during the period of incubation. Smallpox has always been taken as the type of the contagious diseases; the contagion appears to be the most "volatile" of any of the diseases of man with the possible exception of measles and influenza. This volatility, however, has been over estimated, and, while probably an air-borne infection, the radius of danger is contracted. English observers have long taken the view that smallpox may be blown for great distances, and they attribute the prevalence of smallpox to the windward of hospitals as an indication that the virus may be carried down the wind. My experience with the disease teaches me that the danger from such a source is practically nil. One may safely live next door to a smallpox hospital that is well screened and properly managed. The influence of flies and other insects, or surreptitious visiting, may account for the spread of this disease outside of hospital walls.

In addition to more or less direction contact, smallpox may be spread indirectly in a great variety of ways. The secretions from the mouth and nose doubtless contain the infection, and, while suspicion has not particularly fallen upon the feces and urine, it is probable that all the secretions and excretions from the body may be infective at some time throughout the disease, or during convalescence. Toys, pencils, spoons, cups, towels, handkerchiefs, bedding, and objects of the greatest variety that have in any way come in contact with the patient may carry the infection. Under favorable circumstances the active principle may prob-

ably live for a considerable time upon fomites, although the practical danger from this source is not very great.

Smallpox is not usually considered an insect-borne disease, but it is highly probable that a fly lighting upon a smallpox patient and getting its proboscis, feet, and other portions of its body smeared with the variolous matter, and then flying to a susceptible person, could thus readily transmit the infection. Other insects may by such mechanical transfer play a similar rôle.

### RESISTANCE OF THE VIRUS

It is generally, and doubtless correctly, assumed that the active principle of variola has approximately the same resistance to external conditions as vaccine virus. This assumption is confirmed by experimental evidence, which shows that the virus of smallpox is somewhat more readily destroyed than the virus of cowpox. Scientific data concerning the viability of variolous matter is meager, owing to the fact that this question can only be settled by prolonged and repeated experiments upon monkeys. Brinckerhoff and Tyzzer<sup>24</sup> found that variolous virus is less resistant to desiccation than vaccine virus; that variolous virus does not pass a Berkefeld filter and is attenuated by long exposure to 60 per cent. glycerin.

In general it may be said that variolous virus is killed by exposure to ordinary germicidal substances, both liquid and gaseous, in the strengths and time commonly employed. It succumbs in fact before the average non-spore-bearing bacteria.

There is an exception to this statement in the case of carbolic acid and the coal-tar disinfectants. McClintock and Ferry<sup>25</sup> have shown that such germicides as carbolic acid, cresols, and the like do not destroy the virulence of vaccine virus in 0.5 per cent. solutions in five hours' exposure.<sup>26</sup> Noguchi found that 1 per cent. phenol has no injurious effect upon emulsions of the testicular strain of vaccine virus. The inference is allowable that this class of disinfectants cannot be relied upon to prevent the spread of smallpox.

Glycerinated virus is very susceptible to heat.

### SMALLPOX IN THE VACCINATED AND UNVACCINATED

The experience of over one hundred years offers convincing proof of the pronounced difference in the mortality and morbidity from smallpox in the vaccinated and the unvaccinated.

<sup>24</sup> "Studies upon Experimental Variola and Vaccinia in *Quadrumanus*," *Jour. Med. Research*, Vol. XIV, No. 2, Jan., 1906, pp. 223-359.

<sup>25</sup> *Jour. of the Amer. Public Health Assn.*, June, 1911 (Vol. I, No. 6), p. 418.

<sup>26</sup> *Jour. Exp. Med.*, March 1, 1918.

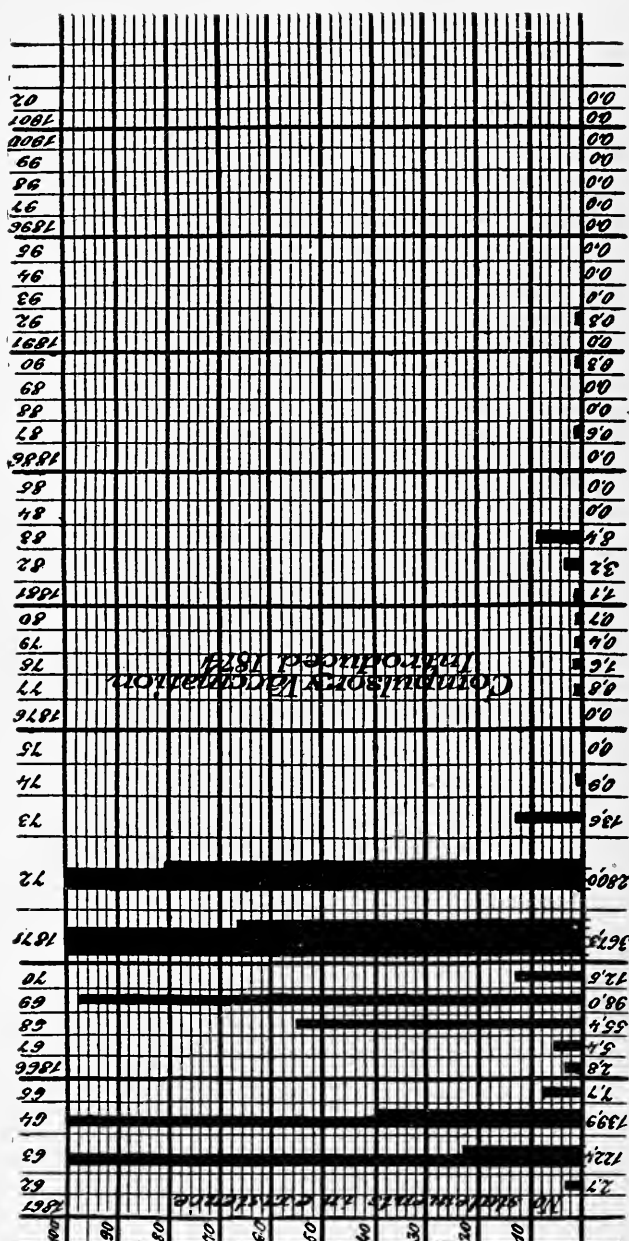


FIG. 6.—SMALLPOX MORTALITY PER 100,000 OF POPULATION IN BRESLAU. No compulsory vaccination before 1874; since then compulsory vaccination and revaccination.

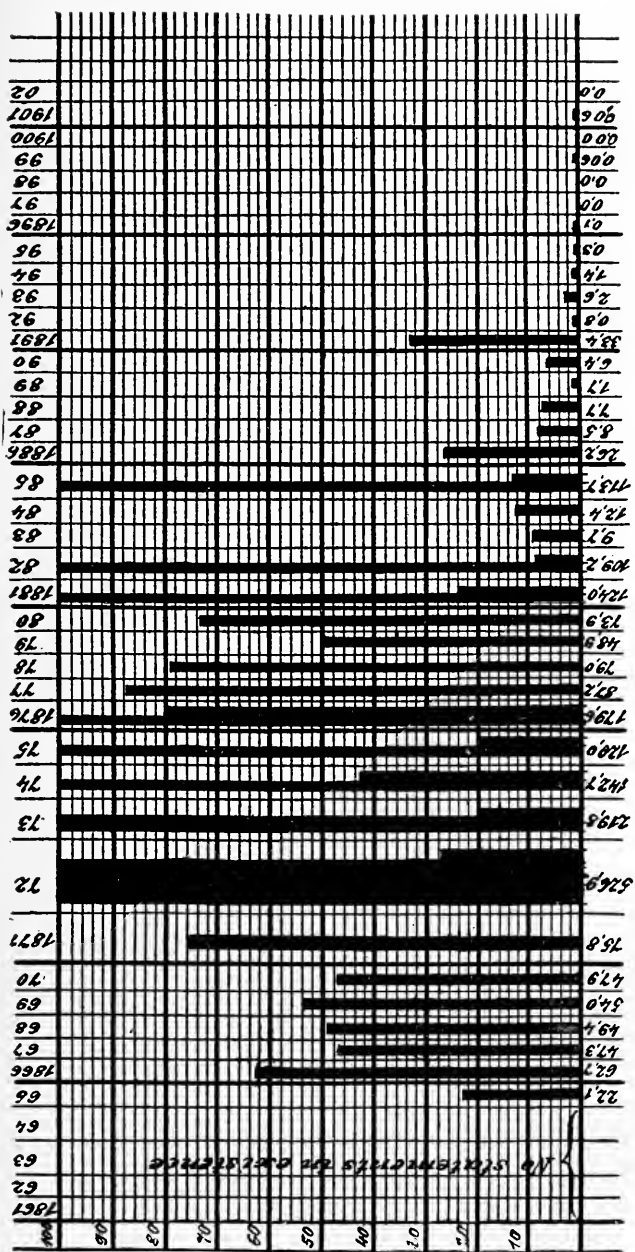


Fig. 7.—SMALLPOX MORTALITY PER 100,000 OF POPULATION IN VIENNA. No compulsory vaccination in Vienna, but since 1891 the administrative government authorities have used their best efforts in furthering vaccination. (Compare with Fig. 6.)

In countries like Germany, Sweden, Ireland, Scotland, the Philippine Islands, Porto Rico, and England, where vaccination is more or less compulsory, there is comparatively little smallpox. In countries like Belgium, Russia, Austria, and Spain, which have no compulsory vaccination laws, smallpox yearly claims many victims. See the following table:

TABLE 1.—DEATHS FROM SMALLPOX IN COUNTRIES WITH COMPULSORY VACCINATION AND THOSE WITHOUT COMPULSORY VACCINATION

Population		Smallpox Deaths				Average of Deaths	Average per Million of Pop.
		1886	1887	1888	1889		
Sweden*	4,746,465	1	5	9	2	4	1
Ireland*	4,808,728	2	14	3	0	5	1
Scotland*	4,013,029	24	17	0	6	12	3
Germany*	47,923,735	197	168	112	200	169	3.5
England*	28,247,151	275	505	1,026	23	458	16
Switzerland	2,922,430	182	14	17	3	54	18.5
Belgium	5,940,365	1,213	610	865	1,212	975	164
Russia	92,822,470	16,938	25,884	?	?	21,411	231
Austria	23,000,000	8,794	9,591	14,138	12,358	11,220	510
Italy	29,717,982	?	16,249	18,110	13,416	15,925	536
Spain	11,864,000	?	?	14,378	8,472	11,425	963

\* Compulsory vaccination.

April 8th, 1874, Germany passed a general compulsory vaccination and revaccination law. The law requires the vaccination of all infants before the expiration of the first year of life, and a second vaccination at the age of twelve. Since this law went into effect there have been no epidemics of smallpox in Germany, despite the fact that the disease has been frequently introduced from without. In 1897 there were but 8 deaths from smallpox in the entire German empire—population 54,000,000. Since then long periods have passed without a single death from smallpox. From 1901 to 1910 there were only 380 deaths from smallpox in Germany; during the same period there were 4,286 deaths from smallpox in England and Wales, with only about half the population of Germany; furthermore, many of the deaths in Germany were in foreigners. Thus in 1909, out of 26 deaths from smallpox, 13 were foreigners, 11 of whom were Russians. In 1911, there were 288 cases of smallpox in the German Empire. Of these, 119 were of foreigners. In 1912, there were 340 cases, of which 153 were foreigners. In 1913, there were only 90 cases, of which 39 were in foreigners. During the World War, the large number of Russian prisoners in Germany caused a marked increase of smallpox in the civil population. In the huge German army there were only two deaths from smallpox from 1874 to 1914. One of these was a reservist who had not been successfully vaccinated. Germany has demonstrated how to utilize Jenner's great discovery.



*ISOLATION AND DISINFECTION*

Isolation and disinfection are only secondary measures in preventing smallpox. They cannot be regarded as substitutes for vaccination.

Isolation should be carried out with strictness for the reason that smallpox is one of the most contagious of the communicable infections. While the patient should be isolated, it is not necessary to isolate the hospital by banishing it to an inconvenient or undesirable location. There is, in fact, no good reason why a smallpox hospital should not be one of the units of the general hospital for communicable diseases. In any event, there is no danger from a smallpox hospital situated upon a highroad or near other habitations, provided always proper precautions are taken to prevent the spread of the disease.

The smallpox hospital should not be a pesthouse, but should be as inviting and attractive as economic conditions justify. Smallpox should not be treated in the home. From the standpoint of prophylaxis the hospital is the logical and best place to care for this and other communicable infections. If smallpox is treated in the home, this should only be permitted if skilled nursing and trained attendants can be provided.

The room in which the smallpox patient is isolated should be simply furnished to facilitate cleanliness and to permit purification. It must be well screened and free from insects and vermin of all kinds. The room should be well ventilated. This may be accomplished by an open fireplace, in which case the contagium, if contained in the outgoing air, is burned in exit.

The nurse attending a case of smallpox should also be segregated, and all visiting should be strictly interdicted. A separate kitchen should be provided and care should be taken that the dishes be scalded and remnants of food burned.

Bedding, underwear, towels, and other objects should not leave the sick room unless they are first boiled, steamed, or immersed in a suitable germicidal solution, such as bichlorid of mercury, 1-1,000, or formalin, 10 per cent. Carbolic acid should not be trusted.

For terminal disinfection cleansing of surfaces with a germicidal solution is much surer than gaseous fumigation. Objects particularly contaminated or soon to be used by others should be given a separate and special disinfection. Finally, the room should be thoroughly cleansed, aired, and sunned.

The patient must be regarded as the source and fountainhead of the infection, and measures should be used at the bedside to prevent the surroundings from becoming contaminated. Cloths, cotton, and other dressings that become soiled with the contents of the vesicles and pustules after they break should be burned. The urine and feces may

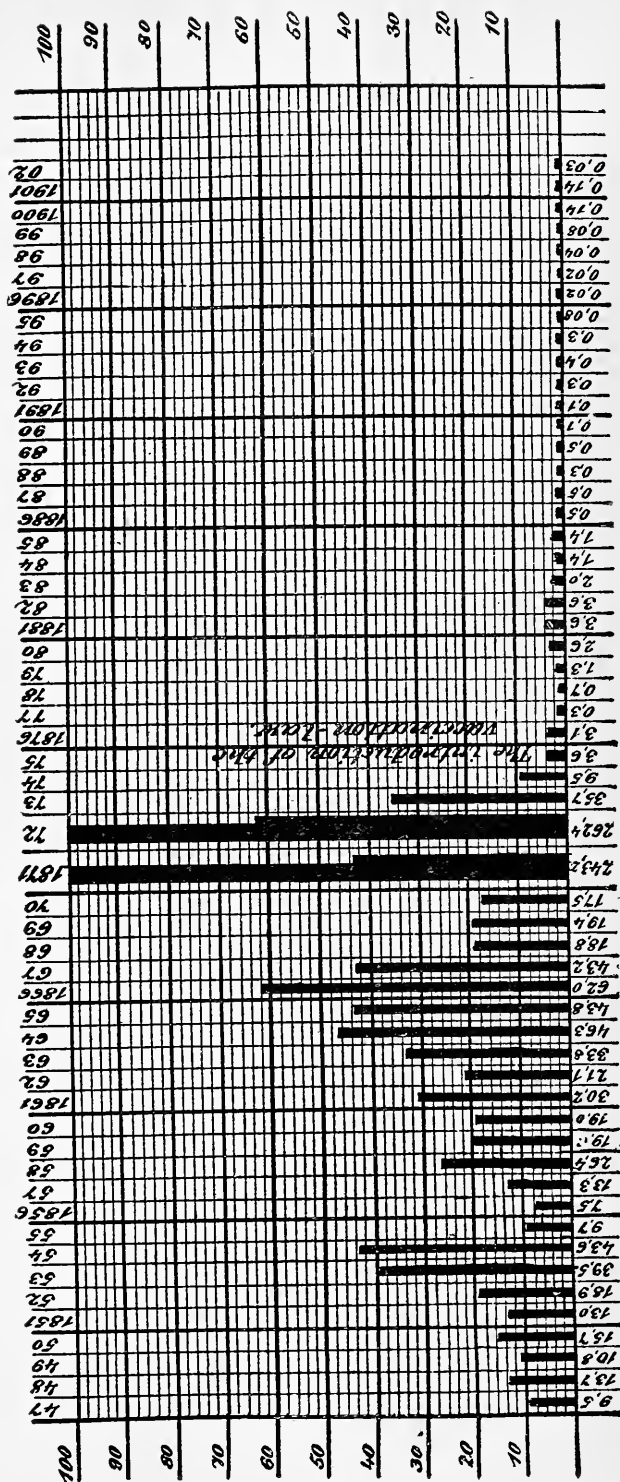


FIG. 8.—SMALLPOX MORTALITY PER 100,000 OF POPULATION IN PRUSSIA. (Compare with Austria, Fig. 9.)

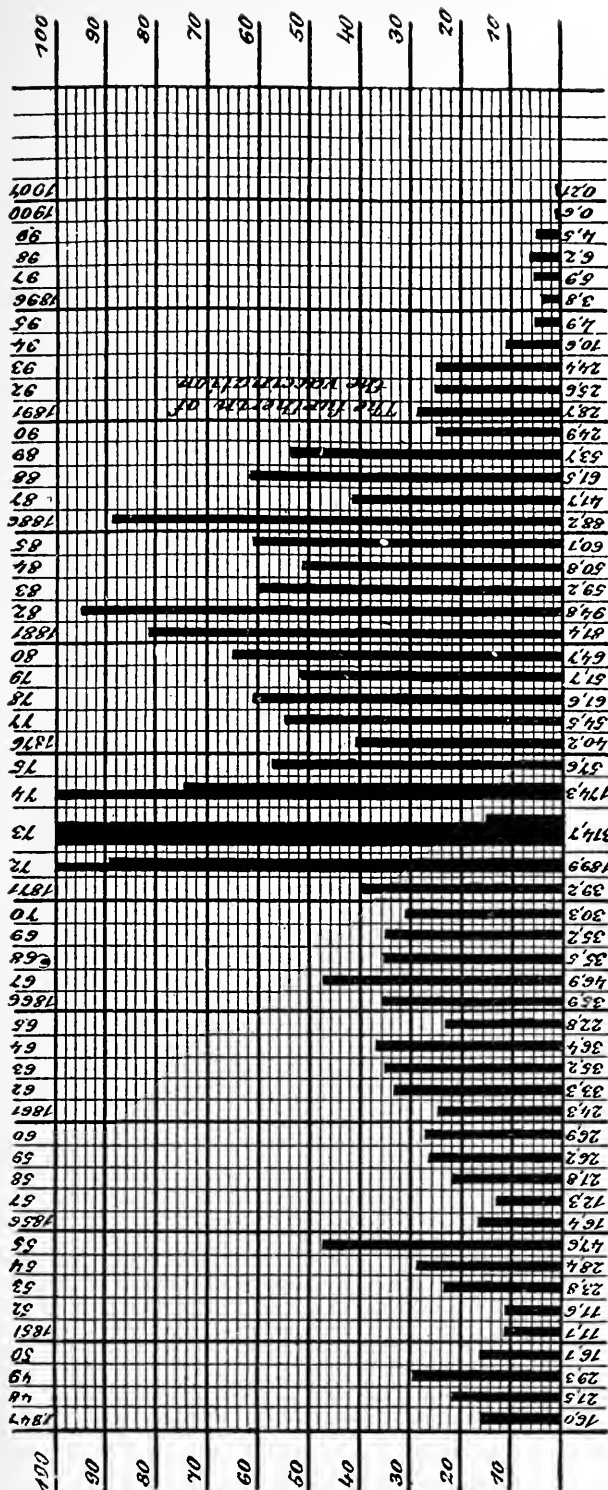


FIG. 9.—SMALLPOX MORTALITY PER 100,000 OF POPULATION IN AUSTRIA. There was very little difference in the number of deaths from the disease in Prussia and Austria as long as compulsory vaccination had not been introduced; since the enactment of the German Vaccination law in Prussia, however, the mortality there has sunk to a previously unknown figure, whereas it has remained stationary and at the same high rate in Austria for many years. Up to 1889 the mortality from smallpox in the latter country was on an average greater than it was before the epidemic in 1872, and it is only since 1890 that favorable conditions have again prevailed, although the losses from smallpox have remained greater during recent years than in Prussia.

be disinfected with chlorinated lime. The sputum and discharges from abscesses should be collected on cheap cloths and burned. As a rule, smallpox patients are not dismissed from quarantine until desquamation has ceased. This may be favored by the use of warm baths and a generous use of glycerin soap, also by anointing the skin with vaselin or a bland oil. Special attention should be given to the hair, which should be well shampooed; to the interdigital spaces, and the fingernails, as well as to all folds of the skin, before the patient is released.

The management of a smallpox epidemic is discussed on page 495.

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## RABIES

**Synonyms.**—*Hydrophobia*; *Wasserscheu*. *Wut*, *Tollwut* (German); *Lyssa* (Greek); *La Rage* (French).

Rabies is an acute, specific, rapidly fatal paralytic infection communicated from a rabid animal to a susceptible animal, through a wound usually produced by biting. Man always contracts the disease from some lower animal, usually the dog. The infective agent must be inoculated into the tissues; the virus is harmless when ingested, provided the mucosa is intact. The gastric juice has a pronounced deleterious effect upon the virus. Rabies may be regarded as a wound infection. The specific principle is contained in the saliva of animals suffering with the disease. The infection, therefore, may be conveyed by licking, etc.,

provided there are fissures or open wounds in the skin. It is also possible to introduce the virus through autopsy accidents and other unusual ways, but commonly it is introduced through wounds produced by the teeth of a rabid animal.

Every mammalian animal is susceptible. Even birds may contract the disease. It is most common in dogs, but it also occurs frequently in wolves, jackals, foxes, and hyenas. Rabies in cats is comparatively rare. Cattle, sheep, and goats are infected relatively in about the same degree. It is less common in horses. Swine contract the disease less frequently than other domestic animals. Skunks may contract the disease and sometimes transmit it to man.

Although all mammals are susceptible to rabies, it is perpetuated in civilized communities almost exclusively by the domestic dog, only to a small extent by wild animals of the dog family, and occasionally by skunks, cats, etc.

Rabies exists practically all over the world. It has never been in Australia, and has not been known in Denmark, Norway and Sweden for more than fifty years. Rabies had been eradicated from England, but was reintroduced during the World War by dogs carried in flying machines. It is most common in France, Belgium, and Russia. In France, rabies of a virulent type with a short incubation period has spread since the first of the World War. In the United States 111 human deaths were reported in 1908. In the same year there were 535 localities in which rabid animals were reported; in 1911 there were 1,381 localities, and 98 deaths in man. In 1890 the United States census reported 143 deaths in 30 states, and in 1900 but 23 deaths. In 1916, 21 deaths were reported from 11 states. In 1919, 45 deaths were reported in the United States.

Rabies is remarkable on account of its high mortality—practically 100 per cent. After symptoms are pronounced recovery rarely, if ever, takes place. Joseph Koch (1910), however, describes an abortive rabies. The disease is peculiar in several other particulars, especially the period of incubation, which is more variable and more prolonged than that of any other acute infection.

Rabies is commonly supposed to prevail only during the hot months, but it is in fact more prevalent in cold weather. Exposure to cold seems to increase its virulence. More dog bites occur from April to September than from October to March in this climate, because dogs run abroad more freely at this season of the year.

**Period of Incubation.**—From the standpoint of prevention it is fortunate that the period of incubation of this disease is prolonged. This period varies from 14 days to a year or more. Such prolonged periods of incubation indicate latency. The average period is as follows: Man, 40 days (apt to be shorter in children); dogs, 21-40 days; horses, 28-56

days; cows, 28-56 days; pigs, 14-21 days; goats and sheep, 21-28 days; birds, 14-40 days.

The period of incubation depends largely upon the site of the wound, the relation to the nerve, the amount and virulence of the virus. It requires about 15 days, counting from the last injection, to induce an active immunity to the disease by means of the Pasteur preventive treatment. There is, therefore, usually sufficient time, if the case is seen early, to prevent the development of symptoms.

It is probable that the prolonged period of incubation is due in part to the fact that it takes time for the virus to travel along the nerves to the central nervous system, and also to the fact that after the virus reaches the central nervous system, it may remain dormant (latent) until favorable conditions permit multiplication and the production of toxic effects.

**Entrance and Exit of the Virus.**—The active principle of rabies occurs principally in the saliva and in the central nervous system. It may be in the saliva at least three days (possibly eight) before the animal shows symptoms (Roux and Nocard). It is, therefore, sufficient to watch a dog that has bitten a person or another animal for ten days. If no symptoms of rabies appear during this time there is no danger of conveying the disease, and the Pasteur prophylactic treatment is unnecessary.

The virus has been found in the adrenals, the tear glands, the pancreas, the vitreous humor, the spermatic fluid, the urine, the lymph, the milk, as well as all parts of the central nervous system and the peripheral nerves. It is also found in the spinal and ventricular fluids. It has not been demonstrated in the liver, spleen, blood, or muscles.

The virus enters the system through the broken skin and follows the nerve trunks from the seat of injury to the spinal cord, thence to the medulla and brain. The route corresponds to that of tetanus toxin. The mode of invasion of the virus may explain why pain, throbbing, tingling, numbness and other nervous disturbances are the first symptoms to occur in parts of the body that have received the virus. It also partly explains the variable period of incubation, which is shorter in wounds of the face than wounds of the extremities. It also explains why the disease is more liable to occur when the wounds are in parts of the body with a rich nerve supply. I have experimental evidence (unpublished) that indicates that the virus readily enters the nerve endings in the skin.

Noguchi<sup>27</sup> announces that he has succeeded in growing the virus, which appears in cultures as granular and pleomorphic chromatoid bodies, some of which are surrounded with membranes. Williams<sup>28</sup> and

<sup>27</sup> Noguchi, *Jour. Exp. Med.*, 1913, XVII, 29.

<sup>28</sup> Williams, Anna Wessel; *Jour. A. M. A.*, 1913, LXI, 17, p. 1509.

Moon<sup>29</sup> believe they have evidence of growth in brain tissue, having produced rabies in animals in the fifth generation or transfer of such "cultures."

**The Relative Danger of Bites.**—Wolf bites are most dangerous on account of the savage character of the wound, and the virulence of the virus. Cat bites come next, and then dog bites. The relative danger of bites of other animals is as follows: foxes, jackals, horses, asses, cattle, sheep, pigs. There is no authentic instance of the transmission of the disease by the bite of man, though this may be possible. The bites of horses and other herbivora are less dangerous because their blunt teeth usually cause contused wounds without breaking the skin.

Bites on exposed surfaces are more dangerous than through the clothing, because the saliva is wiped from the teeth and little or none enters the wound. Long-haired dogs and sheep often escape infection for the same reason. Bites upon the face are most apt to be followed by rabies.

Not every person bitten by a mad animal develops rabies. Leblanc's figures are 16.6 per cent. The statistics are difficult to analyze, and it is almost impossible now to collect sufficient data. According to the most reliable figures, it would seem that rabies develops in not less than one person in ten bitten by mad dogs, and not receiving the Pasteur treatment. Paltauf places the figures at 6 to 9 per cent. From 15 to 20 per cent. is a moderate estimate of the death rate for all persons bitten by rabid animals. See also page 49.

**Viability.**—The virus of rabies in the spinal cord of rabbits dies in about 14 days when dried at 20°-22° C., if protected from putrefaction and light. Spread in thin layers, it dies in 4 or 5 days, and exposed to the sunlight in 40 hours. It is quite resistant to putrefaction. In a decomposed carcass it may be recovered by placing some of the central nervous system in glycerin. The glycerin destroys most of the contaminating bacteria, but preserves the virus. Rabic virus is completely destroyed at 50° C. in one hour, and at 60° C. in 30 minutes. It is not injured by extreme cold.

Harris found the virus to be very resistant to dryness at low temperatures. Rabic virus in central nervous tissue is very resistant to ordinary germicides. Sawtschence<sup>30</sup> found that it requires from five to seven days to destroy the fixed virus in 5 per cent. phenol, and that it is not destroyed by 0.5 per cent. phenol in 20 days. Other filterable viruses, notably variola and vaccinia, also show unusual resistance to phenols and cresols. Semple<sup>31</sup> found that the emulsion of fixed virus which resists the action of 1 per cent. phenol at room temperature for

<sup>29</sup> Moon, *Jour. Infect. Dis.*, 1913, XIII, 232.

<sup>30</sup> Sawtschence, W., *Ann. de l'Inst. Pasteur*, 1911, XXI, p. 492.

<sup>31</sup> Semple, "Sci. Mem. by Officers of Med. and San. Depts.," Gov. Ind., N. S., No. 44.

several days, succumbs at 24 hours at 37° C. According to Cumming<sup>32</sup> 1 per cent. phenol does not destroy the virus in 6 hours, while 2 per cent. solution kills it in less than 24 hours. On the other hand, most of the aldehyd compounds are very active in destroying the infectivity of the fixed virus. A 0.5 per cent. solution of salicylaldehyd, benzaldehyd, or furfural destroys the virus in less than 3 hours. The specific disinfecting action of formaldehyd is shown by the fact that the virus is destroyed when exposed for two hours to 0.08 per cent. solution. This indicates that formalin may be a useful substance to treat dog bites, although experiments have shown that it is not as dependable as nitric acid. Bichlorid of mercury, 1-1,000, for 1 hour, or a saturated solution of iodine in water, completely destroys the virulence, and Wyrskyowski has shown that gastric juice has a pronounced deleterious effect upon the virus.

### PROPHYLAXIS

The prevention of rabies is considered under three heads: (1) Treatment of the wounds; (2) the Pasteur prophylactic treatment, and (3) the control of the disease in dogs by muzzling and quarantine.

The cauterization of the wound and the Pasteur prophylactic treatment are efficient preventive measures for the individual, but they are not the true and best methods of controlling and preventing rabies. The disease may be avoided, even exterminated, by an intelligent system of muzzling and quarantining of dogs. A high tax on dogs and leashing are only restrictive measures. In England, when the dogs were muzzled, rabies diminished. The law was repealed, owing to misplaced sympathy for the dog, and rabies promptly increased. The law was again enforced, and in about two years the disease disappeared (see Fig. 10). A strict quarantine of six months was maintained against dogs entering England, but this was broken by the war and rabies reappeared in England in 1918.<sup>33</sup> Consistent muzzling of all dogs for two years will practically exterminate rabies. In Australia there are few carnivorous animals, mostly marsupials; there rabies does not exist, for it has been kept out owing to early and effective quarantine measures. Norway, Sweden, and Denmark also obtained good results and the same can be done in other peninsular regions.

Prophylactic measures necessary to control the dog question are: the destruction of ownerless dogs; license fee and tag for all dogs; owners to be legally responsible for damage inflicted by their dogs; education of the dog-owning public concerning the spread of communicable diseases, especially rabies; compulsory reporting of all cases or suspected cases of rabies. Further special measures advocated are: muzzling;

<sup>32</sup> *Jour. Infect. Dis.*, XIV, 1, January, 1914, p. 33.

<sup>33</sup> *Br. Med. Jour.*, March 22, 1919, 350, 1.



restraint with chains, leash, etc.; observation in quarantine, or killing of all animals bitten by dogs; disinfection, etc.<sup>34</sup>

# THE LOCAL TREATMENT OF THE WOUND

Wounds produced by the bite of an animal in which there is any suspicion of rabies should at once be canterized with "fuming" or strong nitric acid.<sup>35</sup> The acid is best applied with a glass rod very thoroughly

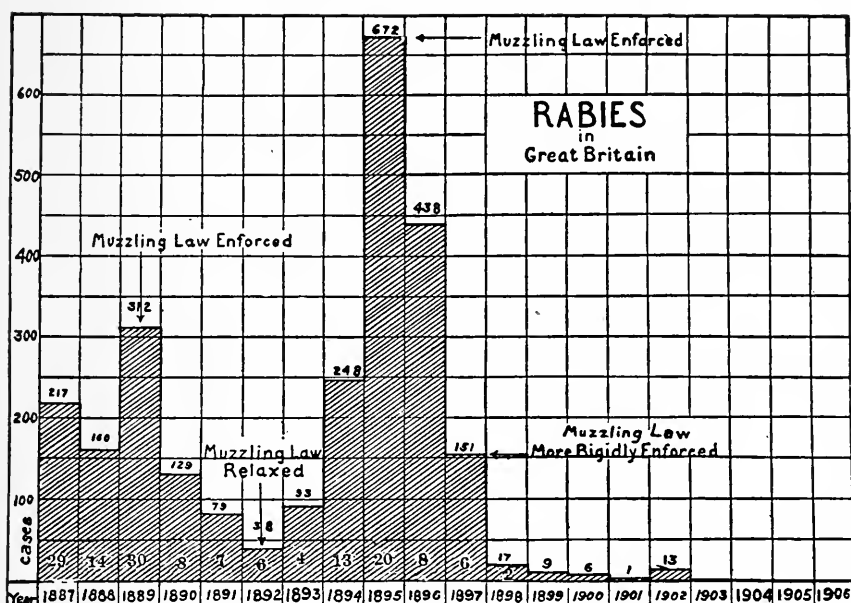


FIG. 10.—CHART SHOWING RELATION OF ENFORCEMENT OF MUZZLING LAW TO PREVALENCE OF RABIES IN GREAT BRITAIN (the figures in the cross-hatching indicate the number of persons who died of rabies in England and Wales. The ordinates represent cases in dogs). (Straus and Frothingham.)

to all the parts of the wound, care being taken that pockets and recesses do not escape. Thorough cauterization at once reduces the danger of wound complications, and experience demonstrates that wounds so treated at once are practically never followed by rabies. Marie obtained conflicting results with local treatment in experimental rabies; Cabot<sup>36</sup> obtained the best results with nitric acid, and was able to save the lives

<sup>34</sup> In addition to rabies, dogs are responsible for other infections in man, such as hydatids, tapeworms (especially in children), round worms, tongue worms, and also fleas and ticks which transfer from the dog to man and which may in this way transmit diseases and parasites. In animals, dogs are responsible for gid in live stock and cysticerci in sheep, reindeer and live stock.

<sup>35</sup> Sp. gr. over 1.48.

<sup>36</sup> *Medical News*, March, 1899.

of 91 per cent. of guinea-pigs by cauterization with nitric acid at the end of 24 hours; Poor<sup>37</sup> saved 45 per cent., at the end of 22 hours. In the absence of nitric acid, formalin or the actual cautery may be used, but they have inferior prophylactic value. Strong germicides, such as carbolic acid, are not reliable. Nitrate of silver is valueless. In any wound produced by the bite of an animal cauterize with nitric acid unless sure that the animal is not mad.

Experiments made in my laboratory indicate that no substance takes the place of nitric acid, and further emphasizes the importance of cauterizing all portions of the wound, especially the edges of the skin.

It has been shown that the virus may remain alive and virulent in the scar for a long time, and it has become a question whether patients seen after the wound has healed should not have the scar excised and the wound cauterized with nitric acid; this, however, is not the practice.

#### THE PASTEUR PROPHYLACTIC TREATMENT

This method of prophylaxis was announced December 6, 1883, by Pasteur, at the International Congress at Copenhagen, and on February 24, 1884, he laid before the French Academy the details of his experiments and results. The next year Pasteur, with the help of Roux and Chamberland, worked out the details of the method now in general use.

The principle of the treatment consists in producing an active immunity by means of an attenuated virus. The virus is attenuated by drying. The fixed virus contained in the spinal cord of rabbits dead of hydrophobia is the material used, for subcutaneous injection.

**Street Virus and Fixed Virus.**—The distinction between fixed and street virus is of fundamental importance in reference to the question of immunity. Street virus is obtained from mad dogs naturally infected. When this virus is inoculated into a rabbit, it reproduces the disease after a period of incubation of from 14 to 21 days or more. This street virus may then be conveyed from rabbit to rabbit through a number of transfers. In the passage from rabbit to rabbit the virus becomes more virulent for rabbits. The period of incubation is progressively shortened, until finally the rabbits invariably sicken on the sixth or seventh day and die on the ninth or tenth. When the virus has reached this degree of virulence for rabbits, it is said to be "fixed," for the reason that its potency remains constant. In its passage through rabbits the modification from street virus to fixed virus is gradual. It is important to note that fixed virus, which has attained a high degree of virulence for rabbits, has lost much of its virulence for

<sup>37</sup> *Collected Studies*, Research Lab., Dept. of Health, City of N. Y., VI, 1911, p. 25.

dogs, and seems to be avirulent for man when introduced into the subcutaneous tissue.<sup>38</sup>

Ferran in 1888 treated 85 persons for dog bites by injecting the fresh fixed virus subcutaneously, without ill effects. Wysokowicz in 1902 injected 70 persons intravenously without an accident. In institutes using the method of Höyges, many persons have received dilutions of an emulsion of the fresh pons and medulla. Nitsch, Proescher and others injected large amounts of fresh fixed virus subcutaneously without producing symptoms. Proescher, in fact, injected himself with the entire brain and medulla of a rabbit; and another entire brain into a volunteer. No ill effects of any kind were noted. The virus used was shown to be virulent when a small amount of it was introduced under the dura of a rabbit. It is indeed quite difficult to give rabies to animals experimentally by subcutaneous injection. Marx tested the fresh fixed virus upon monkeys in large doses, with negative results. The evidence points clearly to the fact that the fixed virus of rabbits does not produce rabies in man when introduced into the subcutaneous tissue.

**Preparation of the Virus.**—Rabbits are injected under the dura mater with a few drops of an emulsion of fresh fixed virus obtained from the pons or medulla of another rabbit dead of hydrophobia. Strict aseptic precautions are necessary in order to keep out other infections. The rabbit should begin to show symptoms on the sixth or seventh day, and die on the ninth or tenth. Usually the rabbit is not allowed to die, but is chloroformed on the last day in order to avoid terminal infections and unnecessary suffering. The spinal cord is removed and hung in a bottle containing potassium hydroxid. These bottles are kept in the dark at a temperature of 22° C. Under these conditions the cord gradually desiccates, and at the same time the virulence of the virus diminishes, until the fourteenth day, when it is no longer infective. This is why Pasteur started the treatment with a cord fourteen days old. In fact, the virus dies long before the fourteenth day—five-day old cord usually fails to infect.

About one-half a centimeter of the cord constitutes a dose. This is ground in about 2.5 c. c. of sterile salt solution so as to produce a uniform emulsion, which is injected into the subcutaneous tissue of the abdominal wall. In many institutes the small segments cut each day from the drying cord are placed in pure glycerin. The virulence of the cord in glycerin is not altered for at least 30 days, if kept in the dark and at 15° C. This method, introduced by Calmette<sup>39</sup> in 1891, based upon observation made by Roux in 1887,<sup>40</sup> is very convenient, especially

<sup>38</sup> *N. Y. Med. Jour.*, Oct. 9, 1909, also *Arch. of Int. Med.*, Sept., 1911, VIII, 3, p. 353.

<sup>39</sup> *Ann. de l'Inst. Pasteur*, Paris, 1891, Vol. V, p. 633.

<sup>40</sup> *Ann. de l'Inst. Pasteur*, Paris, 1887, Vol. I, p. 87.

where comparatively few patients are treated. Glycerin has the added advantage of destroying infections due to non-spore-bearing bacteria that may be present.

As a further precaution, bacteriologic examinations are made of parts of the spinal cord in order to insure the absence of bacteria, and the rabbit is carefully autopsied as a guarantee that no other disease is present.

**The Scheme of Treatment.**—The scheme of treatment advocated by Pasteur and still used at l'Institut Pasteur in Paris and many other places is shown in the following table:

PASTEUR PROPHYLACTIC TREATMENT—RECOMMENDED BY PASTEUR

Mild Treatment			Intensive Treatment		
Day of Treatment	Age of the Dried Cord	Amount of Injected Emulsion 1-cm. of Cord to 5 c. c. Salt Solution	Day of Treatment	Age of the Dried Cord	Amount of Injected Emulsion 1 cm. of Cord to 5 c. c. Salt Solution
1	{ 14 Days 13	3 c. c. 3	1	{ 14 Days 13 12 11 10	3 c. c. 3 3 3 3
2	{ 12 11	3 3	2	{ 9 8 7	3 3 3
3	{ 10 9	3 3	3	{ 6 6	2 2
4	{ 8 7	3 3	4	5	2
5	{ 6 6	3 3	5	5	2
6	5	3	6	4	2
7	5	3	7	3	1
8	4	3	8	4	2
9	3	1	9	3	1
10	5	3	10	5	2
11	5	3	11	5	2
12	4	3	12	4	3
13	4	3	13	4	3
14	3	3	14	3	3
15	3	3	15	3	3
16	5	3	16	5	3
17	4	3	17	4	3
18	3	2	18	3	2
			19	5	2
			20	4	2
			21	3	2

Some Pasteur institutes now use a modified treatment, starting with an 8-day instead of a 14-day-old cord, which is exemplified in the scheme used at the Hygienic Laboratory, Public Health Service. See table on the following page.

The tendency is to hasten the immunity by using only the intensive treatment for all cases, also to start with fresher cord, some using 4-day-old cord for the initial injection. Intensive treatment should always be given for wounds of the face, head, hand and other exposed parts of the body; for multiple wounds; severe wounds; or for wolf, fox, cat and skunk bites.

PASTEUR PROPHYLACTIC TREATMENT—HYGIENIC LABORATORY,  
WASHINGTON, D. C.

Day	Age of the Dried Cord	Amount of Emulsion 1 c. c. of Cord to 5 c. c. Salt Solution		
		Adult	5 to 10 Years	1 to 5 Years
1	6—6*	2.5 c. c.	2.5 c. c.	2.5 c. c.
2	5—5*	2.5	2.5	2.5
3	4—4*	2.5	2.5	2.5
4	3	2.5	2.5	2.0
5	3	2.5	2.5	2.0
6	2	2.5	2.0	1.5
7	2	2.5	2.5	2.0
8	1	2.5	1.5	1.0
9	5	2.5	2.5	2.5
10	4	2.5	2.5	2.5
11	4	2.5	2.5	2.5
12	3	2.5	2.5	2.0
13	3	2.5	2.5	2.0
14	2	2.5	2.5	2.0
15	2	2.5	2.5	2.0
16	4	2.5	2.5	2.5
17	3	2.5	2.5	2.5
18	2	2.5	2.5	2.0
19	3	2.5	2.5	2.5
20	2	2.5	2.5	2.5
21	1	2.5	2.5	2.5

\* Double dose.

The scheme of Pasteur has been further modified in various ways, depending upon the method used to attenuate the virus. Thus Pasteur attenuated the virus by drying; Babes by heating; Frantzer by the use of bile; Tizzoni and Cattani attenuated the virus in gastric juice. Högyes used fresh material in a diluted suspension; Ferran fresh material and in increasing doses. Cumming altered the virus by dialysis. Harris dried the fresh virus at low temperature, which is used in diluted suspension. Other methods have been used to attenuate the virus, such as glycerin, carbolic acid, mechanical disintegration, and, lastly, antirabic serum. Ferran in Barcelona, Proescher in Pittsburgh, and others inject patients with the unaltered, fresh, fixed virus. The advantages of using the virus as fresh and strong as possible are that an active immunity is produced more quickly, and this is of considerable importance in wounds of the face; also in wolf and cat bites, which frequently have a short period of incubation. Further, fewer injections of the fresh virus are necessary to produce an immunity, and this shortens and simplifies the treatment.

Harris<sup>41</sup> has shown that rabic material may be completely desiccated without destruction of virulence, provided the dehydration takes place at a low temperature. The lower the temperature the greater will be the amount of virulence preserved. Virus so desiccated contains per weight as much infectivity as the fresh virus. The virus thus dried is so stable that it may be standardized, permitting an accuracy of dosage hitherto impossible. The unit is the smallest amount which, when injected intracerebrally into a full-grown rabbit, will produce paresis on the

<sup>41</sup> *Jour. of Infect. Dis.*, May, 1912, X, 3, pp. 369-377.

seventh day. For slight wounds Harris gives seven injections, but for severe injuries he gives two injections a day for twelve to fourteen days.

Treatment at a distance from a Pasteur institute is now practical by sending a piece of cord in glycerin; or the emulsion in glycerin, in a thermos bottle; or the dry material in accordance with Harris' method.

**Care During the Treatment.**—During the treatment the patient may go about his usual business. It is not necessary to stay in bed. The patient should, however, avoid fatigue, cold, emotional stress, trauma, and alcohol. It has been shown that these are important predisposing factors to the disease. It was found that customs' officers returning to the Siberian borders after prophylactic treatment for wolf bites showed an unusual mortality, which seemed to be due to exposure to cold. The disease has been observed to be brought on after a cold bath, falling into the water, and similar depressing influences.

**Complications of the Treatment.**—The Pasteur prophylactic treatment may be complicated by (1) local reactions or (2) paralysis.

*Local reactions* at the site of the wound are usually trivial. Abscesses almost never occur. The local reactions consist of redness and induration. It is not necessarily the last injection, but rather the site of some previous injection that flares up, but soon subsides without further trouble. This occurrence increases with the progress of the treatment; it is most frequent in the second week. As the treatment involves the introduction of a large quantity of foreign proteins into the body, it is probable that these reactions represent a phase of hypersusceptibility. See Anaphylaxis.

*Paralysis.*—Paralysis occurs occasionally and may be fatal. This complication seems to be a mild or modified type of rabies, but there is doubt concerning its cause. There is evidence that it may be due to infection with the fixed virus or possibly to toxin—or both. Serious paralysis is a rare complication; it doubtless occurs in mild form more often than is known. It affects adults chiefly, young children almost never. Simon collected data up to and including 1911, showing the occurrences of 100 instances of paralysis among 217,774 persons treated. In this series there were 19 deaths. The incidence of paralysis seems to vary with different methods of antirabic treatment.<sup>42</sup>

In a case treated at the Hygienic Laboratory the paralysis came on 18 days after treatment, and was transient. H. E. Hasseltine<sup>43</sup> reports two cases of paralysis following antirabic treatment, with one death. The New York Pasteur Institute reports a death from "ascending paralysis," which came on four days after the treatment. W. A. Jones<sup>44</sup> reported two cases with recovery. In 1905 Remlinger, head of the Constanti-

<sup>42</sup>The subject is brought up to date in Fiedler's article in the *Journal of the American Medical Association*, June 3, 1916, LXVI, p. 23.

<sup>43</sup>Public Health Report, July 30, 1915, Vol. XXX, No. 31, p. 2227.

<sup>44</sup>*Jour. A. M. A.*, Nov. 13, 1909, p. 1626.

nople Institute for Rabies, reported 40 cases of paralysis; Babes had 8 cases of paralysis (all mild) in 6,525 treatments; Müller found 16 cases in the literature, and had two of his own; Panpoukis, three cases; Jones, 2. Mejio <sup>45</sup> reported 19,800 cases treated in the Pasteur institute, Buenos Aires, of whom 24 developed paralysis, with 4 deaths. One instance was a child of six, apparently healthy a month after the Pasteur treatment. He then had a fall from a hammock; the next day his legs were paralyzed; the paralysis proved of the ascending type, fatal in two weeks.

**The Immunity.**—*Duration.*—The immunity appears two weeks after the treatment and lasts a varying period of time, depending upon the individual—at least for several years. In this respect it does not differ from other instances of acquired immunity. The Pasteur prophylactic may be repeated in persons bitten a second time. The lower animals may also be protected. The fact that the immunity appears on the fifteenth day after the last treatment was discovered by Pasteur as a result of animal experimentation. The statistics of the Pasteur Institute, giving the mortality from rabies in persons following the prophylactic treatment, exclude instances in which the disease develops within fifteen days after the last prophylactic injection.

*Nature.*—The nature of the immunity is not clear. It certainly is not due to an antitoxin. Immune bodies are demonstrable in the blood twenty days after the last injection. The activity of the virus can be neutralized by mixing it in vitro with the blood serum of an immunized animal. This neutralization is generally considered to be microbicidal or lytic in nature.

*Degree.*—The degree of the immunity also varies, as is evidenced by the fact that a certain small percentage of the persons treated die of rabies.

**The Results of the Treatment.**—Statistics giving the results of the treatment are somewhat difficult to analyze, as many factors are unobtainable. Patients should be kept under observation at least a year. Exceptional cases occur one year following exposure. Cases that occur within fifteen days after the treatment are excluded from the French statistics, for reasons that have already been stated. The figures on this basis show a mortality of less than 0.5 per cent. Better results are being obtained from year to year.

The table on the following page gives the general results at l'Institut Pasteur, Paris, since beginning the treatment.

When we compare these figures with the fact that from 6 to 10 per cent. and sometimes 16.6 per cent. of all persons bitten by rabid dogs die of rabies, the prophylactic value of the Pasteur treatment is evident.

Faber found 27 deaths out of 339 persons bitten by mad dogs; Kurrimoto, 17 per cent. in Nagasaki; Babes, 15 per cent. of 995 in Hun-

<sup>45</sup> *Semana Medica*, Buenos Aires, XXIV, No. I, p. 10.

## RESULTS OF TREATMENT AT L'INSTITUT PASTEUR, PARIS

Year	Persons treated	Deaths	Mortality	Year	Persons treated	Deaths	Mortality
1886	2,671	25	0.94%	1903	628	2	0.32%
1887	1,770	14	0.79	1904	755	3	0.39
1888	1,622	9	0.55	1905	727	3	0.41
1889	1,830	7	0.38	1906	772	1	0.13
1890	1,540	5	0.32	1907	786	3	0.38
1891	1,559	4	0.25	1908	524	1	0.19
1892	1,790	4	0.22	1909	467	1	0.21
1893	1,648	6	0.36	1910	401	0	0.00
1894	1,387	7	0.50	1911	341	1	0.29
1895	1,520	5	0.38	1912	395	0	0.00
1896	1,308	4	0.30	1913	330	0	0.00
1897	1,521	6	0.39	1914	373	0	0.00
1898	1,465	3	0.20	1915	654	1	0.15
1899	1,614	4	0.25	1916	1,388	3	0.21
1900	1,420	4	0.28	1917	1,543	4	0.26
1901	1,321	5	0.38	1918	1,803	3	0.16
1902	1,005	2	0.18	1919	1,813	3	0.16

gary; Horsley's figures are 15 per cent. Some series of cases give a much higher mortality. Thus, of 855 persons bitten by mad dogs, collected by Tardieu, Thamehayn, and Bouley, 399 ended in death, or 46.6 per cent. In another series of cases given by Bouley, out of 266 persons bitten by mad dogs, 152 died of hydrophobia. But of these 120 were bitten on the face and hands, the greater danger of which has been mentioned. The mortality resulting from bites of wolves is placed by Babes at from 60 to 80 per cent.

**Contraindications.**—There are no known contraindications to the treatment. All ages and conditions should be treated if exposed. Apparently no harm is done pregnant women. I have injected patients having malaria without trouble following. The treatment may be continued in patients having colds, fevers, and other ailments without noticeable harm.

**When to Give the Pasteur Prophylactic.**—It is sometimes difficult to decide whether the Pasteur prophylactic treatment should or should not be given. Treatment causes sufficient personal inconvenience, not to speak of the danger (however slight) of paralysis, to avoid advising it if unnecessary. In many cases it is impossible to discover whether the dog that inflicted the bite is mad or not. The rule in cases of doubtful exposure is to advise the treatment.

Persons who apply for treatment of dogbites fall into one of the five following categories with reference to the Pasteur prophylactic:

(1) The dog is mad or shows suspicious symptoms: In this case, begin treatment at once.

(2) The dog is not mad: Observe it carefully for ten days, and if no symptoms develop, there is no danger of rabies in the person bitten. The treatment is therefore unnecessary. (The dog may nevertheless develop rabies after ten days and if it has been bitten by another dog should be kept in quarantine for six months.)



(3) The dog is not identified: This is a common occurrence, especially with children. The rule in such cases is to advise the Pasteur prophylactic treatment, except in places known to be free of rabies.

(4) Exposure to saliva: Persons not infrequently apply for advice giving the following history: They have not been bitten, but they have been licked on the hands and face by a dog that subsequently was discovered to have the disease. Persons are sometimes similarly exposed by washing the mouth of a rabid horse. In these cases the important question is whether there were fissures or abrasions in the skin at the time. There may be little wounds in the skin not evident to the naked eye. It is possible to infect animals by rubbing the virus on the shaved skin. The rule is therefore to advise the protection which the treatment affords in persons thus exposed.

(5) In psychoneurotic patients with a distressing phobia of rabies, it may afford comfort to give a mild course of treatment as much for its psychotherapeutic effect as for specific immunity.

*The Dog.*—In all cases it is important to know whether the dog is mad or not. If the dog can be found and kept under observation for 10 days and no symptoms appear, the Pasteur treatment is not necessary. Animals killed early in the course of rabies may fail to show the microscopic evidence of the disease, thus causing an indefinite delay in diagnosis awaiting inoculation tests. Dogs that have bitten persons should not be summarily killed, but should be apprehended and turned over to the proper authority; if killed, the head should be sent to the nearest diagnostic laboratory. Should the dog develop symptoms, the question of diagnosis is all-important.

**Diagnosis of Rabies in Dogs.**—The diagnosis of rabies in dogs may be made in four ways: (1) from the symptoms; (2) from the presence of Negri bodies in the central nervous system; (3) from the lesions in the peripheral ganglia, and (4) by animal inoculations.

1. The *symptoms* may be very suggestive, but a diagnosis must always rest upon the pathological lesions and the inoculation tests. The course of the disease may be divided into three stages: (a) a premonitory stage, (b) a stage of excitement, and (c) a paralytic stage. The first two stages may be absent or transient. All rabid animals invariably become paralyzed before they die. In dogs the first symptom consists solely in a change in the disposition of the animal. He is easily excited, but does not show a tendency to bite. Soon the restlessness becomes more marked, and the animal may become furious and even show signs of delirium. The dog does not fear water, as is commonly supposed, but rushes about attacking every object in his way. Dogs suffering from furious rabies have a tendency to run long distances (25 miles or more), often biting and inoculating large numbers of other animals and persons en route. Very soon paralysis sets in, commencing in the hind legs, and

finally becomes general. The course of the disease is always rapid, averaging from 4 to 5 days, rarely exceeding 10 days. When the stage of excitement is brief or absent, the disease is known as dumb rabies.

2. There is a difference of opinion concerning the significance of the Negri bodies (*Neurorrhycles hydrophobiae*), which, however, are very constant in rabies and peculiar to it. If Negri bodies are found in the dog, the Pasteur treatment should be started at once. The absence of Negri bodies, however, does not necessarily mean the absence of rabies. These bodies are sometimes difficult to find, or may not be present in the parts of the central nervous system which are examined. Negri bodies are found especially in the horn of Ammon and the cerebellum; they are 1 to 23 micra in diameter; usually round or oval; strongly eosinophilic; occur within and without the nerve cells; and sometimes contain a nucleus (?). Owing to their resemblance to red blood cells, the finding of Negri bodies *within* the cells is the safest criterion. The diagnosis may thus be established in about 90 per cent. of cases.

Negri bodies for diagnostic purposes are best demonstrated by impression preparations of Ammon's horn and cerebellum, stained according to Van Giesen as recommended by Frothingham or stained by Bond's modification of the Mann stain. Impression preparations are made by gently pressing a microscopic slide upon the cut surface of Ammon's horn and the cerebellum and lifting with a quick movement. Care should be taken to obtain thin uniform impressions because thick impressions do not show differential staining for Negri bodies. Pieces of the Ammon's horn and the cerebellum selected for impressions should be from four to six millimeters thick. Three or four impressions to a single slide should be made from each piece of the Ammon's horn and cerebellum. Four or five pieces of each Ammon's horn and the same number from the cerebellum are sufficient. The impression preparations obtained in this way show the characteristic arrangement of the cells of the hippocampus and of the cerebellum and rarely fail to contain the Negri bodies in infected material. When the brain is badly mutilated or decomposed, impressions taken from any of the available material containing gray matter will frequently show the Negri bodies if infected.

To stain impression preparations as recommended by Frothingham the following slightly modified procedure is given: (1) Fix before the impression dries in methyl alcohol for five minutes; (2) stain at room temperature with Van Giesen, while still moist with alcohol, for eight to ten minutes; (3) wash thirty seconds with running tap water; (4) blot with filter paper. The Van Giesen stain is made as follows: Tap water 20 c. c. to 50 c. c.; saturated alcoholic fuchsin (f. Bac. Grubler) 1 drop; saturated aqueous solution methylene blue (f. Bac. Koch Grubler) one to ten drops. The amount of tap water and the

amount of methylene blue required for good differentiation vary with different stock solutions of the stains. This stain changes little in three to four days.

To stain by Bond's modification of the Mann stain proceed as follows: (1) Fix before the impression dries in methyl alcohol five to six minutes; (2) wash thirty seconds with running tap water; (3) stain for four to five minutes with a mixture consisting of 1.0 c. c. of 1 per cent. aqueous eosin (Eosin W. gelbl. Grubler), 0.7 c. c. to 1.0 c. c. of 1 per cent. aqueous *methyl* blue (Grubler) and 6.0 c. c. of distilled water; (4) wash with running tap water for thirty seconds; (5) blot with filter paper; (6) dehydrate with absolute alcohol; (7) clear with a mixture consisting of one part of xylol and two parts of aniline oil; (8) wash with xylol; (9) mount in balsam. The Mann stain should be freshly prepared each time it is used. In practice it is better to stain by both methods because each has its advantages and disadvantages. The Mann's stain gives definite Negri bodies but the differential staining between the red blood corpuscles and Negri bodies is not always clear. With the Frothingham method Negri bodies can hardly be mistaken for anything else but the stain itself may be capricious in action and shows relatively fewer Negri bodies.

3. The lesions of Van Gehuchten and Nélis, described in 1900, are the most characteristic anatomical changes. These lesions are found late in the disease in the peripheral ganglia of the cerebrospinal and sympathetic systems, especially in the plexiform ganglia of the pneumogastric nerve, and the Gasserian ganglia. The normal nerve cells of these ganglia lie in a capsule lined with a single layer of endothelial cells. In rabies these endothelial cells proliferate and the nerve cells may be partly or entirely destroyed and replaced by diverse cells associated with chronic inflammatory processes. In addition, lymphatic infiltration also occurs about the sheaths surrounding the individual nerve cells. Either the proliferative or infiltrative changes may predominate. In order to find these lesions, it is necessary to fix the ganglia in Zenker's fluid and to stain the sections by the eosin-methylene blue method. This method of diagnosis is available in only a small percentage of cases.

4. The final diagnosis of rabies rests upon animal experimentation. A small quantity of an emulsion of the medulla or pons of the suspected animal is placed under the dura mater of a rabbit or guinea-pig. The diagnosis by this method, however, requires so much time (on account of the long period of incubation of the disease) that it is of no practical value in deciding whether or not the Pasteur prophylactic treatment should be given, but in any critical case the positive evidence furnished by animal experimentation is incontrovertible.

If the inoculated rabbit shows no symptoms in one month, and Negri

bodies were not seen in the specimen, then a negative diagnosis may be given, although it is customary to observe the animal for six months.

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#### VENEREAL DISEASES<sup>46</sup>

As a danger to the public health, as a peril to the family, and as a menace to the vitality, health, and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues, and their prophylaxis the most pressing problem of preventive medicine that confronts us at the present day.

No serious attempt was made by the sanitary authorities of any of our great cities to deal with this problem until New York City in

<sup>46</sup> Objection has been made to the stigma implied in the term venereal diseases, for these infections are not always transmitted in venery and are often contracted innocently. Syphilis and gonorrhea, however, are unlike other communicable diseases in that they do involve a moral principle. Gonorrhea or syphilis contracted innocently is usually only one remove from promiscuity.

Only one venereal disease among the lower animals is known,—dourine, a syphilis of horses caused by a trypanosome.

1912<sup>47</sup> determined to treat the venereal diseases as any other highly communicable and preventable infection, dealing purely with the sanitary features of the problem from a public health standpoint, ignoring the social and moral phases. The opposition to such activity is slowly being broken down. Progress against the venereal diseases is a repetition of the warfare along other lines of sanitation and hygiene. It is the history of a continuous struggle carried on in the name of law, religion, personal rights, or expediency. Although the difficulties in this case are much greater than in any other group of diseases, an intelligent and persistent campaign must end in a long-delayed success.

Biggs states that in 1912 at least 800,000 people, or more than one-fifth of the adult population of New York City, have, or have had, some venereal disease, and that in a large percentage of these persons the disease is still active. The number of new infections occurring each year probably exceeds that of all other notifiable diseases combined. In view of such figures the magnitude and the importance of the problem of administrative control, as applied to these diseases, become clearly apparent.

The venereal diseases are a constant menace to the clean living public as well as to the licentious. The history of preventive medicine can present no greater tragedy than the home invaded by syphilis or gonorrhea.

There are three venereal diseases: syphilis, gonorrhea, and chancroid. In order to have a clear understanding of the problems of venereal prophylaxis it is necessary to have a knowledge of the essential features of these preventable infections. Two of them, syphilis and gonorrhea, are of great importance, because they are very prevalent and because they are very serious infections with grave consequences. Gonorrhea is the great preventer, syphilis the great destroyer of life.

### SYPHILIS

Syphilis is a specific infection caused by the *Spirochæta pallida*.<sup>48</sup> It is acquired by direct contact with infected persons, by inoculation with infected things, and by congenital transmission. Syphilis runs a chronic course with lesions and symptoms of extraordinary diversity. The initial lesion or chancre forms on the skin or mucous membrane at the site of entrance of the spirochetes. The period of incubation is never less than 10 days, with a maximum of 90 days. In the majority of cases, the chancre appears between the 14th and 40th days.

There are many striking things about syphilis, but nothing so striking as its persistence in spite of knowledge complete enough to stamp

<sup>47</sup> Resolutions adopted by the Board of Health, February 20th.

<sup>48</sup> Also known as *Treponema pallidum*.

it out and in view of the popular dread in which the disease is held. It is preventable, even curable—yet scarcely another disease equals it in the extent and intensity of its ravages. It is the great canker of humanity.

Syphilis is a good illustration of the fact that it is much more difficult to control a disease transmitted directly from man to man than a disease transmitted by an intermediate host, or one in which the virus is transferred through our environment. We have a certain amount of control over our surroundings, and we have dominion over the lower animals, but the control of man requires the consent of the governed.

Civilization and syphilization have been close companions, but syphilis is now less prevalent among civilized than uncivilized peoples—this is promising. Civilization, however, should not be content until it has controlled syphilis as effectively as it has some other preventable infections. The effort to do so, at least, must be persistent and sincere.

From the economic side syphilis is not a serious disease in its primary and secondary stages; that is, persons with syphilis during the early stages are usually not ill enough to cease work.<sup>49</sup> Acutely fatal cases, such as frequently occurred in the sixteenth century, are now rare; in other words, the disease has lost much of its early virulence. It is the late manifestations, or the so-called parasyphilitic lesions, as well as the inherited consequences of the disease, that play havoc. About one-fifth of all the insane in our asylums are cases of general paresis; 90 per cent. of these give the Wassermann reaction. Syphilis, alcohol, and heredity fill our insane asylums, jails and almshouses.

The consequences of syphilis are often more severe upon the offspring than upon the syphilitic parent. The infection itself, or various defects, especially of the nervous system, resulting from the consequences of syphilis, may be transmitted from parent to child, often with fatal results. When death does not ensue the results may be still more tragic.

The health officer should regard syphilis just as he does the acute febrile exanthematous diseases. Because syphilis runs a slow and often chronic course with mild constitutional symptoms during its early stages, it is often placed in a class by itself. This is a mistake. Syphilis has its period of incubation, eruption, and decline, just as measles and smallpox have.

**Historical.**—There is an accurate historical record of the startling spread of syphilis over the known world in a few years after 1495, and from that time it has everywhere been endemic. No similar record exists of the sudden establishment of any other great disease among the larger part of the earth's inhabitants. Evidence, however, points to the severe character of the disease during this early epidemic, the cases often run-

<sup>49</sup> But it is most communicable during this time.

ning an acute, febrile course, accompanied by symptoms of such severity as are now seen only occasionally. Syphilis was unknown before the year 1493. It is said to have been brought by the crew of Columbus, on his first voyage from Española, or Hayti.<sup>50</sup> Some of the returning crew accompanied Charles VIII of France in the autumn of 1494 with the army, 32,000 strong, which invaded Italy for the conquest of Naples. The epidemic began in Italy at this time, and the disease spread quickly over Europe with the scattering of the troops. At first the French called it the Neapolitan disease, and the Italians called it the French pox, or Morbus Gallicus. The name of the disease was taken from a popular poem written by Fracastor in 1530 entitled, "Syphilis sive Morbus Gallicus," in which the symptoms are clearly described in the principal pastoral character—Syphilis.

In 1903, Metchnikoff and Roux<sup>51</sup> transmitted the disease to lower animals and demonstrated the prophylactic value of calomel inunctions, and also opened up a rich field of animal experimentation. In 1905, Schaudinn<sup>52</sup> discovered the cause and thus made diagnosis certain. In 1906, Wassermann, Neisser and Bruck<sup>53</sup> introduced the indirect method of diagnosis by serum reaction. In 1910, Ehrlich,<sup>54</sup> after many years of experiment, gave to the world salvarsan, a specific, synthetic spirocheticide. In 1911, Noguchi<sup>55</sup> cultivated *Spirochæta pallida* outside of the body and prepared luetin. In 1913, Noguchi<sup>56</sup> demonstrated the spirochetes in the brain of paretics and in the cord of a tabetic. This unparalleled group of achievements, all the result of scientific work in laboratories, in 10 short years threw light upon the cause, mode of transmission, pathology, treatment and prevention of the disease.

**Prevalence.**—The percentage of syphilitics in the population at large is difficult to determine. It is commonly estimated at about 8 per cent. The amount of infection in certain groups is given by Vedder as follows: Prostitutes, 50 to 100 per cent.; tuberculous in institutions, 20 to 30 per cent.;<sup>57</sup> sick children in hospitals, 2 to 10 per cent.; mentally backward and idiots, 20 to 40 per cent.; criminals, 20 to 40 per cent.; presumably healthy men of the class that enlist in the regular army, 20 per cent.: this group represents unskilled labor and a certain percentage of the tradesmen. Among men of better families the per-

<sup>50</sup> J. A. M. A., June 12, 1915, LXVI, 24, p. 1962.

<sup>51</sup> Ann. de l'Inst. Pasteur, 1903, p. 809.

<sup>52</sup> Arb. a. d. k. Gsndhtsamte, 1905, XXII, p. 527.

<sup>53</sup> Deutsch. med. Wchnschr., 1906, XXXII, p. 745.

<sup>54</sup> Die experimentelle Chemotherapie der Spirillosen, 1910, Julius Springer, Berlin.

<sup>55</sup> Jour. Exp. Med., 1911, 99, p. 557.

<sup>56</sup> Jour. Exp. Med., 1913, XVII, p. 232.

<sup>57</sup> The prevalence of syphilis among the tuberculous in this country has been variously placed by different investigators on the basis of a clinical examination or a positive Wassermann, or both. Some of these are as follows: Vedder, 23.2 per cent.; Snow and Cooper, 20 per cent.; Petroff, 21.8 per cent.; Lyons, 9.2 per cent.; Jones, 29 per cent.

centage varies from 2 to 10 per cent., depending upon age, marital condition and other factors. Among young women in the community, the percentage of syphilitic infections fluctuates between 3 and 20 per cent., depending upon age, marital condition, education and social status. As among men, the proportion of infections increases as we descend in the social scale. It is estimated that the rates for the colored race are at least double those for the white race. See also page 73.

**Stages of the Disease.**—Syphilis is divided into four stages which are not always well defined in time or sequence.

*The chancre.*—The *primary stage* consists of the chancre which forms at the site of the initial infection. The regional lymph node becomes enlarged and hard. The typical Hunterian chancre is an indurated and undulated ulcer in the skin or mucous membrane, and appears about three weeks (not less than ten days) after the receipt of the infection. It is usually single and painless, but frequently is atypical, and may be but a trifling lesion. In the absence of a careful daily inspection, it may exist many days before it is detected, or even escape notice altogether.

The chancre contains many spirochetes which may readily be seen with the dark field illumination. This is the best method of early diagnosis. The Wassermann reaction usually does not become positive until from two to six weeks after the appearance of the chancre. It is important to examine every sore on the genitalia for spirochetes, for the initial lesion of syphilis often resembles a chancroid, sometimes only a simple abrasion. Mixed infections are frequent.

The *secondary stage* is determined by a general invasion of spirochetes throughout the system, and is characterized by involvement of the lymph nodes, eruptions upon the skin and mucous membranes, fever, anemia, and other indications of a generalized infection.

The *third stage* is characterized by a localized granulomatous growth known as a gumma. Gummata may appear in almost any tissue or organ of the body.

A *fourth stage*, consisting of inflammatory and degenerative lesions of the heart, blood vessels and central nervous system, is often added to the picture, and occurs long years after the primary sore. This stage, formerly regarded as sequelae or parasymphilitic phenomena, is now known to be associated with spirochetes, and should be classed as a stage of the disease. This is the most serious and disabling stage of the disease and is a frequent cause of insanity or premature death. Examples of the chief manifestations of the late stage of syphilis are locomotor ataxia and dementia paralytica, also arteriosclerosis, aneurism, cerebrospinal syphilis, etc. The prevention of these serious conditions depends upon early recognition of the chancre, followed by prompt and thorough treatment.



**Fatality.**—Syphilis is the chief cause of death in early adult life in persons otherwise hale and hearty.

If it be remembered that syphilis is the real cause of death in all cases of general paresis, locomotor ataxia, and aortic aneurysm, in many cases of apoplexy, and is a contributory cause of death in a host of other conditions, including many cases of pulmonary tuberculosis, the real influence of syphilis on the mortality rate begins to be suspected. Osler some time ago made the statement that "of the killing diseases, syphilis comes third or fourth." But recently from an analysis of the Registrar General's statistics for 1915, he estimates the actual deaths from syphilis in England and Wales at about 60,000, thus moving syphilis to the top of the list. Leredde estimates that syphilis probably kills 25,000 persons each year in France.

According to Lenz,<sup>58</sup> in the large cities, 25 per cent. of syphilitics die as the result of endarteritis (angina pectoris, aortic insufficiency, aneurysm), while 3 or 4 per cent. of syphilitics die from general paralysis, 1 or 2 per cent. from tabes and at least 10 per cent. more as the result of syphilitic lesions of the brain, liver and kidneys. Almost half of all syphilitics eventually succumb as the result of their infection. Syphilis is therefore the greatest cause of premature death of men in large cities.

Mattauschek and Pilcz<sup>59</sup> found that of 4134 officers of the Austrian Army who contracted syphilis between the years 1800-1900, on January 1, 1912: 198 had general paralysis; 113 had locomotor ataxia; 132 had cerebrospinal syphilis; 80 suffered from different psychoses; 17 died of aneurysm; 147 died of tuberculosis; 20 died with syphilis designated as the cause; 101 developed myocarditis and arteriosclerosis, 86 of whom died from this condition.

**Diagnosis.**—Early diagnosis and prompt treatment are the most practical and promising measures to control syphilis (page 85). The clinical symptoms are often atypical and elusive; reliance on laboratory tests is therefore imperative.

*Dark field illumination* should be applied as a routine to every genital sore, by an expert. A single negative finding is not conclusive, and should be repeated daily for several days. No local antiseptic should be applied until the diagnosis is established. One application of a spirocheticide, such as silver nitrate, mercury, copper sulphate, iodine or iodoform, is often sufficient to cause the disappearance of the spirochetes from the surface of the sore.

*The Wassermann reaction* becomes positive only after a general invasion of the spirochetes takes place. At the time of the first appear-

<sup>58</sup> *Ueber die Häufigkeit der syphilitischen Sklerose der Aorta relativ zur gewöhnlichen Athero-sklerose und zur Syphilis überhaupt*, *Med. Klinik*, 1913, IX, 955.

<sup>59</sup> *Med. Klinik*, 1913, IX, 1544; also *Berl. Klin. Wchnschr.*, 1908, XLV, 1213.

ance of the chancre this reaction is invariably negative. It appears by the tenth day in about 30 per cent. of cases, and is positive in 96 per cent. of all cases by the 40th day. The Wassermann reaction therefore cannot be depended upon for early diagnosis, but soon becomes the most reliable laboratory test. It (see also p. 65) should be remembered, however, that in a small percentage of syphilitics, the Wassermann reaction remains negative, while on the other hand it may become positive in other infections, such as yaws, and sometimes in tuberculosis, malaria, pneumonia, scarlet fever, and especially in diseases associated with deranged metabolism of the liver. We must be cautious in drawing conclusions from positive Wassermans in other diseases, for it is often difficult to rule out syphilis.

The *luetin test* is an anaphylactic reaction depending upon sensitization of the skin. It does not always appear, and then late in the disease. It is more useful in prognosis and as a guide to treatment than in diagnosis.

**Methods of Transmission.**—Syphilis is transmitted directly, indirectly, and congenitally.

In a large majority of all cases of syphilis, the infection is transmitted during sexual approach and usually as a consequence of adulterous relations. It is, therefore, spoken of as a venereal disease; many cases, however, are contracted out of venery. These innocent infections are more common than is ordinarily supposed. The spirochete is an animated corkscrew and can probably penetrate the unbroken mucous membrane and perhaps the skin, although a fissure or slight abrasion is the site of most chancres.

**Marital Syphilis.**—The subject is of great interest and importance because marital syphilis is so frequent, and because the individual so infected is an innocent victim of the disease, and usually remains ignorant of the infection, and therefore receives little or no treatment. The transmission of syphilis from wife to husband is comparatively rare. On the other hand, the transmission of disease from husband to wife is comparatively common. M. Dechambre says, "Syphilis is divided among husband and wife like the daily bread."

**Extragenital Chancres.**—Extragenital chancres constitute from 5 to 10 per cent. of the total infections with syphilis. Metchnikoff reports that a great number of cases of non-venereal syphilis occurs among children in Russia, where peasants live huddled together and in ignorance. Genital syphilis is not necessarily due to immorality, since it frequently results from marital relations, and has occasionally followed the rite of circumcision. Extragenital chancres are usually acquired innocently but may be the result of improper practices. It is particularly desirable to make this distinction from the public health standpoint, as the measures taken to prevent syphilis resulting from immorality and syphilis

acquired accidentally are naturally quite different. Innocent syphilis, however, is generally the result by one or two removes of syphilis acquired by promiscuity.

Bulkley,<sup>60</sup> Munchheimer, and Fournier<sup>61</sup> have collected from the literature 20,000 cases of extragenital chancre; Schener<sup>62</sup> has analyzed 14,590 of these in regard to location: 3880 occurred on the lips, contracted mainly by kissing; 2144 on the arm, caused by the old-fashioned arm-to-arm vaccination; 1569 occurred on the breast, mainly of healthy wet nurses from syphilitic infants; 1104 on the tonsils; 897 on fingers and hands, chiefly of physicians, nurses and midwives; 753 were caused by circumcision, 181 by cupping, and 109 by tattooing.

*Kissing*.—It is difficult to treat this subject seriously, and yet it must be considered as the most important single method by which accidental syphilitic infection is transmitted. When the public understands that not only syphilis, but also pneumonia, influenza, common colds, sore throats, measles, scarlet fever, whooping cough, diphtheria, and many other infections may be transmitted through kissing, the practice will become automatically reduced to normal and proper limits. The danger from kissing is great when there are mucous patches or other open lesions upon the mucous membrane of the mouth. The kissing party reported by Schamberg<sup>63</sup> has become classic: Eight individuals acquired chancres of the lip from kissing a young man who also had a chancre of the lip. The percentage of infection was very high—eight were infected, only five or six escaped.

*Indirect Transmission*.—The list of articles that have conveyed the contagium by indirect transmission is comprehensive and includes towels, clothing, razors, handkerchiefs, surgical and dental instruments, pipes, et cetera; a considerable number of infections have been traced to barber shops, drinking glasses, and minor operations.

- Congenital and hereditary transmission of syphilis, see p. 645.

**Infectiousness of Lesions and Tissues**.—The *chancre* is highly infectious from its first appearance until it is completely healed. Hence the importance of early diagnosis and prompt treatment.

*All secondary lesions* are potentially infectious because spirochetes have been demonstrated in all of them. The mucous patch is the secondary lesion most commonly responsible for the transmission of the disease. Like the chancre, it fairly teems with spirochetes, it is comparatively painless, and occurring on the mouth or genitalia it occupies the two regions of the body most commonly brought into close and intimate contact with persons of the opposite sex. The vast majority of

<sup>60</sup> *Syphilis in the Innocent*. Bailey and Fairchild, New York, 1894, p. 197.

<sup>61</sup> *Les Chancres Extragenitaux*. Paris, 1897.

<sup>62</sup> *Die Syphilis der Unschuldigen*, Berlin, 1910, Urban and Schwarzenberg.

<sup>63</sup> *J. A. M. A.*, 1911, LVII, p. 783.

infections are acquired from syphilitics in the primary or early secondary stages of the disease. Nevertheless, we must regard any uncured syphilitic as a possible source of infection. The secondary stage with its endless lesions may last for 29 years.

*Tertiary lesions* are infectious, although it was thought for many years that they were not. Practically, cases of infection from tertiary lesions are comparatively rare and only occur from late eruptions of the skin and superficial gummatous ulcerations.

The infectiousness of the *blood* has been demonstrated in all stages of syphilis, but the danger from this source is slight. An exception to this statement is to be noted in the case of surgeons, physicians, nurses, dentists and midwives, among whom syphilis is the great occupational disease.

The *milk* of a syphilitic woman must be regarded as infectious, since it is well known that a syphilitic wet nurse without lesions will almost surely infect a healthy child; the spirochetes therefore appear to be transmitted in the milk.

*Spermatic fluid*.—Warthin's findings<sup>64</sup> demonstrate that the seminal fluid from many secondary cases is infectious, and we may assume that the seminal fluid from tertiary cases may be infectious in the presence of a suitable lesion in the testicles, and this is confirmed by clinical experience, which indicates that some cases of syphilis appear to be transmitted in this way.

*Spinal fluid* is infectious in many cases in which the central nervous system is involved. The *sputum*, *sweat* and *urine* are generally believed not to be infectious, except in the presence of discharging lesions.

For public health purposes, a person suffering from syphilis is considered to be in an infective stage so long as he shows any symptom or lesion of primary or secondary syphilis, or any discharging lesion of the tertiary stage.

**Viability**.—The spirochete of syphilis is a frail organism, yet it may live long enough on towels, glasses, razors, dental instruments, pipes, and other objects to command hygienic respect. Thus, Zinsser and Hopkins<sup>65</sup> found that pure cultures lived 11½ hours on a moist towel. Dried on covered slips, the spirochete failed to grow after one hour. Bronfenbrenner and Noguchi<sup>66</sup> found that the viability of the spirochete is markedly diminished by lack of nutritive substances, presence of oxygen, effect of light, and the toxic effect of sodium chlorid. Gastou and Comandon<sup>67</sup> recovered living and active spirochetes from drinking glasses up to half an hour after they were deposited on the glass.

<sup>64</sup> *Am. Journ. Med. Sci.*, 1916, CLII, p. 508.

<sup>65</sup> *J. A. M. A.*, LXII, 23, June 6, 1914.

<sup>66</sup> *Jour. Phar. and Exp. Therap.*, March, IV, 4, pp. 251-362.

<sup>67</sup> *Bull. de la Soc. Franc. de Dermat. et Syph.*, 1908, XIX, 292.

Hertmanni<sup>68</sup> found that the spirochete lost its motility as soon as drying occurred. Neisser<sup>69</sup> also determined that the virus from syphilitics that produced syphilis when inoculated into monkeys absolutely lost its power to transmit infection as soon as the fluid which contained the organism was dried. We may therefore regard it as demonstrated that any material that has dried has lost its power to transmit the infection. These facts are in accordance with clinical experience, which indicates that infection by indirect contact is through a brief period of time or a short interval of space. Any object recently soiled or still moist with infectious secretions from a syphilitic must be regarded as a possible source of infection.

The *Spirochæta pallida* may retain its life and infectious properties for long periods in tissues that are excised from the body and in various bodily fluids when kept in the laboratory under suitable conditions or in cultures.

**Immunity.**—There is no natural immunity to syphilis and probably no true cure without specific treatment. The disease is much milder now than it was in the 16th century. This indicates that either the spirochete has lost some of its earlier malignancy, or the human race has become more resistant through syphilization. A similar phenomenon is seen in malaria and some other infections caused by animal parasites.

Syphilis confers no definite immunity. Second infections may take place after cure. Chancres are not auto-inoculable, but it is now known that a second chancre can be produced if the inoculation from the first chancre is made soon after its appearance. In other words, super-infection cannot take place when the disease is once established. This indicates a kind of "immunity" while the living spirochetes are in the body. The same sort of resistance is found in leishmaniasis and other parasites belonging to the animal kingdom. Inability to produce super-infections is also seen in active tuberculosis and some other diseases.

The Wassermann reaction is not an index of immunity. If the luetin test becomes negative after having been positive, it is an indication that resistance has disappeared and such persons are susceptible to reinfection.

The hereditary and congenital transmission of syphilis is discussed on page 645

**Syphilis and Life Insurance.**—Syphilis lowers the standard of health and paves the way for other diseases. Whatever the etiological relationship may be, it is definitely known that syphilitics are prone to die early from affections of the heart and vessels, general paresis, diseases of the central nervous system (locomotor ataxia), chronic nephritis, arteriosclerosis, aneurysm, apoplexy, etc. The actuaries of all life insurance

<sup>68</sup> *Ztschr.*, 1909, XVI, 633.

<sup>69</sup> *Arb. a. d. k. Gsndhtsamte*, 1911, XXXVII.

companies know that the morbidity and mortality rates among syphilitics are very much higher than those of any other class of individuals of the community who enjoy apparent good health at the time of examination. The actuaries of a German life insurance company estimate that the mortality ofluetics is 130 to 100 for normal individuals, and in the 36- to 50-year period the average mortality in syphilitics is doubled.

Most insurance companies refuse to accept syphilitics at all. Some companies require extra premiums to compensate for the extra risks. A few companies will accept exceptionally favorable cases who have had a thorough course of treatment and who have shown no symptoms for from 3 to 5 years, but under these circumstances only special policies are issued which do not keep the applicant on the companies' books after 55 years of age.

**Marriage and Syphilis.**—Fournier thought that, with few exceptions, syphilis constitutes only a temporary bar to marriage. As a result of his experience, he concluded, in 1880, that marriage should be prohibited to every man having syphilis which was transmissible, and that it ought to be permitted in men in whom the disease was in such a condition as not to be transmissible. It is impossible, however, to insure any guarantee of safety whatever except in the presence of a definitely established cure.

Finger's rules as modified by Vedder<sup>70</sup> are as follows:

1. A mild normal course of the disease.
2. An efficient course of treatment with both salvarsan and mercury in accordance with the best practice in the treatment of syphilis.
3. An interval of at least four full years between infection and marriage.
4. An interval of three years from the last syphilitic manifestation to marriage with careful observation to determine the existence of symptoms.
5. A negative Wassermann reaction just before marriage, best confirmed by a test at a second laboratory to insure accuracy.

Osler states that the family physician should insist upon the necessity of two full years elapsing between the date of infection and the contracting of marriage. This, it should be borne in mind, is the earliest possible limit, and marriage should be allowed only if the treatment has been thorough and if at least a year has passed without any manifestation of the disease.

It is clear that the great burden of responsibility must be borne by the family physician. It is his duty to warn the patient that marriage may not be absolutely safe, that he must watch for small erosions on the genitalia or in the mouth, that may affect his wife. The

<sup>70</sup> Vedder's "Syphilis and Public Health," p. 209.

family physician should know the facts so that he can watch both wife and children, and afford prompt treatment should it become necessary.

It is not practical to prevent the marriage of many syphilitics by law, although legislation making syphilis a bar to marriage has been enacted by several states.<sup>71</sup> Such laws in practice enable the state to step in after the fact, and while of interest in divorce proceedings, must be regarded as of limited public health usefulness.

The family is the sanitary unit, and it is of fundamental importance to public and private health to protect the sanctity of the home. There is also truth in Hutchinson's<sup>72</sup> contention "that counsels of perfection are often not trustworthy in practice."

**The Wassermann Reaction and Marriage.**—Assent to matrimony should be withheld from individuals with a positive Wassermann test. On the other hand Keyes<sup>73</sup> concludes that a negative Wassermann is not sufficient evidence of the cure or absence of syphilis. Again, a positive Wassermann, unsupported by clinical evidence, may not be sufficient evidence of the presence of syphilis, and therefore in itself does not prohibit matrimony. A fixed, positive Wassermann in the later years of the disease does not inevitably point to the prospect of grave lesions. A negative Wassermann after salvarsan, in the first year of the disease, does not mean that the patient is cured, or that lesions will not reappear, because the reaction may again become positive. The return of chancre, glands, eruption and positive Wassermann reaction, a few months after control of the disease by salvarsan in its first few weeks, does not prove reinfection.

**Standard of Cure.**—A person is not cured until all syphilitic spirochetes disappear from the body. This disinfection may be accomplished easiest during the early stage of the chancre. Hence, the importance of early diagnosis by dark field illumination, and the prompt and intensive use of salvarsan, followed by mercury. The standard of cure may be set as follows: One year without treatment, without any suspicious clinical signs, with several negative Wassermann reactions and no positive ones, and with a spinal fluid examination negative for syphilis.

**Calomel Ointment as a Prophylactic.**—Syphilis was regarded as an infection peculiar to man until Metchnikoff and Roux in 1903 transmitted the disease to the higher apes. Later it was found that monkeys and rabbits are susceptible. As a result of these experiments, certain important facts in reference to prophylaxis were discovered. Of all the

<sup>71</sup>Thirteen states, namely, Alabama, Indiana, Michigan, New Jersey, New York, North Dakota, Oregon, Pennsylvania, Utah, Vermont, Virginia, Washington and Wisconsin, have laws enforced relating to venereal disease in connection with marriage. The laws vary in wording, but the purport of all is to prevent the marriage of all infected with acute syphilis or gonorrhea.

<sup>72</sup>*Syphilis*, 1909, Cassell & Co., p. 553.

<sup>73</sup>*Jour. A. M. A.*, March 6, 1915, LXIV, 10, p. 804.

various germicidal substances tried, Metchnikoff and Roux found that mercurial inunctions are most successful in preventing the development of the chancre. Calomel ointment has proved itself best.

In a communication published in 1906, Metchnikoff and Roux<sup>74</sup> state that having tried 12 experiments on monkeys with uniformly satisfactory results, they next performed the experiment on a man. A student of medicine offered himself, and they assured themselves that he had never had syphilis, either acquired or hereditary. The man did not develop syphilis, although watched for more than three months. Seventeen days after the inoculation the two control monkeys that were not treated with the ointment developed primary lesions, while the monkey, treated after a twenty-hour interval, developed a chancre after thirty-nine days' incubation. It is interesting to note that the subject of this experiment was Maisonneuve,<sup>75</sup> who published this experiment on himself as part of his thesis for the doctorate.

Calomel ointment to be effective must contain 33 per cent. of calomel, should be incorporated in lanolin<sup>76</sup> as a base, and great care should be taken in its preparation to ensure thorough mixing. No doubt many failures in actual practice and even in some experiments may be attributed to ignorance or negligence on the part of the pharmacist in not following these directions.

With rare exceptions, those who have watched the use of the prophylactic among troops or other large bodies of men are enthusiastic in regard to the results obtained, but the figures and statements they present would hardly serve to convince the critical. In practice it cannot be expected that the use of the prophylactic will be invariably successful, but it seems reasonable to believe that if properly applied during the first hour after exposure it will prevent the great majority of syphilitic infections. The efficacy of the prophylactic diminishes rapidly as the time between its use and the exposure increases. In addition to this time factor, there will be variations in efficacy in practice, depending upon the care with which the calomel ointment is compounded and upon the intelligence and thoroughness with which the prophylactic is applied.

Colonel Edwin P. Wolfe,<sup>77</sup> who conducted work at Fort McKinley, P. I., found that only two cases of primary syphilis occurred among 19,465 men who were given prophylactic treatment, whereas 99 cases developed among men who did not receive the treatment. Acevodo<sup>78</sup> in 1908 reported 1435 prophylactic treatments in the Chilean Navy following exposures in ports all over the world: only 3 cases developed syphilis. See also page 81.

<sup>74</sup> *Bull. de l'Acad. de Med.*, 1906, LV, 554.

<sup>75</sup> *Thèse de Paris*, 1906, Steinheil.

<sup>76</sup> *Adeps lanæ hydrosus*, containing not more than 30 per cent. water.

<sup>77</sup> Vedder's "Syphilis and Public Health," p. 190.

<sup>78</sup> *Mal. Cutan. et Syphilitiques*, 1908, XIX, 868.



Excision, or destruction of the chancre with the actual cautery or with corrosive antiseptics does not influence the development of the disease.

Further measures for the prevention of syphilis are considered with Venereal Prophylaxis and Hygiene of Sex, pages 73 to 86.

**Summary.**—Syphilis affects about 8 per cent. of the total population, occurs at all ages and in all classes of society, is the cause of from 10 to 35 per cent. of all insanity, and is one of the causes of mentally and physically deficient children. It is the cause of locomotor ataxia, paresis, and the chief cause of apoplectic strokes in early life, and is responsible for a large proportion of diseases of the heart and blood vessels; is the cause of nearly half of abortion and miscarriages. Syphilis decreases the length of life about one-third; it also lowers the standard of health and paves the way for other diseases; it greatly decreases earning capacity; is the most serious cause of disruption of home and happiness, and causes untold suffering and misery. Withal, it is preventable and curable. The public health control of syphilis depends upon early diagnosis and facilities for prompt treatment.

### GONORRHEA

Gonorrhea is much more prevalent than syphilis, and common opinion regards it as a mild and not very shameful disease, that is, "no worse than an ordinary cold." As a matter of fact, gonorrhea is one of the serious infectious diseases, and the gonococcus occupies a position of high rank among the virulent pathogenic microorganisms. From an economic and public health standpoint, gonorrhea does not fall very far short of syphilis in importance.

The gonococcus occurs characteristically in the polymorphonuclear leukocytes as small, biscuit-shaped, Gram negative diplococci. The organism is aerobic and can be cultivated only on special media and then with difficulty. It is killed in a few minutes at 55° C. It soon dies when dried or when exposed to the air. It is very frail, outside the body, weak germicides being sufficient to kill the coccus. Cultures soon lose their virulence. Infantile types appear to be much less pathogenic than adult types.

The complications of gonorrhea are: periurethral abscess, prostatitis and epididymitis in the male; vaginitis, endocervicitis and inflammation of the glands of Bartholini in the female. Perhaps the most serious of all the sequelae of gonorrhea are those which result from the spread by direct continuity of tissues, such as inflammation of the uterus, often extending into the fallopian tubes to the ovary, and even the peritoneum. The gonococcus has been found in pure culture in cases of acute general peritonitis. Other inflammations caused by the spread of the infection

are cystitis, which sometimes extends upward through the ureters to the kidneys.

The gonococcus sometimes invades the blood and produces a general septicemia; death may occur from acute endocarditis. Gonorrheal arthritis is, in many respects, the most damaging, disabling, and serious of all the complications of gonorrhea. It may even follow ophthalmia neonatorum. It is more frequent in males than in females, but a gonorrheal arthritis of great intensity may occur in a newly married woman infected by an old gleet in her husband. The serious nature of gonorrheal complications in the eye will be considered separately under Ophthalmia Neonatorum. Gynecologists tell us that the greater part of their practice is made up of the consequences of gonorrhea.

Morrow<sup>79</sup> assures us that 80 per cent. of deaths from infections peculiar to women are due to gonorrhea. From 75 to 80 per cent. of all operations of the female genital tract are said to be due to gonorrheal infections alone.

Sterility is one of the serious consequences of gonorrhea. This may be caused in the male through epididymitis or orchitis, which is a very common complication, and in the female by salpingitis, which closes or obstructs the fallopian tubes. Gonorrhea is said to be the cause of about one-half of all cases of sterility.

Stricture of the urethra in the male is a frequent sequel.

Gonorrhea is usually transmitted by sexual congress; however, accidental or innocent infections are not infrequent, especially in children.

**Standards of Cure.**—It is difficult to determine when a case is cured. The following tentative rules are laid down by the U. S. Public Health Service:

Males: (1) Freedom from discharge. (2) Clear urine; no shreds. (3) The pus expressed from the urethra by prostatic massage must be negative for gonococci on four successive examinations at intervals of one week. (4) After dilation of the urethra by passage of a full-sized sound, the resulting inflammatory discharge must be negative for gonococci.

Females: (1) No urethral or vaginal discharge. (2) Two successive negative examinations for gonococci of secretions of the urethra, vagina, and the cervix, with an interval of 48 hours and repeated on 4 successive weeks.

The *diagnosis* of gonorrhea is usually made from stained smears of the secretions. Unless the preparation is well made, properly stained, and examined by a competent microscopist, the results may not be dependable. Positive results are indicated by the presence of Gram-negative diplococci in the leukocytes. Negative findings do not rule out the disease, especially in the female. The specificity of the complement

<sup>79</sup> *Boston Med. & Surg. Journ.*, 1911, CLXV, p. 520.

fixation test depends upon the technic and the operator: When positive, it indicates gonorrhea. A negative test does not exclude the disease. This test has not yet been standardized.

*Prevention.*—Inject, as soon after exposure as practicable, 2 per cent. protargol or 10 per cent. argyrol. See page 82

**Vulvovaginitis in Children.**—Vulvovaginitis (epidemic vaginitis) is common in children and is frequently due to the gonococcus. Outbreaks are common in schools, tenements, playgrounds, asylums, hospitals or wherever children congregate in considerable numbers and where the same lavatories, towels, nurses, etc., are provided in common. Paul Bendig<sup>80</sup> reports the following instance: Of 40 girls sent for convalescence to a brine bath, 15 showed signs of gonorrhea after the return. The infection came from an eight year old girl, who apparently had been suffering from gonorrhea for several years, and was spread through indiscriminate bathing in one bath tub and the use of the same bath towel.

Infants may contract the infection from the hands of the nurse. Syringes, bed pans, catheters, thermometers, towels, diapers, wash cloths, and bed linen may account for the transmission of the gonococcus in hospitals and asylums, although the rapidity with which the gonococcus dies when dried diminishes the danger somewhat from this source. Diapers should always be disinfected by boiling or steaming before they are again used, especially in institutions; this, not only on account of gonorrhea, but of infectious diarrheas. In the public bath, children who use the same towel, tub, soap, etc., run a great risk. Taussig<sup>81</sup> believes the seat of the water-closet favors the infection in little girls. These seats are usually too high and thus readily become smeared with the discharges from the vagina, and thus infect others. In schools and tenements the water-closets are often used by a stream of children one after another. Hence, such seats should be low and U-shaped.

The frequency of gonorrhea in children may be judged from the observations of Pollack, who reports 187 cases treated in the Women's Venereal Department of Johns Hopkins Hospital during the year 1919.<sup>82</sup> Pollack estimates that 800 to 1000 children are infected each year in Baltimore, and that the same proportion probably holds good for other cities. Seippel estimates that 500 cases occur annually in Chicago. One cause of the infection among children is the horrible superstition that a person infected with gonorrhea may get rid of it by infecting another—especially a virgin. Gonorrhea in children due to rape is rare.

When gonorrhea enters a children's hospital or an infant's home it is prone to become epidemic and is very difficult to eradicate. The

<sup>80</sup> *Münchener med. Wochenschr.*, 1909, p. 1846.

<sup>81</sup> *Amer. Journ. Med. Sciences*, CXLVIII, 4, Oct., 1914, p. 480.

<sup>82</sup> *Johns Hopkins Hospital Bull.*, May, 1909, p. 142.

story of the infection in the Babies' Hospital, New York, for eleven years, as told by Holt,<sup>83</sup> illustrates the singular obstinacy of the infection. In spite of the greatest care and precaution, there were, in 1903, 65 cases of vaginitis with 2 of ophthalmia and 12 of arthritis. In 1904 there were 52 cases of vaginitis, only 16 of which would have been recognized without the bacteriological examination. In all, in the eleven years, there were 273 cases of vaginitis; 6 with ophthalmia, and 26 with arthritis. Holt urges isolation and prolonged quarantine as the only measures to combat successfully the disease. It is impossible to control such epidemics without bacteriological diagnosis, aided by complement fixation tests.

Hess believes that the greatest obstacle to controlling the disease is the difficulty of recognizing latent cases. It is possible to convert the concealed carrier into an open case by means of provocative inoculations of gonococcus vaccines. The complement fixation test gives a very high percentage of positive results when gonococci are present, except in the very acute stage.

Epidemic vaginitis is intractable in children and tends to a spontaneous cure at puberty. Many cases continue for years despite careful treatment, and disappear spontaneously at puberty.

Complications and sequelae of vulvovaginitis in children are much less common than gonococcus complications and sequelae in the adult. Louise Pearce<sup>84</sup> has shown that the infant types of gonococci differ from the adult types when tested by agglutination and complement fixation. The infantile types are also much less virulent, and cause fewer complications.

The social and public health problems which this disease presents are very great, and our knowledge of the disease from the standpoint of diagnosis, quarantine, and treatment, is not sufficient to enable us to handle this question in a satisfactory manner. A diagnosis resting solely upon the morphological and staining characteristics of the organisms found in smears is not sufficient to brand a child with the diagnosis of gonorrhea. Vulvovaginitis in children is not a venereal disease. If the term gonorrheal or gonococcus vaginitis were dropped from the literature, and the term epidemic vaginitis substituted, it would be much easier to handle these cases from a public health standpoint.

For the prevention of vulvovaginitis in children, the good advice of the American Pediatric Society should be followed:<sup>85</sup>

(a) That cities be required to provide adequate hospital and dispensary facilities for the care and treatment of children having vaginitis.

<sup>83</sup> *N. Y. Med. Journ.*, March, 1905.

<sup>84</sup> *Journ. Exper. Med.*, XXI, 4, April, 1915, p. 289.

<sup>85</sup> *Arch. of Ped.*, XXXII, 1916, p. 361.

(b) That matrons be placed in charge of the girls' toilet rooms in public schools.

(c) That toilet seats embodying the principle of the U-shape be used in all schools and that the toilets be of proper height for different ages.

(d) That city and state laboratories be empowered and equipped to make bacteriological examinations for physicians when patients cannot afford to pay a private laboratory fee.

(e) That educational literature on the subject of vaginitis be prepared and distributed to mothers through the medium of physicians, hospitals, dispensaries, health centers, municipal and visiting nurses.

(f) That asylums for children and day nurseries be licensed and that the license be not granted unless: first, the institution has adequate facilities for the recognition of gonococcus vaginitis; and second, the institution excludes children having this disease if they cannot be properly isolated.

That the American Pediatric Society address a special letter to hospitals which care for children, containing the following recommendations:

(a) That separate wards be maintained for the treatment of children with vaginitis who are also suffering from other diseases.

(b) That microscopic examinations of smears be made before admission to the general wards of the hospital. In securing material for the smears extreme care should be taken to observe rigid aseptic precautions.

(c) That observation wards be provided.

(d) That individual syringes, bed pans, catheters, clinical thermometers, thermometer lubricant, wash basin, soap, powder, wash cloths and towels be provided.

(e) That single service diapers be used (at least for girls); or, that diapers be sterilized in an autoclave at 15 pounds pressure for five minutes.

(f) That nurses be required to make daily inspection of the vulva of each girl at the time of bathing and to report immediately the presence of the slightest suggestion of a vaginal discharge.

(g) That low toilets be provided and equipped with seats embodying the principle of the U-shape.

(h) That for routine purposes, the spray be used in place of tub baths for the bathing of young girls, and that older girls be sponged in beds.

(i) That nurses receive special instruction as to the nature of vaginitis, the ease with which it is transmitted, the methods of preventing its spread and the necessity for rigid aseptic surgical technic in its handling and treatment.

(j) That a dispensary with special facilities for the treatment of gonococcus vaginitis be provided.

(k) That nursing care and supervision be given in the home.

(l) That mothers be instructed as to the dangers of vaginitis, the manner in which it is transmitted, the best method of protecting other children, and the necessity of prolonged observation.

(m) That all cases of vaginitis under observation be voluntarily reported to the local health officer in states or cities where no legal requirements are in force.

**Summary.**—Gonorrhea is the most constantly prevalent of all serious infectious diseases, except measles; affects all ages and all classes of society; is responsible for from 6,000 to 10,000 cases of blindness in the United States; is the cause of 60 per cent. of blindness of the new born; is the cause of more than 10 per cent. of all blindness; is the cause of from 60 to 75 per cent. of surgical operations on the female generative organs; of 50 per cent. of sterility; of many chronic diseases of the joints, bladder and generative organs; greatly decreases earning capacity; is the underlying cause of untold suffering and misery; and affects practically all prostitutes, public and clandestine. Notwithstanding, gonorrhea is a preventable disease.

Further measures for the prevention of gonorrhea are considered with Venereal Prophylaxis and Hygiene of Sex, pages 73 to 86.

### CHANCROID

*Chancroid* is a specific, local, auto-inoculable, and contagious venereal ulcer, caused by the streptobacillus of Ducrey (1889). The ulcers are often multiple and confer no immunity. Chancroids are local ulcers and cause no sequelae or general systemic effects, such as follow chancres. Chancroids, or soft chancres, are peculiarly liable to mixed infections, and are apt to become phagedenic.

As many as 50 per cent. of soft chancres are mixed infections with the *Spirochæta pallida*. Every venereal lesion should be examined by dark-field illumination for spirochetes. This is of great importance from a public health standpoint as well as for individual prophylaxis.

A little soap and water at the time of exposure is almost an absolute preventive against chancroid. If the ulcer has developed it may be aborted by cauterization, provided the chancroid is not more than three days old. Even when seven days old the ulcers may often thus be cured, but when more than a week old, cauterization should not be employed, for, if it fails, it leaves the sore larger than ever. The method of cauterization advised by Keyes consists in washing the ulcers with peroxid of hydrogen, drying, applying pure carbolic acid, then pure nitric acid, washing again with peroxid of hydrogen, and dusting with

calomel. Spirochetecides should not be used locally until syphilis has been definitely excluded by dark field illumination.

Chaneroids are usually contracted in venery. The disease should not be regarded as a slight or negligible malady, for, on account of the mixed infections to which they are prone, serious consequences, and sometimes death, may result. The complications of the ulcers are various forms of phimosis, resulting from inflammation and swelling; destruction of the frenum; gangrene and phagedena; lymphangitis, with inguinal adenitis. The inguinal buboes are painful and frequently suppurate.

Chaneroid is usually given subordinate consideration because syphilis and gonorrhea are much more prevalent and much more serious.

## VENEREAL PROPHYLAXIS AND HYGIENE OF SEX

The same principles apply to the prevention of the venereal diseases as apply to the prevention of other communicable diseases. The fight against venereal diseases, however, is especially complicated and difficult because of the close association with prostitution, the problems of sex, morality, and alcoholism—in fact, the question pervades the woof and warp of society. There are three primitive appetites of man—hunger, thirst, and the sexual appetite. The first two persist throughout life; the last comes on at puberty, grows stronger during adolescence, and wanes with age. Any program for the control of the venereal diseases or the hygiene of sex must take into account the fact that we are dealing with a primal, impulsive, and natural passion which is the greatest force for social good, when used in accordance with the laws of nature, but may result in dire consequences when these laws are transgressed. The venereal diseases are among the most widespread and universal of all human ills, and enter more largely into the marring of domestic happiness than any other disease known to man. The difficulties of the situation should not deter the health officer and all those who labor for social uplift, for there is no more pressing problem in preventive medicine.

**Prevalence.**—The prevalence of the venereal diseases among the population at large can only be approximated. Definite figures, however, are at hand for selected groups. The reports from the armies of the various nations give the following figures:<sup>86</sup>

VENEREAL INFECTIONS PER THOUSAND MEN

	Years	Per Thousand
Germany .....	1905-6	19.8
France .....	1906	28.6
Austria .....	1907	54.2
Russia .....	1906	62.7
United States .....	1907	167.8
United Kingdom .....	1907	68.4

<sup>86</sup> White and Melville, *Lancet*, London, 1911, II, 1615.

Kober <sup>87</sup> gives a somewhat more recent and more detailed table.

DIFFERENTIATED INFECTION PER THOUSAND MEN

Year	Syphilis	Chancroid	Gonorrhea	Total
U. S. Army.....1909	30.45	30.77	135.77	196.99
U. S. Navy.....1909	26.49	28.23	105.11	159.83
Japanese Navy.....1907	.....	.....	.....	139.75
British Navy.....1908	37.46	17.87	67.16	122.49
British Army.....1908	35.1	28.23	40.7	75.8
Japanese Army.....1907	10.1	10.4	17.1	37.6
Prussian Army.....1907	4.4	2.1	12.2	18.7

Both these tables indicate that the English-speaking people are, in their navy and military organizations at least, greater sufferers from venereal infections than the other nations. The figures however are not strictly comparable, because of different methods used of recording these diseases. The venereal disease incidence, expressed as annual rates per 1,000 of mean strength for United States Continental (excluding Alaska) enlisted men, by years 1906 to 1917, follows:

1906 — 143.62	1912 — 115.74
1907 — 149.21	1913 — 85.83
1908 — 155.17	1914 — 89.84
1909 — 151.35	1915 — 83.60
1910 — 137.98	1916 — 91.23
1911 — 145.29	1917 — 113.82

Of the first 990,592 physical records received by the Surgeon General, U. S. Army, under the Selective Service Act, a total of 28,411 men had venereal disease—2.86 per cent. Of these, 23,049 had gonorrhea, 4,412 had syphilis, and 941 chancroid. Camp medical examiners found a higher percentage—5.4. These figures indicate the minimal amount of venereal disease coming from civilian life among the first million drafted. After enlistment, venereal cases expressed as annual rates per 1,000 of mean strength, averaged 15 during the year 1919. In slightly over a year and a half after the first drafted men were mobilized, 225,000 cases of venereal disease were reported to the Surgeon General, U. S. Army, among all troops in the United States. Approximately 200,000 of these were contracted in civilian life.<sup>88</sup>

In civil life accurate figures are not obtainable. Cunningham <sup>89</sup> says that 60 per cent. of men acquire venereal infection some time. Twenty per cent. of these are incurred before the 20th year, 50 per cent. before

<sup>87</sup> Kober, *Tr. Assn. Am. Phys.*, Phila., 1911, XXVI, 155.

<sup>88</sup> The venereal disease rate in American troops in France was about 45 cases per 1,000 men per annum. This rate was never before closely approached in the U. S. Army. The corresponding incidence rate in the United States averaged above 60.

<sup>89</sup> Cunningham, *Boston Med. and Surg. Jour.*, 1913, LXVIII, 77.



the 25th year, and 80 per cent. before the 30th year. Gerrish<sup>90</sup> estimates that 10 per cent. of the population of New York has syphilis. Fischer<sup>91</sup> guesses that 18 per cent. represents the syphilitic cases in the United States, and further, that there are 250,000 deaths each year due to venereal infections. Biggs<sup>92</sup> judges that there were about 200,000 cases of venereal diseases in the city of New York in 1912. Morrow<sup>93</sup> states that 75 per cent. of adult males acquire gonorrhea at some time, and that from 5 to 10 per cent. acquire syphilis; these figures are based, not alone on his own observations, but on the opinion of such men as Neisser and Fournier. Zinsser<sup>94</sup> estimates that 10 per cent. of the men registered for draft under the selective service act were actively infected. There were 24,234,021 men between 18 and 45 registered. It is conservatively estimated that of this number 2,600,000 were diseased, of whom 500,000 were syphilitic.

The pathologists of Melbourne, Australia,<sup>95</sup> found syphilitic lesions in 30 per cent. of 200 necropsies; furthermore, 5 per cent. of the population within a ten-mile radius from the Melbourne postoffice were positive to the Wassermann test. Banks<sup>96</sup> states that we have nearly two and one-half million cases of venereal diseases occurring yearly in the United States—about one person in every forty. These findings are ample to indicate the extent of the scourge. See also page 58.

**Attitude.**—Our attitude toward the venereal diseases is very inconsistent. There is a natural aversion toward these afflictions. The sanitarian should make no distinction between the venereal diseases and other epidemic diseases; he should regard the greatpox in the same light that he regards the smallpox. The principles for the control of syphilis and gonorrhea differ in no wise from those used to control smallpox, leprosy, tuberculosis, measles, diphtheria, etc. The health officer must not regard venereal disease as a punishment for sin—the victim or culprit needs help, even sympathy. *The immediate problem is the prevention of further spread of the infection.* A person afflicted with a venereal disease should be treated in the same humane spirit that actuates us in other diseases. Furthermore, the interests of the community require that the patient be accorded the best possible care and treatment. The usual attitude toward the venereal diseases may well startle us when we consider that in most of our large cities no hospital will take a case of syphilis or gonorrhea during the acute stages, when these diseases are especially communicable. Morrow holds that the notoriously inadequate provision made for the reception and treatment

<sup>90</sup> Gerrish, "Social Diseases," New York, 1911, II, 1.

<sup>91</sup> Fischer, *Public Health*, Lansing, Mich., 1913, VIII, 51.

<sup>92</sup> Biggs, *N. Y. Med. Jour.*, 1913, XCVIII, 1009.

<sup>93</sup> Morrow, *Boston, Med. and Surg. Jour.*, 1911, CLXV, 520.

<sup>94</sup> Letter, June 21, 1919, *Am. Soc. Hyg. Assn.*

<sup>95</sup> Barrett, *West Canada Med. Journ.*, 1913, VII, 164.

<sup>96</sup> *Public Health Rep.*, Feb. 26, 1915, XXX, 9, p. 618.

of venereal patients is a disgrace to our civilization. Formerly lepers were segregated in vile lazarettos and cases of smallpox isolated in horrible pesthouses; now we have comfortable and congenial isolation wards or special sanatoria for these diseases. From the standpoint of prevention suitable hospital accommodations must be provided for venereal cases.

**Education.**—Education in sex hygiene and the venereal peril accomplishes a certain amount of good. A knowledge of the consequences will not control passion. Efforts to instill a wholesome fear of venereal diseases are futile. Even one attack of a venereal disease does not act as a deterrent to future immorality, and medical students who are presumably informed are no more moral than other members of the student body. The only education that will effect a reduction in immorality is the education that forms character and, as Huxley says, "Molds the desire to live in accordance with the laws of nature."

However, the old-style innocence must be regarded as present-day ignorance. Every boy and girl, before reaching the age of puberty, should have a knowledge of sex, and every man and woman before the marriageable age should be informed on the subject of reproduction and the dangers of venereal diseases. Superficial information is not true education. On the other hand, it is a mistake to dwell unduly upon the subject, for in many instances the imagination and passion of youth are inflamed by simply calling attention to the subject. One of the objects of education is to avoid the dangers of sex impurities, and all agree that this may often best be accomplished by keeping the mind clean, that is, away from the subject. The education must, therefore, be clear, pointed, brief, and direct. The object of education is not alone to help the individual to help himself, but to influence necessary legislation and concerted public action; also to lessen the influence of quacks. A simple knowledge of the facts is a sufficient deterrent for some; others may be influenced through fear of the consequences. Boys, as a rule, cannot be controlled through fear. The spirit of adventure is rife in healthy lads; they love to take a chance. Boys may be reached by an appeal to their better natures and by allusions to sister or mother. Normal boys are heedless of self, but are regardful of others: hence, a knowledge of the peril to future wife and offspring is the most impressive fact to keep boys straight.

Instruction in sex hygiene should emphasize the rewards of strength and virtue, rather than the penalties of weakness and vice. The only foundation for a healthy sex life is an individual and social morality, combined with a knowledge and full understanding of sexual realities. The teaching of sex from a biological standpoint alone is inadequate, for there is little basis for character forming or ethical instruction in the physiological analogies of animal and plant life. Instruction should be

positive rather than negative, constructive rather than destructive. The fear of disease or fear of anything else is not a sufficient motive for goodness. In contrast to the usual procedures, the emphasis should be placed on the beauty of goodness rather than on the ugliness of vice.

In general, it may be said that the best plan of education in matters sexual is to answer the questions of young children upon the subject of maternity frankly and truthfully, but to offer them no information on the subject. The growing child at the age of puberty should be offered a certain amount of information concerning unnatural habits and should study physiology, biology, especially botany, and the facts of fertilization. At about the age of sixteen or eighteen girls as well as boys should be instructed as to the venereal peril. Emphasis should be placed upon the future hazard to wife and offspring. The person to impart the information may be parent, doctor, minister, friend, or teacher—in any event, two qualifications are essential: (1) Knowledge of the facts; (2) an impressive personality. As a rule the school-teacher is not naturally endowed nor is the class-room the best place to attain the reverent attitude essential to teach lessons in sex hygiene.

Unless education in sex hygiene to the young is properly given, which is most difficult, it may do more harm than good. Some of it excites morbid curiosity, and there is a peculiar twist to human nature that drives many to do anything specifically charged not to do. The general reluctance of parents and teachers to discuss sex matters with the young is ascribed by many to prudery, but it is often a safe instinct to follow. The problem of sex should be approached in the spirit of personal reserve that we associate with the better sort of home life rather than in the spirit of eager curiosity and practical experimentation that we associate with the school. The ideal method of instruction in these matters is therefore individual. See also pages 439-441, 447, 448.

Admirable pamphlets are distributed by the United States Public Health Service, Washington, D. C., by the American Social Hygiene Association, 105 West 40th Street, New York City, and by some state and city boards of health.

Some of the facts all young men should know are: that the true purpose of the sex function is reproduction and not sensual pleasure; that the testicles have a twofold function, (a) reproduction and (b) to supply force and energy to other organs of the body; that occasional seminal emissions at night are evidences of normal physiological activity; that sexual intercourse is not essential to the preservation of virility; that chastity is compatible with health; and that the sex instinct in man may be controlled.

The primary function of the testicles is to build the boy into the man. Castration in early life, as in the case of eunuchs, results in

a loss of the internal secretion<sup>97</sup> of the testicles and a failure in development of the secondary sexual characters which distinguish the male. There are an alteration in physical conformation and in the voice, lack of beard, development of the mammae, etc.—in other words, an approach to the feminine type. Healthy sexuality stimulates the imagination, sentiment, the esthetic sense, and the higher creative functions. Excesses or any influence which weakens the sexual system impair the will power, influence self-respect, and diminish mental force. Experience shows that arduous physical and mental labor, even after maturity is attained, is best performed when the sex organs are not exercised; that is, sexual excess distinctly impairs muscular strength and mental efficiency. It is unwise to frighten boys by exaggerating the results of self-abuse, which is rather the effect and not the cause of idiocy, insanity, degeneracy, and other defects of the central nervous organization. Self-abuse is no worse in its effects than natural coitus, except for its influence upon character. Both are alike harmful when indulged in to excess.

Results through education will be slow, for the aggressive conscience of the world in these matters has awakened too recently to have achieved as yet a great deal. Good results are already apparent upon the youth of the growing generation.

**Notification.**—It is not possible to control any communicable disease, especially one that is pandemic, such as syphilis or gonorrhea, without a knowledge of the cases and deaths. It is perhaps even more important to collect morbidity and mortality statistics of the greatpox than it is of the smallpox. But the public registration of private disease at once defeats its own object. Compulsory methods are only partly successful, and little may be expected from voluntary registration. When we consider that in our country we have no means of knowing the amount and distribution of smallpox, except to a limited degree in the registration area, what can we expect from the registration of the closely guarded secrets of the underworld? The public registration of ophthalmia neonatorum is successful because this form of gonorrhea is so apparent and the consequences so immediate and serious.

Notification by serial number became effective in Massachusetts in February, 1918, and is meeting with increasing success. In the 11 months of 1918, 7,681 cases of gonorrhea and 3,284 cases of syphilis were reported to the State Department of Public Health; in 1919, 9,435 cases of gonorrhea and 4,127 cases of syphilis.

To be effective, compulsory notification must, in the judgment of the National Council for Combating Venereal Diseases, include as the first and most necessary measures: (1) The provision in every area of adequate facilities for prompt diagnosis and efficient treatment, free of

<sup>97</sup> Both the testes and ovaries produce hormones.

charge. (2) The prohibition of quack treatment. (3) Granting of privilege to any communication made in good faith by a medical man in order to prevent the spread of infection. False reporting by number does not, after all, give the information necessary to deal with the conditions. The Australian law requires notification by physicians and requires that the patient go to a qualified practitioner for treatment upon penalty of fine and imprisonment. Any system of notification without adequate facilities for treatment will fail of its purpose. The difficulties, however, need not deter us, and registration should be attempted even though the returns are incomplete. A start should be made, and, though the returns will be only partial at first, a gradual improvement may be expected. Every case known and properly cared for is a focus of infection neutralized.

**Continence.**—One of the important facts to teach boys is that continence is compatible with health. It is also the best preventive against venereal infection. The testicles are like the tear gland and the sweat glands, in that they do not atrophy with disuse. Benjamin Franklin taught, as many another man of influence believes to-day, that the exercise of the sexual functions is necessary for health. This is a mistake and has done much harm. The physiologic normal for frequency of nocturnal emissions in sexually abstinent males is commonly given as one to four per month.

The sex principle is universal in nature. It is the force behind the constructive and progressive processes of all life, from the color adaptations of birds and flowers to the highest leadership in men. Reproduction is only one of its many functions; and the man who assumes that the so-called physical desire that at times thrills him indicates a need of sexual intercourse is in danger of depleting and wasting from his life a chief source of physical and mental power.

The single standard for men and women must be insisted upon, and the parent or guardian is justified in demanding a clean bill of health of the young man who proposes marriage. The young man, in turn, is entitled to the same from his prospective father-in-law. One of the defects of our artificial civilization which leads to harm is the postponement of the marriage age.

To denounce youth as vicious when youth has merely followed the impulse of adolescence is futile, because youth will not believe this; other and juster reasons must be given, if youth is to listen and be controlled. Any young man, properly warned and properly informed will not be merely willing but anxious to learn from his doctor before marriage if he is fit to be a husband and a father.

Carnal lust may be cooled and quelled by hard work of the body, as well as attention to personal hygiene—hence, one of the great advantages of athletic sports for growing young men.

**Personal Hygiene.**—Idleness, stimulating food, overeating, impure thoughts, evil associates, and alcohol excite the passions and are the bed-fellows of the venereal diseases. Purity of mind and cleanliness of body are helpful prophylactics. Physical exercise and an out-of-door life divert the mind and help the body; it is a good safety valve for the excess animalism of youth. A full diet raises basal metabolism and stimulates sexual desire, whereas a low diet diminishes procreative interest and power.<sup>98</sup>

The public should be taught the necessity for thorough daily cleansing of the external genitals in both sexes, even in children. The large number of secreting glands and the decomposition of their secretions are liable to induce irritation and even minute lesions which open portals to infection of all kinds.

Circumcision is recommended as an aid to genital cleanliness; as a prophylactic against syphilis and chancroid, venereal warts, herpes, and epithelioma, balanitis and phimosis; and also as a deterrent to masturbation.

In order to prevent innocent infections it is necessary to educate the public to place chief dependence upon personal prophylaxis. The hazard of kissing, the common drinking cup, unsanitary barbers, and the unhygienic practice of mouthing pipes and other things must become better known.

**Alcohol.**—The strongest indictment against alcohol is that it excites the passions and at the same time diminishes the will power. The fact that alcohol blunts moral tone does much more harm than all the cirrhotic livers, hardened arteries, shrunken kidneys, inflamed stomachs, and other lesions believed to be caused by its excessive use. Alcohol is not a stimulant, but depresses the higher functions of the brain from the beginning. See Index for references to Alcohol.

**Prostitution.**—Any sanitary measures taken for the prevention of venereal diseases which do not include some method for treating the problem of prostitution are doomed in advance to failure, since they will ignore the main source and root of these diseases. Fournier<sup>99</sup> states that among the class of men seeking treatment in the hospitals of Paris, 72 per cent. of all syphilitic infections were derived from registered prostitutes, 25.1 per cent. were derived from clandestine prostitutes and general immorality, and only 2.7 per cent. of these infections from adulterous relations. The Chicago Vice Commission states that: "So long as there is lust in the hearts of men it will seek out some method of expression. Until the hearts of men are changed, we can hope for no absolute annihilation of the social evil." While waiting for the slow evolution that aims at bettering the moral fiber of mankind,

<sup>98</sup> Miles, *Jour. of Neur. and Mental Dis.*, Vol. 49, No. 3, March, 1919.

<sup>99</sup> *Les Chancres Extragenitaux*, Paris, 1897.

the following four ways of dealing with prostitution have been attempted: (1) *laissez-faire*, (2) suppression, (3) regulation, and (4) the systematic treatment of all infected. A policy of non-interference satisfies no one. Despite the difficulties and complexities of the situation, we must insist that prostitution be met with determined but humane action to lessen its extent and diminish its dangers. Prostitution must at least be made difficult and distant, for the extent of the patronage is in direct ratio to its accessibility. The elimination of prostitution is beyond the dream of even the theoretical reformer. Any program must take into account the facts that a great majority of prostitutes are feeble-minded.

Suppression does not suppress. Virtue cannot be secured by legislation. Repressive measures drive the traffic into obscurity and reduce it materially. Vice is not flaunted in public, but is driven into corners where the vicious will find it, but where it will not entice the innocent and unwary. Between the flagrant evil of segregation and the imperfections of suppression, the choice is with the latter.

Regulation of prostitution by means of medical inspection and license has proven a failure wherever tried. Regulation implies the absence of any expectation of male self-restraint; it is society's tacit assent to laxity. Regulation fails because it makes vice easy, gives a false sense of security, and does not reach clandestine prostitution. The systematic treatment of all infected persons, especially of prostitutes, would go far towards diminishing the prevalence of venereal disease. To accomplish this, we must have adequate facilities for treatment. See page 85.

**Segregation.**—Theoretically, every case of syphilis or gonorrhea should be isolated until the danger of infection is passed. Practically, however, segregation is impracticable except with a limited number of cases. With better and more attractive hospital facilities and free beds a certain amount of segregation may be accomplished voluntarily and humanely. An alert health officer can trace the source of infection in certain cases and induce the women responsible to take the salvarsan treatment in the case of syphilis, or to submit to hospital care in the case of gonorrhea or chancroid.

Sanitary isolation through self restraint and care necessary to prevent the infection of innocent persons must be taught and impressed upon all infected individuals.

**Medical Prophylaxis.**—In accordance with the researches of Metchnikoff and Roux a reasonably efficient prophylaxis against syphilis is now possible.

Calomel ointment (33½ per cent.) applied within an hour of intercourse is generally effective in preventing syphilitic infection. There are several more or less efficient irrigations or ointments destructive to the gonococcus if used soon enough—the silver salts being the best

(2 per cent. protargol or 10 per cent. argyrol). Prophylaxis is therefore possible, but it takes a great deal of care and vigilance, and the double method must be promptly and skillfully applied in order to be effective. It has been used with success in armies and navies, but in civil life, where strict routine and control of men are impossible, it is impracticable except in individual instances; even then it requires *time, intelligence, and sobriety*. For this reason, it has been found inadvisable to furnish soldiers and sailors with prophylactic packages.<sup>100</sup> Better results are obtained by shortening leaves of absence and applying the prophylactic by competent attendants. To be effective it should be applied within six hours of beginning of exposure; the best results are obtained when used within one hour.

*Method of Using Prophylactic.*—Before intercourse use a liberal amount of vaselin or other lubricant. This aids in preventing abrasions and forms a coating through which infectious organisms penetrate with difficulty. As soon as possible after intercourse:

1. Wash the genitalia thoroughly with soap and water, using plenty of soap. Soap solution is a spirocheticide, and there is good evidence that chancroid infection may also thus be avoided.

2. When the prophylaxis is performed under medical instruction or by a man of sufficient intelligence this may be followed by a wash of 1-1000 mercuric chlorid. The efficacy of this solution is undoubted, but it should not be used by ignorant persons, nor should bichlorid of mercury tablets be issued as a routine.

3. Dry, and apply about 1 dram of 33 per cent. calomel ointment in lanolin. Anhydrous lanolin<sup>101</sup> should not be used, and the ointment should be most thoroughly mixed. This should be well rubbed in for at least ten minutes, paying particular attention to the glans, corona and prepuce, but neglecting no part of the penis and the anterior portion of the scrotum. This should be rubbed in for at least ten minutes, and should not be removed but should be allowed to remain for 12 hours, meanwhile protecting the clothes by the application of an impervious paper napkin. This favors absorption and ensures prolonged action of the mercury on any organisms that may remain.

4. For the prevention of gonorrhea, a solution of argyrol 10 per cent. or protargol 2 per cent. should be injected into the urethra.

In the United States Navy the following method is employed: The entire penis is scrubbed with liquid soap and water for several minutes and then washed well with a solution of mercuric bichlorid, 1 to 2,000 in strength. If there are any abrasions present, they are sprayed with hydrogen peroxid from a hand atomizer. The man is then placed in

<sup>100</sup> Package K of the Army; and Sanitube of the Navy containing 33½ per cent. calomel and 2 per cent. tricesol.

<sup>101</sup> Adeps lanæ hydrosus, see page 66.



a sitting position, well forward in a chair in front of a convenient receptacle, and given two injections of a 10 per cent. solution of argyrol. He is required to retain each injection in the urethra for five minutes. After taking the injections, the entire penis is thoroughly anointed with a 33 per cent. calomel ointment. He is told not to urinate for at least two hours, and to allow the ointment to remain on the penis for some hours. A temporary dressing is placed on the parts to protect his clothes.

Medical prophylaxis has been in general use in the United States Army and Navy since about 1908, and since 1912 the use of prophylactics has been compulsory in the army. Many officers have published their opinions, for the most part favorable, and a few have furnished some statistics.

The best figures on this subject are given by Riggs,<sup>102</sup> who records 5,103 prophylactic treatments with only 81 infections, as shown by the following table:

Hours Subsequent to Exposure	Number of Treatments	Number of Infections (Syphilis, Gonorrhea, Chancroid)	Per cent. of Infections
1	1,180	1	0.08
2	1,172	7	0.59
3	521	4	0.77
4	330	2	0.61
5	199	3	1.57
6	321	5	1.58
7	277	6	2.27
8	390	16	4.22
9	283	10	3.62
10	214	11	5.14
More than 10	216	16	7.40
	Total.. 5,103	81	1.58

There were 1,180 treatments during the first hour which were followed by a single infection. This infection was carefully investigated and there is considerable doubt as to whether it was genuine or not. The disease was diagnosed as chancroid, and was cured in two days. These figures emphasize the importance of time—the efficiency of the prophylactic diminishes as the time increases. Riggs states that out of 3,556 prophylactic treatments there were only 67 infections, and of these only 8 were cases of syphilis.

Ledbetter<sup>103</sup> reports that at Cavite, before medical prophylaxis was instituted, the percentage of venereal diseases of all classes among the men averaged from 25 to 30 per cent. annually, and at times even higher. The percentage of gonorrhea was reduced to 8 per cent. annually, and this percentage included about 30 patients who did not re-

<sup>102</sup> *Social Hygiene*, 1917, III, 299.

<sup>103</sup> Ledbetter, Robert E., "Venereal Prophylaxis in the U. S. Navy." *Jour. A. M. A.*, April 15, 1911, Vol. LVI, No. 15, p. 1098.

port for treatment. Chancroid was reduced from 5 to 2 per cent., which included 2 patients not reporting for treatment. Syphilis has been reduced from about 20 cases annually to one case for the entire year 1910, and this patient did not report for prophylactic treatment. The results speak for themselves and show the efficiency of the prophylactic measures if properly and thoroughly carried out.

Holcomb and Cather<sup>104</sup> report the following as a result of treatment used by them in 3,268 persons in the U. S. Navy between May 1, 1910, and August 31, 1911. Treatment taken within eight hours after exposure in 1,385 cases shows 19 infections, or but 1.37 per cent. In the interval of from eight to twelve hours after exposure in 741 cases shows 25 infections, or 3.31 per cent. Between twelve and twenty-four hours in 920 cases shows 46 infections, or 5 per cent. Of the 56 cases of gonorrhea occurring in the first twenty-four-hour interval, 26 were recurrent cases; the remaining 30 were primary infections.

Riggs states that the normal expectancy for venereal disease resulting from illicit sexual intercourse not followed by prophylaxis is about 1 in 20 or 1 in 30. The expectancy for venereal disease when prophylaxis is used depends almost entirely upon the factor of time. The absence of the time factor in a set of prophylactic statistics invalidates any conclusion that may be drawn concerning probable efficiency of prophylaxis. In actual practise the number of infections appears to be reduced by nearly one-half. The questionnaire method of investigation, in which the identity of the individual is concealed, has proved unreliable and the results obtained cannot be accepted with any confidence as to their accuracy. Furthermore, many of the reported results are difficult to analyze on account of lack of accurate data, and especially lack of control figures.<sup>105</sup>

The use of salvarsan early in syphilis will prevent the further spread of the infection.

*Mechanical Methods.*—The condom was introduced late in the 17th or early in the 18th century in England. It was described by Turner in 1717, who attributed its invention to a Dr. Condom, from whom the device was named. Le Pileur, who has made a study of this literature, questions the existence of Dr. Condom, and thinks it more probable that the name is derived from the Latin verb *condere*, meaning to hide or to protect. Most authorities agree that the use of a condom is an almost certain protection against venereal infection, being even more reliable than prophylactic ointments. In regard to the protection afforded, we may conclude that the condom if properly tested and made of good rubber will afford practically complete protection to anyone who can

<sup>104</sup> Holcomb, R. C., and Cather, D. C., U. S. N., "Study of 3,268 Venereal Prophylactic Treatments," *Jour. A. M. A.*, Vol. LVIII, No. 5, February 3, 1912, p. 368.

<sup>105</sup> U. S. Naval Med. Bull., 1921, Vol. XV, No. 1.

obtain and will use it, and it may therefore be recommended to those individuals who persist in immorality in spite of advice to the contrary.

**Specific Treatment.**—From the standpoint of preventing syphilis, the treatment of the infected is perhaps the most efficacious single method that can be applied. It is obvious that if all infected individuals are rendered incapable of transmitting their infection, the disease will disappear. Notification, early recognition, and prompt treatment, therefore, become our most important prophylactic measures against syphilis.

Salvarsan (arsphenamine and related arsenical compounds) promptly kills the spirochetes in the chancre, mucous patches and other exposed lesions, and thereby destroys the focus of infection. Salvarsan promptly used is a specific and a preventive, even though some of the parasites hidden in the cells of the inner organs escape destruction. Unfortunately, salvarsan has always been a drug of the proprietary class, made in an atmosphere of mystery, under a patent giving an imperfect account of its preparation, produced at small cost and sold at a very high price. Recent efforts in this country to make and distribute this chemical free of charge in the same way that antitoxins and vaccine virus are distributed by boards of health is a commendable public health measure.

The danger of syphilis to the community or individual is increased in proportion to the inadequacy of the treatment received by those suffering with the disease. The possibility of controlling the amount of syphilis acquired, whether by prostitution or general immorality, by means of enforced systematic treatment, has not yet been given the serious consideration that the subject merits. When proper facilities are afforded the poor for the treatment of this class of diseases, one of the main props of the quack will have been removed. The Massachusetts State Department of Public Health has made and distributed arsphenamine free of charge since December, 1917.

**Hospitals and Clinics.**—Pontoppidan, on the basis of his large experience with the Danish system, estimates that 1 bed to 2,000 of the population is insufficient to care for sexual diseases. Stokes,<sup>106</sup> says that in 1914 it was estimated that the city of London, with 7,000,000 inhabitants, had only 163 beds available for the treatment of venereal disease, and the same condition obtained throughout Great Britain. Of 30 general hospitals in New York City, a recent investigation showed that only 10 received recognized cases of syphilis; 13 of 30 will not receive medical cases with complications of syphilis or gonorrhea. Chicago has 200 beds in the Cook County Hospital for 2,000,000 people. All the contemporary comment clearly indicates that the attitude of the general hospital toward syphilis and other venereal diseases is slowly changing. Special hospitals for the treatment of venereal diseases will not serve the

<sup>106</sup> *Jour. A. M. A.*, 1916, LXVII, 1960.

purpose, for while a patient might go to a general hospital for the treatment of these conditions, very few would seek assistance in a hospital openly devoted to the treatment of venereal diseases because of the stigma necessarily attached. Every general hospital should have wards assigned for the treatment of syphilis and gonorrhea. Beds are necessary in order that salvarsan or similar drugs may be administered under proper safeguards. No patient would occupy a bed long, since salvarsan usually causes a prompt disappearance of external lesions. It will be generally admitted that present facilities are sadly deficient, and that the extension of those facilities should be among the first steps to be taken to control this disease.

**Summary.**—Finally, in considering venereal prophylaxis, it should be remembered that these diseases are of great antiquity and seem likely to continue indefinitely; that they already affect a large number of the population, and are spreading; that the existing means for the treatment of them among the poor is insufficient; that the common mode of propagation is irregular and illicit intercourse; that prostitution arose in response to the strongest instincts and passions in the human breast; and that prostitutes themselves need protection and have claims on the humanity of the law. Furthermore, Lecky thinks that “The prostitute is ultimately the efficient guardian of virtue.”

To diminish the amount of venereal infection requires education and publicity, notification, laboratory facilities for diagnosis, dispensary and hospital facilities, public health nurses and social service, and good laws actively administered. Medical schools should give more time to the diagnosis and handling of early syphilis, since at this time the best results in treatment and prevention can be offered. A stricter supervision of barber shops, restaurants, hotels, soda water fountains, infant asylums and schools should be maintained; prostitution should be made difficult and distant and early treatment of all cases instituted. Medical prophylaxis should be better understood and the importance of personal hygiene impressed. Insistence should be stressed upon continence and efforts made to improve the moral and physical fiber of mankind.

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**PREVENTABLE BLINDNESS**

Preventable blindness is considered in this place because the largest single factor causing needless loss of eyesight is gonorrhea. Among the infectious eye troubles the most destructive is ophthalmia neonatorum.

There were 64,000 registered blind persons in the United States, according to the census of 1910.<sup>107</sup> Ten per cent. (between six and seven thousand) are blind as the result of ophthalmia neonatorum. From 25 to 30 per cent. of all the blind children in all the blind schools of this country owe their infliction to gonorrhea. It has been estimated that probably one-half of the blindness in the world is preventable.

Emphasis upon the great harm done by ophthalmia neonatorum should not blind us to the fact that there are other causes of blindness and eye deterioration which are preventable; thus we have to consider the later pus infections, also syphilis, tuberculosis, smallpox, trachoma, sympathetic inflammations, industrial accidents, accidents at play, progressive near-sightedness caused by violation of ocular hygiene, and a variety of inflammatory conditions. Functional disturbances of vision (toxic amblyopia) followed in severe cases by atrophy of the optic nerve and permanent blindness may be brought about by poisoning with lead, wood alcohol, tobacco, and other poisons. This form of dimness of vision, or even loss of sight, occurs rather frequently, and in most instances is preventable.

One of the common causes of impaired sight is *phlyctenular keratitis* which leaves scars on the cornea. This condition is often associated with tubercular glands of the neck and is probably a form of bovine tuberculosis, hence preventable.

**OPHTHALMIA NEONATORUM**

Ophthalmia neonatorum or inflammation of the eyes of the newborn includes all the inflammatory conditions of the conjunctiva that occur shortly after birth—usually before the end of the first month. The conjunctivae of the newborn are peculiarly liable to infections. The gonococcus is usually the cause of severe conjunctivitis occurring in a baby a few days old. The gonococcus causes about 60 per cent. of all cases, mild and severe.

<sup>107</sup> These figures we now believe are altogether too low. Green states that in Massachusetts only about 53 per cent. of the actual cases had been recorded, and estimates the total blindness in the United States to be not less than 118,999. The figures vary greatly, because there is no accepted rule as to what constitutes blindness. A watchmaker would be practically blind with vision ample for a mason.

Ophthalmia neonatorum is not always gonorrheal, but may be produced by other virulent microorganisms or by irritating substances. The microorganisms other than the gonococcus that sometimes cause conjunctivitis during the early days of life: pneumococci, streptococci, meningococci, the Koch-Week's bacillus, the diphtheria bacillus, and even staphylococci. These are relatively so rare or benign that we may disregard their etiological significance for our present purpose. The diagnosis of gonorrheal ophthalmia may readily be made by simply examining a stained smear of the secretion for Gram-negative, biscuit-shaped diplococci, although in rare cases infection with the micrococcus catarrhalis may cause confusion.

The infection commonly occurs during the passage of the child through the genital tract of the mother and usually just before delivery. It is caused by the entrance of the vaginal secretion containing gonococci into the conjunctival sac. It may also occur after delivery by infected hands, towels, sponges, or other objects.

The disease varies in severity; sometimes it is very mild, with slow onset and spontaneous recovery. Usually, however, it is severe and serious. The inflammation may extend from the conjunctiva to the cornea leading to corneal ulcers and partial or complete loss of vision. In a typical case both the ocular and palpebral conjunctivae are red and very much swollen; the eyelids and surrounding tissues are infiltrated and there is a thick, creamy, abundant secretion.

There are many grades of mild inflammatory conditions, which must not be mistaken for gonorrhea. At birth the eyelids are almost always glued together with a normal sticky secretion. It is common, too, for the lids to remain red and sticky for a day or so. The diagnosis may be made in a few minutes by a microscopic examination.

**Prevalence.**—Kerr calls attention to the fact that there are no complete statistics showing the prevalence of ophthalmia neonatorum, and only an approximate idea can be had of the number of cases by studying the admissions to schools for the blind. A committee of the British Medical Association found that more than one-third of those in blind schools of Great Britain owed their affliction to this disease.<sup>108</sup>

In the United States and Canada, in 1907, out of 224 admissions to 10 schools for the blind, 59, or 24.38 per cent., were blind as a result of ophthalmia neonatorum;<sup>109</sup> and out of 351 admissions to certain schools in the United States and Canada in 1910, 84, or 23.9 per cent., were blind from this cause.<sup>110</sup>

As a result of studies made of ophthalmia neonatorum in 10 manufacturing cities of Massachusetts, Greene has presented figures which

<sup>108</sup> *British Medical Journal*, May 8, 1909.

<sup>109</sup> *Jour. A. M. A.*, May 23, 1909, p. 1745.

<sup>110</sup> *Jour. A. M. A.*, July 1, 1911, p. 72.

show that the minimum morbidity rate for this disease was 6.4 per 1,000 births. A more complete census made by him from the practice of 173 physicians in 9 cities revealed an average morbidity rate of 10.8 per 1,000 births.<sup>111</sup>

It is estimated that the total annual loss from gonorrheal ophthalmia in the United States is seven million dollars, and that more than one million dollars annually is spent in partially caring for its victims. A blind child costs the community an excess of about \$4,500 for its schooling.

**Prevention.—CREDÉ'S METHOD.**—Credé in 1881 introduced an efficient method of preventing ophthalmia neonatorum at the Lying-in Hospital at Leipzig, thereby connecting forever his name with the prevention of the disease and the subsequent saving of the sight of many persons. Credé's original method consisted simply in placing one or two drops of a 2 per cent. solution of silver nitrate in each conjunctival sac, as soon as practicable after the birth of the head.

In order to prevent gonococcic as well as other infections of babies' eyes, the following procedure is recommended: During pregnancy women should be instructed to practice daily external cleansing with soap and water and a clean wash-cloth. In case of any irritating discharge or even profuse white discharge, a physician should at once be consulted.

Immediately after labor the eyelids should be carefully cleaned with sterile absorbent cotton or gauze and a saturated solution of boric acid. A separate pledget should be used for each eye and the lids washed from the nose outward until quite free of all mucus, blood, or meconium without opening the lids. Next the lids should be separated and one or two drops of a 1 per cent. silver nitrate solution should be dropped into each eye, between the outer ends of the lids. The lids should be separated and elevated away from the eyeball so that a lake of silver nitrate solution may lie for one-half minute or longer between them, coming in contact with every portion of the conjunctival sac. *One application only* of the silver nitrate should be made, and ordinarily no further attention need be given to the eyes for several hours. Each time the child is bathed the eyes should first be wiped and cleaned with pledgets of sterile absorbent cotton wet with a saturated solution of boracic acid.

Credé used a 2 per cent. solution of silver nitrate, but, as this is sometimes irritating, a 1 per cent. solution is now commonly employed, and seems to afford equally efficient protection. The silver nitrate solution should be instilled into each conjunctival sac but once. Repeated applications may cause serious inflammations. In fact, a single treatment sometimes causes a conjunctivitis, known as "silver catarrh."

<sup>111</sup> *Monograph Series of the American Association for Conservation of Vision*, Vol. I, No. 1.

Other prophylactic substances have been proposed. The best substitutes are the newer silver compounds, as argyrol, which is a colloidal silver (25 per cent.), or protargol (3 per cent.). The following have also been recommended: Bichlorid of mercury, 1-2,000 or 1-5,000, silver acetate, 0.23 per cent., recommended by Zweifel, who used it in 5,222 cases. Schmidt and Rimpler recommend *aqua chlorini*. Carbolic acid (1 per cent.) or other antiseptics have also been tried. No substance, however, is known to be as reliable as silver nitrate, which should be used in all cases where there is any reason for believing that the mother is infected with the gonococcus.

There is no specific treatment for this disease. While silver nitrate and the various silver preparations are undoubtedly effective as prophylactics, when once the organisms have penetrated the tissues these agents can no longer reach them in effective concentration and hence are useless in treatment. They are, however, still generally used for this purpose. The disease is practically self limited, but the frequency of corneal complications can be greatly reduced by frequent irrigations with non-irritating solutions, such as boric acid or normal saline solution. Great care should be taken not to abrade the cornea.

As a general rule, it is advisable to use a prophylactic as a matter of routine in hospital and private practice. To use Credé's method upon every case necessitates the unpleasant suspicion that every woman is a possible source of gonococcus infection. If statements of the father about his previous life can be relied upon, an eye prophylactic may be omitted. In his private work Williams uses a boric acid solution except where there is special reason for believing that the mother has gonorrhea. The responsibility for risking the baby's eyes rests upon the medical attendant. There can only be one safe rule in case of doubt. It should be remembered that gonococcic infections of the conjunctiva occur in about one to every two hundred births (Edgar).

The good results of Credé's method are sufficiently convincing to justify criminal proceedings upon those who fail to apply this simple prophylactic. Credé reduced ophthalmia neonatorum in the Leipzig Lying-in Hospital from 10.8 per cent. to 0.1 per cent. Haab reduced the frequency of ophthalmia neonatorum in hospital practice from 9 to 1 per cent., while the statistics of many hospitals show only a very small fraction of 1 per cent. At the Sloane Maternity Hospital in New York, there were 4,660 births during a period of 6 years, in which Credé's method was carried out without a single case of ophthalmia. Stephenson's results are typical. In 2,265 births, ophthalmia neonatorum developed in 10 per cent. of the cases preceding the use of Credé's method. In 1,160 births after this method only 0.17 developed any trouble.

The technic of applying the nitrate of silver is very important, for, in the opinion of Edgar, when ophthalmia neonatorum develops after



the use of nitrate of silver, it is due either to a secondary infection or to the fact that the solution does not really bathe the mucous membranes, but remains upon the lashes. The lids must be everted and the silver solution placed in the conjunctival sac either from a glass rod or a pipette. Care must be taken not to touch or injure the delicate membrane.

Credé's method does not strike at the root of the evil. It would, of course, be much better to eradicate gonorrhea from men and women than to be compelled to drop silver nitrate into babies' eyes. Wrapped up with the question of ophthalmia neonatorum is the question of midwives, for to prevent blindness we must have intelligent and conscientious obstetrical attendants, especially for the poor and ignorant classes. Midwifery practice needs regulation, supervision, and elevation. Education is one of the bulwarks of prevention in this as well as other preventable infections.

**Legislation.**—Ophthalmia neonatorum is an instance in which "the protection of the citizen from the assaults of ignorance, indifference, or neglect, when they threaten his well-being and even his economic efficiency, is a duty which the state cannot evade and which he has a right to exact."

Laws for the prevention of the blindness of newborn infants are making progress slowly. Many states have now made prophylaxis compulsory. In some states the nurse, midwife, or parent is required to report the disease, in other states the attending physician.

Maine was the first state to take legal steps in 1891 to control ophthalmia neonatorum. In 1892 New York followed, with an amendment to the law relative to midwives and nurses. Subsequently most of the other states took legislative action.<sup>112</sup> The provisions of the several

<sup>112</sup>Kerr, J. W., "Ophthalmia Neonatorum: An Analysis of the Laws and Regulations Relating Thereto in Force in the United States," *Public Health Bull.* No. 49, U. S. P. H. & M. H. S., October, 1911.

The Massachusetts law reads as follows:

*Section 49.* . . . Should one or both eyes of an infant become inflamed, swollen and red, and show an unnatural discharge at any time within two weeks after its birth, it shall be the duty of the nurse, relative, or other attendant having charge of such an infant to report in writing within six hours thereafter, to the board of health of a city or town in which the parents of the infant reside, the fact that such inflammation, swelling, and redness of the eyes and unnatural discharge exist. On receipt of such report, or of notice of the same symptoms given by a physician as provided by the following section, the board of health shall take such immediate action as it may deem necessary in order that blindness may be prevented. WHOEVER VIOLATES THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS.

*Section 50.* . . . If a physician knows that . . . if one or both eyes of an infant whom or whose mother he is called to visit become inflamed, swollen, and red, and show an unnatural discharge within two weeks after birth of such infant, he shall immediately give notice thereof in writing over his own signature to the selectmen or board of health of the town; AND IF HE REFUSES OR NEGLECTS TO GIVE SUCH NOTICE, HE SHALL FORFEIT NOT LESS THAN FIFTY NOR MORE THAN TWO HUNDRED DOLLARS FOR EACH OFFENCE. (Revised Laws, Chapter 75.)

laws are quite varied. In all of them, however, the object is to insure early treatment, and to this end compulsory notification is generally required. The health authorities of many states furnish prophylactic outfits to physicians. The outfit ordinarily consists of a small vial, protected from the light, containing a 1 per cent. solution of nitrate of silver, a sterilized dropper and bulb, and a circular of instructions.

In 3 years following the enforcement of the law of 1911, Massachusetts reduced the number of cases of blindness from this cause 50 per cent.; and in 1919 and 1920 no new cases of blindness from gonorrheal ophthalmia occurred. Good results are also evident in New York and wherever intelligent measures are vigorously carried out.

In order to make material progress against ophthalmia neonatorum, as well as against infant mortality, it is essential that laws require prompt report of all births; it is the duty of the health authorities to see to it that such laws are effectively carried out.

## TRACHOMA

**Trachoma** is a menace to the integrity of sight. It is a specific, communicable, destructive inflammation of the conjunctiva, characterized by the formation of the so-called trachoma granulations, which may be either papillary or follicular; the ultimate formation of scar tissue; marked chronicity and intractability to all forms of local treatment. The disease has been transmitted experimentally in human beings and possibly also in apes, but neither the degree nor the nature of its contagiousness is understood. The virus of trachoma is probably frail. Important factors in communicability are poor hygienic surroundings and lowered resistance from any cause, which accounts for the slow and uncertain manner in which the disease spreads in families. The disease may occasionally be confined to one eye.

The filtrability of the virus of trachoma remains undetermined. Experimental evidence permits no more than the suspicion that the virus may be filtrable under some circumstances. In 1907 Prowaczek<sup>113</sup> described the so-called inclusion or trachoma bodies. The nature of these bodies and their possible etiologic relation to trachoma still remain undetermined. Noguchi and Cohen<sup>114</sup> have reported the successful cultivation of these inclusion bodies, but since the cultivated bodies proved non-pathogenic the question still remains an open one.

Trachoma flourishes best where sanitary conditions are worst; it occurs chiefly among the overcrowded, underfed and overworked. The

<sup>113</sup> Halberstädter and Prowaczek. *Deut. med. Wochenschr.*, 1907, XXXIII, 1285, *Arb. u. d. k. Gesundheitsamte*, 1907, XXVI, 44.

<sup>114</sup> "Experiments on Cultivation of So-Called Trachoma Bodies," *Jour. Exp. Med.*, 1913, XVIII, No. 5.

diagnosis rests upon the history and the appearance of the lesions, especially scar tissue, papillary granulations, trachoma follicles and pannus of the cornea.

Trachoma presents varying clinical aspects, and as there is no criterion of the disease, errors in diagnosis are frequent. It should be differentiated from other inflammatory conditions of the conjunctiva, especially from *follicular conjunctivitis*, which is benign; from *vernal catarrh*, which is accompanied by a peculiar pavement-like appearance and pronounced subjective symptoms during the first warm days of spring; from *Parinaud's conjunctivitis*, which is an acute febrile disease, with glandular enlargements, and conjunctivitis usually limited to one eye.

Impairment of vision can be prevented and often greatly improved by surgery—grattage. Adults who for years have been burdens to themselves and often charges on the community, and children who have been compelled to remain out of school have been “cured” by surgical methods. Free trachoma hospitals have been established in Kentucky, Virginia, West Virginia, Tennessee, and North Dakota.<sup>115</sup>

A case cannot be said to be cured until all the conjunctiva of the upper lids has become replaced by smooth, white, avascular, fibrous scar tissue, and the lower lids are free from any evidence of disease. The control of trachoma consists in eliminating the foci of the disease, improving personal hygiene, and community sanitation. The disease is slow and insidious in its development; acute or fulminating cases are rare. Impairment of sight is due to involvement of the cornea, especially to scars resulting from recurring corneal ulcers.

The infection is rubbed into the eye by roller towels, handkerchiefs, fingers, and other ways. When once established, the disease is chronic, and permanent cures are doubtful.

Trachoma is much more prevalent in the United States than is ordinarily supposed. It is not an exotic disease, but a public health problem of some magnitude in many states. The public eye clinics of Chicago are filled with patients showing the resulting deformities. Wilder located a center in southern Illinois, and it has also been found in the mountains of Kentucky and Tennessee, while in Oklahoma this disease has become a public menace. It is more or less prevalent in the poorer sections of all the larger centers.

Trachoma is of such a serious nature that all immigrants arriving at our shores have their eyelids everted and conjunctivae examined for evidence of this infection. An alien immigrant arriving with trachoma is deported, and the steamship is liable to a fine of one hundred dollars for bringing every case of trachoma where it can be shown that the disease might have been recognized at the port of departure.

<sup>115</sup> J. A. M. A., October 23, 1920, p. 1109.

### TOXIC AMBLYOPIA

*Toxic amblyopia* may be caused by wood alcohol, tobacco, lead, quinin, salicylic acid, male fern, santonin, iodoform, atoxyl (arsenilic acid and derivatives), and also digitalis.

**Wood alcohol.** Columbian spirits, methyl alcohol ( $\text{CH}_3\text{OH}$ ), causes blindness through atrophy of the optic nerves. As small a quantity as a teaspoonful has caused loss of vision. Blindness may even be caused by inhaling the vapor. Quantities as small as 0.2 per cent. in the inspired air may accumulate in the body and cause toxic effects. Wood alcohol is used as an adulterant, especially in liquors and lotions, and also in industry as a solvent. It should be prohibited in any form of material used for internal or external use on the human body. Ample ventilation should be provided in all works where wood alcohol is made or used, as in brewery vats. Containers in which wood alcohol is marketed should have suitable display of labels of warning.

The very selective effect of wood alcohol is shown by the way it poisons specifically only those fibres of the optic nerve which are connected with the *macula lutea* in the retina, the seat of direct and most acute vision, other portions of the retina and optic nerve escaping. In severe cases, total atrophy of the fibres occurs.

**Tobacco.**—When tobacco impairs sight, it is always the result of a combination of several circumstances: (1) adult life; (2) absorption of a large quantity of nicotin, either by smoking, chewing or taking snuff to excess, or by prolonged handling of tobacco by workers in the weed; (3) disturbed digestion which may be an indirect consequence of tobacco abuse; and (4) too free use of alcohol. Individuals vary greatly in susceptibility. The symptoms are dimness of sight and a loss of color sense in central vision. This is the cause of some marine and railroad accidents.

The use of tobacco becomes largely a habit. Few gain the pleasure and solace from it which they crave and expect; on the other hand, tobacco is in no way a help to health. Under ordinary circumstances, smoking three or four moderately strong cigars a day should suffice as a maximum; at least, this amount is not likely to cause trouble with vision.

### ACCIDENTS

**Accidents.**—In New York State about 200 industrial accidents resulting in total blindness occur annually. Besides this, there are a large number of accidents occurring on railroads, in construction work, and in the field and forest.

Many of the accidents to the eyes occurring in factories are pre-

ventable through the use of mechanical guards or goggles. As a rule, the majority of such accidents are due to small flying particles.

A material proportion of blindness is caused by accidents to children at play; sometimes the eyeball is torn by a buttonhook, or pierced by a knife or awl; or a scissors blade, used to untie a knot, slips. Some eyes have been injured by the crack of a whip, by a shot from an air-gun or toy pistol. Accidents also occur to the eyes from fireworks, curling tongs, a child's finger scratching the parent's cornea, or a doll's china head broken into the eyes of its tumbling "mother."

Many cases of blindness were caused by the gases used in the World War.

*Ocular Hygiene*, see page 916.

#### COLLATERAL READING

National Com. for the Prevention of Blindness, 130 E. 22nd St., N. Y. C.  
Popular prints.

### TETANUS

(*Lockjaw*)

Compared with the major plagues of man, lockjaw has always been a rare disease. It is on account of the characteristic and fatal spasms that it early attracted attention. The student will be well repaid by a study of the historical development of the theories that have been advanced since the time of Hippocrates to explain the cause of tetanus. These theories mirror the prevailing thought upon the nature of disease as it developed from that of evil spirits, through the humoral theory, the realm of miasms and noxious effluvia, to the germ theory. Tetanus could not escape the rheumatism theory which has been such an alluring catchall for symptoms and diseases difficult of explanation. "Taking cold" was assigned its usual rôle here as elsewhere. When no assignable cause seemed at hand, the disease was given the learned title—idiopathic tetanus.

**Etiology.**—Carle and Rattini,<sup>116</sup> in 1884, first clearly demonstrated the infectious nature of tetanus by inoculating rabbits subcutaneously with pus from a human case of the disease. In the same year, Nicolaier<sup>117</sup> inoculated laboratory animals subcutaneously and saw the tetanus bacillus at the site of injection. In 1889, Kitasato<sup>118</sup> for the first time grew the organism in pure culture, and by successful inoculation experiments proved that this bacillus was the real cause of tetanus. Kitasato further showed that the tetanus bacillus is not found in the heart's

<sup>116</sup> *Giornale della T. acad. di Med. di Torino*.

<sup>117</sup> *Deutsch. med. Wchnschr.*, 1884, No. 52; *Inaug. Diss.*, Gottingen, 1885.

<sup>118</sup> *Deutsch. med. Wchnschr.*, 1889, No. 31; *Ztschr. f. Hyg.*, 1889, VII, 225.

blood of mice dead of tetanus, and therefore concluded that we are dealing with an intoxication, and not bacteremia. We now regard tetanus as a type of the true toxemias; that is, the virus remains localized in the wound, and the soluble toxin does the damage. This work of Kitasato's was one of great importance, and led to the epochmaking discovery of Behring and Kitasato<sup>119</sup> in the following year (1890) upon tetanus and diphtheria toxins and antitoxins, laying the foundation of serum therapy.

Tetanus may be regarded almost solely as a wound complication. All wounds are not equally liable to this complication, even though tetanus spores are present. Punctured, lacerated, and contused wounds are much more susceptible to tetanus than clean-cut or open wounds. The size of the wound is of much less consequence than its character and content. Fatal tetanus may develop from trivial wounds, such as pin scratches, small splinters, insect bites, vaccinations, etc. Necrotic tissue, foreign bodies and other irritants favor the development of tetanus.

Symbiosis is an important factor in tetanus. Wounds infected with the gas bacillus, *vibrion septique*, pyogenic organisms and other bacteria favor anaërobic conditions and permit the tetanus spores to germinate, and seem to encourage the growth of the bacillus and the development of toxin.<sup>120</sup> Tetanus spores washed free of toxin and placed in healthy tissues do no harm, but add a trace of gas gangrene toxin, or a chemical irritant as saponin, or a physical irritant such as a foreign body, and tetanus develops.

Weinberg<sup>121</sup> has shown the multiplicity of anaërobic wound infections, and has also shown how they influence each other. The gas bacillus (*B. perfringens*, also known as *B. Welchii*) plays an auxiliary part in the causation of tetanus. The bacillus of malignant edema (*vibrion septique*) is also an ally of tetanus. Antitoxins against both these spore-bearing anaërobes have been produced. These antitoxic sera, as in the case of tetanus, have prophylactic value, but feeble curative properties. The experience in the war soon taught the usefulness of employing, for the prevention of tetanus, a serum containing three antibodies: (1) against tetanus, (2) against the gas bacillus, and (3) against *vibrion septique*. These are the commonest but not the only infective agents that play a part in stimulating the growth of the tetanus bacillus in wounds. Tulloch<sup>122</sup> on the basis of agglutination tests has separated tetanus cultures into four types. Fortunately, any one of the four antitoxins will neutralize any or all of the four toxins.

<sup>119</sup> *Deutsch. med. Wchnschr.*, XVI, No. 40, p. 1113.

<sup>120</sup> In the laboratory some of the strongest tetanus toxins have been prepared from mixed or contaminated cultures.

<sup>121</sup> *Ann. de l'Inst. Pasteur*, Sept., 1917, XXXI, No. 9, p. 442.

<sup>122</sup> *Proc Royal Soc.*, Series B, April, 1918.

The normal habitat of tetanus is in the intestinal tract of herbivorous animals. Sanchez, Toledo, and Veillon<sup>123</sup> found tetanus in the feces of 4 out of 6 horses and in the feces of 1 of 2 cows. Park found tetanus bacilli in the intestines of about 15 per cent. of horses and calves living in the vicinity of New York City. They are present to a variable extent in the intestines of man; from 5 per cent. up to 20 per cent. in ostlers and dairymen.

It is rather a curious paradox that the horse, which is the most susceptible of all animals to tetanus toxin, is one of the principal hosts of the tetanus bacillus. The intestinal canals of certain animals are perfect anaërobic incubators for the growth of tetanus bacilli; such animals may be regarded as "tetanus carriers."

**Occurrence.**—The spores taken in the food are not affected by gastric digestion, and in the intestines find ideal anaërobic conditions, food supply and temperature for growth and development. Here they multiply and pass in the dejecta to pollute the soil. The soil, therefore, in all regions inhabited by man and domestic animals is more or less contaminated with tetanus. The bacilli, however, do not multiply in the soil. While the soil acts only as a vehicle, it is the immediate source of the large proportion of tetanus in man. The presence of tetanus spores in soil, street dust, fresh vegetables and on clothing and the skin may be traced to fecal contamination.

On account of the great resistance of the spores, they are blown about in dust and are spread everywhere by dirt and manure. Tetanus has been found in hay dust, on horses' hair, in the dust of houses, barracks, and hospitals, in the mortar of old masonry, in street dust, on food, in gelatin, on the skin, and in the greatest variety of places.

One of the agencies in the distribution of tetanus spores over limited areas is undoubtedly the common house fly. The poisoned arrowheads of certain savages in the New Hebrides contain tetanus spores obtained by smearing the arrowheads with dirt from crab holes in the swamps (Le Dantic).

Tetanus bacilli are not equally numerous in all localities. The infection is much more prevalent in warm than in cold countries. It is especially severe in the tropics, yet Iceland at one time suffered severely from tetanus neonatorum. In the United States, tetanus occurs especially in the Atlantic States, and in some parts of Long Island, New Jersey, and the Hudson Valley, which have become noticeable for the number of cases of tetanus complicating small wounds. The soil of Flanders and France has through long cultivation become saturated with the spores of tetanus and other anaërobic. One grain of it from the trenches injected into a laboratory animal invariably produced tetanus. Tetanus spores are widely disseminated in India. Goodrich states that

<sup>123</sup> *La Semaine Méd.*, 1890, X, p. 45.

in Bombay alone there were 1,955 cases of tetanus in five years. These do not include the puerperal cases.

Tetanus occurs either sporadically or in epidemic form. Formerly epidemics in hospitals (especially in lying-in hospitals), and in wars were rather common. The conditions of trench warfare in the World War favored wound complications, and included a frightful amount of tetanus until antitoxin was used as a routine prophylactic in all wounds. Before the days of asepsis the infection was often spread through surgical instruments, fingers, bandages, etc.

The wounds produced by blank cartridges are especially liable to develop tetanus. The source of the tetanus spore in these cases is not entirely clear. Wells examined 200 cartridges from five firms without finding the tetanus bacillus. It is probable that the spore is upon the skin and is carried along with the paper and powder from the blank cartridge. The peculiar character of the wound favors the development of tetanus.

The great decrease in the number of cases of tetanus following Fourth of July wounds is due to the vigorous campaign carried on by the American Medical Association. In 1903 there were 406 deaths from tetanus; in 1904, 91; 1905, 87; 1906, 75; 1907, 73; 1908, 76; in 1911 only 18 cases and 10 deaths and so on until 1916 when no deaths occurred from this cause. Eighty per cent. of these followed blank cartridge wounds. The good results are attributed to the more thorough and careful treatment of the wounds and especially the use of tetanus antitoxin as a prophylactic—and more recently to safer and saner methods of celebration.

Tetanus spores or toxin may contaminate bacterial vaccines, antitoxic sera, vaccine virus, and other biologic products used in human therapy. The possible association of tetanus with bacterial vaccines was demonstrated in the unfortunate outbreak at Mulkowal, India, in 1902.<sup>124</sup> One hundred and seven persons were inoculated with Haffkine's plague prophylactic. Of these 19 were affected with symptoms of tetanus and died. In this case the tetanus probably grew as a contamination in the plague culture, for it is now well known that the anaërobic conditions produced in *B. diphtheriae*, *B. pestis*, *B. subtilis*, and other organisms in liquid culture media favor the growth of tetanus and the development of its toxin.

In St. Louis (1901) diphtheria antitoxin was taken from a horse during the period of incubation of tetanus and used in amounts from 5 to 10 c. c. upon 7 children, all of whom died of tetanus. Bolton, Fisch, and Walden<sup>125</sup> found that the serum was sterile, but contained tetanus

<sup>124</sup> *Jour. Trop. Med. and Hyg.*, 1907, X, p. 33.

<sup>125</sup> Bolton, Fisch, and Walden in *St. Louis Medical Review*, Vol. XLIV, No. 21, Nov. 23, 1910, p. 361.



toxin in considerable amount. If the serum had first been tested upon animals, its poisonous properties would have been discovered. This test is now required by the United States law of July 1, 1902, for all serums and vaccines sold in interstate traffic. As a further precaution against this complication horses undergoing treatment for the production of immune sera are given prophylactic doses of tetanus antitoxin from time to time. Tetanus sometimes occurs as a complication of vaccination. See page 22.

It is, of course, not the rust on a nail that is dangerous, so far as tetanus is concerned, but the spore-bearing dirt it carries into the deep, contused wound that causes the trouble. Gelatin may contain tetanus spores, and the subcutaneous injection of imperfectly sterilized gelatin as a hemostatic has sometimes resulted in accidents.

Tetanus is harmless when taken by the mouth. Susceptible animals may be given enormous doses of tetanus toxin by the mouth without producing the disease. The bacillus and its spore may be regarded as a saprophyte in the intestinal tract. There is, however, a suspicion that tetanus spores sometimes invade the organism through small wounds in the digestive or respiratory tract. Perhaps some of the cases following surgical operations may be accounted for in this way rather than by infection of the catgut used for ligatures.

Tetanus sometimes occurs where no wound can be found. This is the so-called "idiopathic tetanus." One explanation of these cases is to be found in the fact that the spores are numerous in street dust and may enter the respiratory tract. They cannot do harm so long as the mucous membrane is healthy, but may enter through inflamed membranes or through small wounds in the nose.

Tetanus bacilli have been found in the bronchial mucus of idiopathic cases. Tetanus spores have occasionally been found in the lymph glands, liver, and other parts of the body, upsetting our previous view that they are always strictly confined to the site of the wound. The spores may remain latent or dormant in scar tissue or the sequestrum of bone and may be released and start an attack months or years afterwards, thus giving another plausible explanation of some cases of idiopathic tetanus.

Puerperal tetanus was formerly a frequent and serious complication following childbirth, but has been conquered by asepsis.

**Trismus Neonatorum**, or tetanus of the newborn, is still a common and very fatal infection, especially in the tropics. Before the days of asepsis the infection was permitted to enter through the umbilical wound. In certain of the West Indian islands more than one-half of the mortality among the negro children has been due to this cause. In Venezuela, trismus neonatorum is one of the chief causes of deaths, and goes by the name of mocezuelo.

The following figures are taken from official reports:<sup>126</sup>

Year	Population of Venezuela	Total Deaths in Venezuela	Deaths from Infantile Tetanus	Total Deaths from Tetanus, all Forms Except Puerperal Variety
1905	2,598,063	58,100*	.....	3,316
1906	.....	52,949	.....	3,485
1907	.....	52,140	.....	3,713
1908	.....	56,903	.....	4,360
1909	.....	53,364	2,782	3,942
1910	2,685,440	55,436	3,574	4,721
1911	.....	55,428	3,474	4,505
1912	.....	65,729	2,824	3,794
1913	.....	52,847	2,743	3,662
1914	.....	51,697	2,816	3,691
1915	2,818,220	63,133	2,804	3,699
Total.....	.....	617,736	18,201	28,015

\* Infantile tetanus not separated from total of tetanus deaths in years 1905-1908, inclusive.

**Incubation.**—The period of incubation in man is usually from 6 to 14 days. The period is directly proportional to the amount of toxin and the severity of the disease. This can readily be demonstrated upon susceptible animals. In a study of 600 serial tests, Rosenau and Anderson found this direct relation between the period of incubation and the severity of symptoms by the subcutaneous injection of varying amounts of toxin into guinea pigs. Thus guinea pigs receiving fairly large doses showed symptoms on the third day and usually died; when the dose is smaller, the period of incubation is longer, the disease milder, and the chances of recovery greater. In man, with a short period of incubation, 6 days or less, the disease is almost invariably fatal. With longer periods the disease is usually milder and recovery frequently takes place without the use of antitoxin or other measures. Tetanus toxin is absorbed by the terminal nerve endings, and travels up the axis cylinders of the nerves to the cord and brain. It is also distributed in the blood. The period of incubation, therefore, depends somewhat upon the point of entrance of the poison and its proximity to abundant motor nerve endings.<sup>127</sup>

**Resistance.**—The tetanus *bacillus* is readily destroyed by the ordinary agencies that kill vegetative bacteria. It is killed almost at once in contact with the free oxygen of the air. On the other hand, few, if any, forms of life have a greater resistance than the tetanus *spore*. Hours of exposure to 60° or 70° C. do not affect them. They usually survive an exposure of one hour to 80° C., but, as a rule, are killed in

<sup>126</sup> Furnished by Surgeon W. J. Stewart, U. S. Public Health Service.

<sup>127</sup> For discussion of tetanus toxin and tetanus antitoxin, see pages 103, 553 and 568.

streaming steam or boiling water in 60 minutes. Tetanus spores, however, vary greatly in the power to resist the boiling temperature. Kitasato<sup>128</sup> found them to resist 80° C. for one hour, but to be killed in streaming steam in 5 minutes. Vaillard and Vincent<sup>129</sup> found that the spores heated in the presence of moisture in a closed vessel would resist destruction at 80° C. for 6 hours, at 90° C. for 2 hours, and 100° C. 3 to 4 minutes, that they were not always destroyed in 5 minutes, but never resisted more than 8 minutes at 100° C. Levy and Bruus<sup>130</sup> found that destruction begins at 8½ minutes at 100° C.; after 15 minutes few survive, after 30 minutes none. Falcioni<sup>131</sup> studied the subject in view of the dangers of the subcutaneous injection of gelatin. He impregnated gelatin with spores of tetanus bacilli grown in agar or broth for 10 to 12 days, and used Koch's steam sterilizer. He found the spores to resist destruction for 2½, but not for 3, hours in streaming steam.

The experimental results are, therefore, sufficiently varied and conflicting to suggest that races of tetanus bacilli exist, the spores of which vary widely in their resistance to moist heat at 100° C. Theobald Smith<sup>132</sup> found that under certain conditions of cultivation some tetanus spores survive a single boiling or streaming steam regularly for 20 minutes, usually for 40 minutes, and occasionally for 60 minutes; in one case 70 minutes' exposure did not destroy the spores. He also showed the possibility of tetanus spores surviving in culture fluids sterilized by discontinuous boiling or steaming in routine laboratory work for fully 20 minutes on three successive days.

In general, dry spores are more resistant than moist spores; and young spores are often harder to kill than old spores.

Tetanus spores resist the action of 5 per cent. carbolic acid for 10 hours, but are killed in 15 hours. A 5 per cent. solution of carbolic acid, however, to which 0.5 per cent. of hydrochloric acid has been added, destroys them in 2 hours. Bichlorid of mercury, 1-1,000 kills the spores in 3 hours, and in 30 minutes when 0.5 per cent. of hydrochloric acid is added to the solution. According to Park, silver nitrate solution destroys the spores of average resistance in 1 minute in 1 per cent. solution, and in about 5 minutes in a 1 to 1,000 solution. *Tetanus spores are destroyed with certainty when exposed to dry heat at or above 160° C. for one hour, or to steam at 120° C. for 20 minutes. Entire confidence may be placed upon either of these two methods.*

The temperature recorded on the thermometer of the sterilizer may be higher than the actual temperature within the apparatus. Good

<sup>128</sup> *Zeitschr. f. Hyg.*, VII, p. 225.

<sup>129</sup> *Ann. de l'Inst. Pasteur*, 1891, V, p. 1.

<sup>130</sup> *Grenzgeb. d. Med. u. Chir.*, 1902, X, p. 235.

<sup>131</sup> *Annali d'igiene sperimentale*, 1904, N. S., XIV, p. 319.

<sup>132</sup> *Jour. A. M. A.*, March 21, 1908, Vol. L, pp. 929-934.

sterilizing technic is essential and a factor of safety desirable. The time necessary for penetration must be taken into account. Thus, the government regulations<sup>133</sup> require an exposure of 170° C. for two hours for dry sterilization of glassware intended to contain biologic products. These same regulations require 121° C. (15 pounds) for 30 minutes for steam sterilization of glassware and rubber tubing. Glassware and rubber tubing must be moistened immediately before steam sterilization and each flask or hollow apparatus should contain one-eighth of its volume of water when put in the autoclave. This is for the purpose of insuring that steam will be in contact with all surfaces. In some cases, rubber goods may be sterilized by boiling for 30 minutes in 3 to 5 per cent. phenol or some similar disinfectant.

Direct sunlight does not kill the spores, but seems to diminish their virulence. Under certain circumstances they may live a very long time; Henrijean reports that, by means of a splinter of wood which once caused tetanus, he was able after 11 years again to cause the disease by inoculating an animal with the infective material.

**Prophylaxis.**—*Local Treatment of Wounds.*—Thorough surgical treatment of the wound as soon as possible is the first important measure in the prevention of tetanus. Wounds, however insignificant, should be thoroughly cleansed. Punctured or lacerated wounds, in which there is special danger of tetanus, should be freely opened, and every particle of foreign matter carefully removed. Promptness in cleansing the wound surgically is almost as important as thoroughness. Gunshot wounds and wounds containing garden earth, street dust, or other material liable to contain tetanus spores should receive special consideration. All necrotic tissue, or tissue likely to die, must be removed. The experience of the war demonstrated that thorough excision of the wound (débridement) is good practice. Germicides are useless—the surgeon's knife is the best antiseptic. The division of the umbilical cord and the treatment of the navel in the newborn must be done under the strictest asepsis. Wounds in which there is suspicion of tetanus should be kept open and freely drained, and otherwise treated so as to discourage anaërobic conditions.

Tetanus spores gain entrance into wounds not only from manure, garden soil, street dust, and similar sources, but also from the hands, instruments, bandages, suture material, or other objects. It is important to remember that the tetanus spore is exceedingly resistant to heat and chemical agents, and that in surgical and obstetrical practice confidence should not be placed simply upon brief boiling to destroy the spores. Very particular care must be exercised in the disinfection of substances injected into the body, such as gelatin and other organic materials.

<sup>133</sup> Regulations of the U. S. Public Health Service, Oct. 1, 1919.

*Specific Prophylaxis.*—Tetanus antitoxin is a specific and trustworthy preventive. The great experience of the war adds confirmation to the protective power of this specific and sovereign serum. Its use, however, must be understood to achieve satisfactory results. The antitoxin must be administered before the advent of symptoms, for after the tetanus toxin has combined with the motor nerve cells in the central nervous system it can neither be displaced nor neutralized with antitoxin. In such cases the most that the antitoxin can do is to combine with and neutralize the free toxin and thus prevent further damage.

From 500 to 1500 units of tetanus antitoxin are used as a prophylactic dose.<sup>134</sup> The amount varies with the severity of the wound and the hazard of tetanus. In wounds liable to infection, the injection should be repeated every seven days until the wound is clean, or the danger passed. It is important to remember that the tetanus antitoxin is eliminated or otherwise disposed of in the body in the course of 10 days or 2 weeks. Therefore, in cases in which the wound does not heal well, as a result of mixed infection, or for other reasons, it is desirable to repeat the injection. This may be done at intervals of 7 or 8 days as long as the danger persists. Occasionally tetanus bacilli persist in the pus-infected tissues, and, when the injected antitoxin has been exhausted, there may occur a late development of tetanus. Instances in which 1,500 units of tetanus antitoxin, repeated if necessary, have failed to prevent the development of tetanus are rare. During the latter part of the war, a triple antitoxin, made from the tetanus bacillus, the gas bacillus<sup>135</sup> (*B. perfringens*), and the bacillus of malignant edema (*vibrio septique*), was used as a routine prophylactic, and resulted in preventing much suffering and saving many lives.

Gunshot wounds and wounds produced by blank cartridges should always be regarded as suspicious, and should be given careful local treatment, supplemented with a prophylactic injection of antitoxin. Tetanus was a frequent complication of trench foot, and therefore a prophylactic injection of antitoxic serum should be given and repeated at intervals of seven days until the wounds are healed.

The prevention of tetanus complication of vaccine wounds consists in: (1) The use of a reliable vaccine which has been biologically tested in accordance with the federal act. (2) Proper methods of vac-

<sup>134</sup> As soon as symptoms appear 20,000 units or more of tetanus antitoxin should be introduced directly into the circulation by intravenous injection; some antitoxin may also be injected into the nerves leading from the wound. Nicolle has obtained favorable results with antitoxin, even after symptoms have developed, by injecting 3 to 5,000 units into the spinal canal, 10,000 units intravenously, and 10,000 units subcutaneously. (*Jour. A. M. A.*, LXIV, 24, June 12, 1915, p. 1982.) In tetanus, as in diphtheria, time is the important element. A few units introduced early are worth more than thousands late.

<sup>135</sup> Bull, C. G., and Pritchett, I. W.: "Toxin and Antitoxin of and Protective Inoculation against *Bacillus Welchii*." *Jour. Exp. Med.*, XXVI, No. 1, July, 1917, p. 119.

cination to avoid unnecessary scabs and anaërobic wound conditions.  
(3) Surgical asepsis of the operation and after-treatment.

Tetanus and other wound infections may be avoided, in those exposed to accidents, by cleanliness of body and clothing. A bath before a battle is a reasonable protection said to be adopted in the Japanese Army and Navy. The common experience of mankind teaches that most wounds heal without tetanus, and that tetanus is, in fact, a relatively rare infection. The physician, however, is in no case justified in taking chances, and it is one of the duties of the medical profession to teach the public that it pays to thoroughly cleanse and care for wounds, however trivial, *at once*, and in accordance with modern methods.

## CHAPTER II

### DISEASES SPREAD LARGELY THROUGH THE ALVINE DISCHARGES<sup>1</sup>

#### TYPHOID FEVER

(*Typhus Abdominalis*)

Typhoid fever is a sanitary problem of first magnitude, especially in this country, where it is still unduly prevalent. In the United States typhoid fever for a long time stood fourth on the list of mortality tables: tuberculosis coming first, then pneumonia and cancer; typhoid fever has now been reduced to about ninth place. The average case fatality from typhoid fever being nearly 10 per cent., it would, therefore, take higher rank on the morbidity tables. In 1910 there were 25,000 deaths from typhoid fever in the United States, representing at least 250,000 cases—one person in every 400. Marked improvement began to occur about 1910, and from that time on nearly every year has witnessed a fall in the typhoid death rate. For about 27,000,000 people in 60 cities of the United States, in 1919 it reached the exceedingly low point of 4.2.

Our general attitude toward typhoid fever is inconsistent; familiarity has bred a remarkable indifference to the disease. Every case of typhoid fever means a short circuit between the alvine discharges of one person and the mouth of another. The physician has a dual duty in the care of a case of typhoid fever: one is to assist the patient, the other is to protect the community. On the other hand, the people should learn the lesson that a case of typhoid fever must be regarded as seriously as a case of cholera. These two diseases present many features in common. Both are intestinal infections of bacterial nature; in both diseases the alvine discharges contain the microorganisms which infect another person when taken by the mouth. Both diseases prevail especially in hot weather, and both diseases are peculiar to man, so that the patient is the fountainhead of each infection. Water, food, fingers, flies, contacts and carriers play a similar rôle in both instances. In the case of cholera the dread of the disease is an important factor in keep-

<sup>1</sup>The control of this group of infections is one of the most notable achievements in preventive medicine. The cause, mode of transmission, and prevention are well understood in theory and readily attainable in practice. Sanitation here finds its first fruitful field, hygiene its useful lessons, and immunology its special application.

ing it out of the country or in preventing its spread when once introduced. By strange contrast, there is a remarkable indifference to typhoid fever. A wholesome fear of typhoid fever would materially assist the health authorities in combating what may be considered one of the major sanitary problems of the age. From the standpoint of preventive medicine, it is proper to regard an outbreak of typhoid fever as a reproach to the sanitation and civilization of the community in which it occurs. When the matter is better understood health authorities will be held responsible for this and other preventable infections, just as some one is now held responsible for preventable accidents.<sup>1a</sup>

Much harm has been done by insisting that typhoid fever is infectious, but not contagious; it is both—that is, communicable.<sup>2</sup>

Typhoid fever occurs both in endemic and epidemic forms. It may truly be regarded as pandemic. Normally, typhoid fever is a warm weather disease. It recurs as an annual crop from July to October.<sup>3</sup> Epidemics caused by infected water occur especially in cold weather. Milk outbreaks may occur at any time of the year. Autumnal typhoid is due partly to infection contracted at "health" resorts, and has, therefore, been called a vacation disease.

Typhoid fever is more prevalent in rural districts than in cities. In the United States there is more typhoid fever in the southern states than in the northern zone. The only explanation to account for this is the influence of temperature, rural conditions, and association with the negro. Typhoid fever is no respecter of rich or poor; it attacks those in robust health, all ages, both sexes.

The period of incubation is usually 7 to 23 days, commonly about 10 to 14 days.

Typhoid fever is a disease which ordinarily attacks the individual during the period of greatest economic value to the community. The economic loss, therefore, is appalling, and has been estimated to reach the sum of no less than \$100,000,000 annually in the United States. Again, typhoid fever is an infection against which the individual alone cannot protect himself wholly without the aid of the community.

The control of typhoid fever in modern armies and the marked reduction in its prevalence in the civilian population in the United States in recent years is one of the great triumphs of preventive medicine.

**Historical Landmarks.**—Typhoid fever was confused for centuries with other continued fevers, such as recurrent fever, septic infections, and typhus fever. The first full description of what was probably typhoid fever was written by Thomas Willis, an English physician, who, in 1643, described an epidemic that occurred in Parliamentary troops. Breton-

<sup>1a</sup> See Vennen vs. New Dells Lumber Co., page 1291.

<sup>2</sup> For distinction between these terms see page 463.

<sup>3</sup> In the southern hemisphere the typhoid season is during our winter.



neau in 1826 further described the clinical characteristics and called it "dothienenteritis," or abscess of the small intestine, a name it frequently bears in French literature. Louis, the distinguished French clinician, in 1829 gave the name typhoid fever to the malady to distinguish it from typhus fever. William Gerard, of Philadelphia, a pupil of Louis, showed the difference in the lesions between these two fevers, which established typhoid fever as a distinct disease.

William Budd in 1856 pointed out that the disease is transmitted by the patient's excreta. He stated that: "The living human body, therefore, is the soil in which this specific poison breeds and multiplies; and that most specific of processes which constitutes the fever itself is the process by which the multiplication is effected." The first water-borne outbreak carefully studied and described was at Lausanne, Switzerland, in 1872; the first water-borne outbreak to attract attention in the United States occurred in Plymouth, Pennsylvania, in 1885. In 1873, Murchinson traced an epidemic to a contaminated milk supply. Eberth in 1880 saw the *Bacillus typhosus* in the tissues, and four years later Gaffky grew it in pure culture. Metchnikoff and Besredka, in 1900, finally established the etiological relation by producing the disease in anthropoid apes with pure cultures. In 1894, Pfeiffer and Kolle first gave small subcutaneous inoculations of dead typhoid bacilli. About the same time, and independently, A. E. Wright began similar inoculations in British soldiers, but it took something over 10 years to establish the prophylactic value of typhoid vaccines.

**Prevalence.**—Typhoid fever prevails more or less in all countries—the amount of the disease, however, varies greatly. It appears to be a disease of defective civilization, for those communities paying least attention to sanitation, as a rule, suffer most. In the United States there are comparatively few communities of 1,000 inhabitants or more which, during any period of twelve consecutive months within the last decade, have been entirely free from typhoid fever. According to the United States census report for 1900, the average typhoid death-rate in the United States was 46.5 per 100,000 inhabitants. In 1917, this was reduced to 13.4.

The improvement in the situation within recent years is shown by the following rates per 100,000 of population for the registration areas:

1910 .....	23.5
1911 .....	21.0
1912 .....	16.5
1913 .....	17.9
1914 .....	15.4
1915 .....	12.4
1916 .....	13.3
1917 .....	13.4

A still greater lowering of the typhoid rates in our large cities is shown in table, page 109. In 1908 the death toll from typhoid fever was no less than 35,000 in the United States. In other words, one person in about 300 in the United States contracted typhoid fever that year. It is estimated that in 1910-11 the number of deaths was reduced to about 25,000.

The significance of these figures may be judged by estimating the probable number of cases of typhoid fever among persons handling the milk supply. Take, for instance, a city, as Washington, receiving its milk from a thousand dairy farms. On the average there will be about four persons on each farm who in one way or another come in contact with the milk. That makes 4,000 persons among whom about 20 cases of typhoid may be expected to occur annually. Add to this the carriers, and it is no wonder that milk-borne outbreaks of typhoid fever are frequent occurrences.

The rate of prevalence of typhoid fever in the United States in comparison with the rates of many other countries was very high. Thus, the annual death-rate from typhoid fever per 100,000 population for the period 1901-1905 was: in Scotland, 6.2; in Germany, 7.6; in England and Wales, 11.2; in Belgium, 16.8; in Austria (1901-1904), 19.9; in Hungary, 28.3; in Italy, 35.2; while the rate in the United States during the same period was about 46.5. A great improvement in the typhoid situation is now taking place in this country—and many states and cities are reporting figures approaching and even bettering the European rates. In 1917, the rate in the registration area of the United States was 13.4, a reduction of 63 per cent. since 1900.

In northern Europe the 33 principal cities, with an aggregate population of 31,500,000, had an average typhoid death-rate per 100,000 population of 6.5 in 1909 and 1910. This includes such a notorious typhoid center as Petrograd, which had a rate of 33.7 in 1910. The high rate in Petrograd was due to the water supply, which is partly filtered and partly raw Neva water.

A comparison of these rates with typhoid fever in America is given in Table 2, page 109.

The typhoid rates in our larger cities are coming down, owing to safer water supplies, better sanitary conditions and the increasing use of typhoid vaccines. In fact the improvement in our typhoid situation is one of the great sanitary reforms now going on. This improvement is shown in the table on the following page, which gives the death rates in the large cities of the United States.

**Residual or "Normal" Typhoid.**—When a city, such as Albany, Chicago, Lawrence, Lowell, or Pittsburgh, which had been using grossly polluted water, is furnished with a water supply of good sanitary quality, there at once results a marked reduction in the amount of typhoid

ANNUAL DEATH RATES FROM TYPHOID FEVER PER 100,000 POPULATION IN 50 CITIES OF THE UNITED STATES HAVING MORE THAN 100,000 INHABITANTS

City	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918
Birmingham, Ala..	59.7	49.5	45.5	37.3	36.0	39.7	36.2	43.5	53.8	31.9
Los Angeles, Cal...	16.1	14.2	11.6	15.0	12.1	7.7	5.7	2.6	5.8	2.8
Oakland, Cal.....	11.2	16.5	14.0	13.7	12.0	6.6	6.8	4.0	2.1	4.7
San Francisco, Cal..	13.9	15.5	15.3	13.6	16.1	12.7	9.0	3.5	4.7	4.6
Denver, Colo.....	24.1	27.5	18.0	15.2	13.5	9.0	6.3	7.3	5.2	8.7
Bridgeport, Conn...	9.0	4.9	3.8	8.3	6.2	3.5	5.1	9.0	8.0	3.9
New Haven, Conn...	20.5	17.9	24.9	24.4	12.7	15.2	19.7	8.7	10.5	5.2
Washington, D. C...	34.3	23.2	22.2	23.0	16.4	11.9	12.0	12.9	13.3	11.9
Atlanta, Ga.....	50.6	50.1	66.1	41.9	21.9	46.3	15.7	22.0	20.9	14.4
Chicago, Ill.....	12.6	13.7	10.9	7.4	10.4	6.6	5.3	5.2	1.9	1.4
Indianapolis, Ind...	22.3	28.5	25.8	17.8	24.4	25.8	14.3	26.1	10.9	6.6
Louisville, Ky.....	45.0	31.7	23.7	21.8	23.2	25.9	13.9	13.4	15.4	12.4
New Orleans, La...	28.4	31.5	31.0	14.0	16.9	21.9	20.5	23.1	23.3	20.1
Baltimore, Md.....	24.9	42.0	27.6	24.6	23.8	22.6	20.7	18.1	15.6	12.2
Boston, Mass.....	13.8	11.3	8.7	8.0	8.2	9.0	5.2	3.4	3.0	2.5
Cambridge, Mass...	7.7	9.5	2.8	3.7	9.2	1.8	1.8	1.8	4.4	2.7
Fall River, Mass...	21.3	15.0	14.7	18.0	8.9	9.6	15.0	10.9	16.9	7.0
Lowell, Mass.....	10.5	19.7	7.3	10.1	10.0	10.8	16.1	11.5	6.1	1.8
Worcester, Mass...	8.4	15.7	6.0	3.3	5.6	3.8	5.6	3.7	6.0	4.6
Detroit, Mich.....	20.5	23.0	15.8	17.5	29.4	14.1	13.5	14.7	17.8	16.0
Grand Rapids, Mich	17.2	28.3	26.7	33.9	18.2	27.6	27.8	16.4	12.8	10.3
Minneapolis, Minn..	21.0	58.7	11.9	11.7	12.0	12.5	7.6	5.5	6.4	7.6
St. Paul, Minn....	18.9	19.5	10.5	10.6	9.1	11.0	7.0	5.7	2.4	3.5
Kansas City, Mo...	29.3	54.4	29.9	12.0	21.9	16.3	9.7	11.4	12.1	13.7
St. Louis, Mo.....	16.2	14.9	16.1	10.7	16.9	12.0	6.8	9.4	8.2	7.2
Omaha, Nebr.....	36.8	86.7	18.1	14.0	7.6	4.5	6.1	3.0	4.5	5.0
Jersey City, N. J...	8.8	11.5	7.2	7.8	10.8	7.5	5.7	7.2	3.5	4.1
Newark, N. J.....	11.9	13.1	10.5	8.1	8.7	7.5	2.8	6.1	4.1	3.5
Paterson, N. J....	9.7	7.1	7.0	5.4	8.3	4.5	4.4	4.3	12.1	2.1
Albany, N. Y.....	19.0	14.0	18.8	17.7	27.4	17.5	12.6	7.5	12.2	10.7
Buffalo, N. Y.....	23.8	20.4	25.0	11.8	15.4	16.3	10.0	10.9	10.1	7.8
New York, N. Y...	12.1	11.6	10.9	9.6	7.0	6.3	6.0	3.9	3.9	3.7
Rochester, N. Y...	9.4	13.7	10.6	11.7	8.9	10.2	6.0	5.0	3.0	1.9
Syracuse, N. Y....	11.2	28.2	16.2	16.7	13.0	10.0	5.9	12.2	6.3	9.2
Cincinnati, Ohio...	13.3	8.8	11.4	7.7	6.8	6.2	7.4	3.2	3.9	4.1
Cleveland, Ohio...	13.3	17.9	14.2	6.9	14.1	8.1	7.9	5.3	7.7	4.7
Columbus, Ohio....	19.6	18.1	13.9	19.6	19.1	13.2	13.4	13.0	7.7	8.9
Dayton, Ohio.....	26.9	21.4	18.6	19.1	18.0	11.3	17.5	19.7	14.7	6.9
Toledo, Ohio.....	41.7	37.2	23.1	31.7	41.6	36.9	22.9	22.2	8.9	9.9
Portland, Oregon...	22.0	22.4	19.1	16.6	6.5	6.9	5.1	4.7	5.5	5.6
Philadelphia, Penn.	22.3	17.5	14.6	12.8	15.7	7.6	6.8	7.6	6.3	3.0
Pittsburgh, Penn...	24.6	27.8	25.6	13.1	19.5	15.0	10.3	9.0	11.9	9.8
Scranton, Penn....	16.4	16.9	14.3	10.3	9.4	9.2	12.5	6.1	6.0	5.2
Providence, R. I...	11.4	17.7	12.1	10.2	11.2	11.0	8.6	5.1	6.2	4.5
Memphis, Tenn....	48.8	27.4	65.4	58.9	34.2	42.6	26.7	36.3	25.0	14.9
Nashville, Tenn...	52.0	48.9	53.9	32.8	36.9	51.3	37.1	29.9	22.9	32.7
Richmond, Va.....	24.1	21.9	17.8	16.7	20.3	14.8	12.3	23.6	6.9	65.3
Seattle, Wash.....	23.8	14.2	10.3	7.6	4.7	7.0	2.4	3.2	4.9	2.3
Spokane, Wash....	43.2	45.4	35.6	17.4	7.0	12.5	9.8	2.0	7.6	9.1
Milwaukee, Wis....	21.4	45.7	19.0	25.7	11.3	8.1	5.1	15.3	6.1	6.2

Official figures kindly furnished by Richard C. Lappin, Chief Statistician, Division of Vital Statistics, Bureau of the Census, U. S. Dept. of Commerce.

fever. The curve is not only lowered, but it is also changed in character. The remaining typhoid after the water-borne infection has been removed is known as residual typhoid, and the curve in such cases is spoken of as the "normal" typhoid curve. The normal curve shows a distinct summer prevalence recurring with marked uniformity each year, and lacks the great irregularities which characterize the curve of a community drinking badly infected water. Normal typhoid is endemic typhoid; Sedgwick has proposed the name "prosodemic" (*proso*, through, and *demos*, the people) as more expressive of this type of the disease. The amount of residual typhoid varies markedly in different localities; thus, it is twice as high in the southern as in the northern part of our country. Residual typhoid should not exceed 5 deaths per 100,000 pop-

ulation. It is due to carriers, milk, other food, contacts, flies, etc., and may be controlled by sanitary housecleaning.

**Channels of Entrance and Exit.**—The typhoid bacillus probably always enters by the mouth. Typhoid fever is generally regarded as primarily a gastro-intestinal infection, although the disease itself is not produced unless the blood, glands, and other structures of the body are invaded with the specific microorganism. The disease is now regarded as primarily a blood infection or bacteremia. The typhoid bacillus grows and multiplies in the intestinal tract, penetrates the mucosa, and thus invades the body. The bacilli leave the body mainly in the feces and urine, occasionally in the sputum and other discharges. Typhoid bacilli appear in the feces early in the disease; sometimes before the fever. Later in the disease they diminish in number and usually disappear during convalescence, although they may continue indefinitely (see *Bacillus Carriers*). The feces may contain only a few typhoid bacilli; usually they are present in considerable numbers; occasionally practically replacing the colon bacillus.

Typhoid bacilli commonly appear in the urine about the second, third, or fourth week. They grow well in this fluid both within and without the body, and may be present in such enormous numbers that the urine resembles a 24-hour-old bouillon culture. From the standpoint of prevention, it is very important not to neglect the virus in the urine. Hexamethylenamin in ten-grain doses or more, three times a day, diminishes the frequency of typhoid bacilluria. This drug is eliminated as formaldehyd, provided the urine is acid, and is therefore not effective in an alkaline urine.

The sputum ordinarily does not contain the bacilli unless there is a pneumonia or severe bronchitis. Gould and Quales, and also Purjesz and Perl,<sup>4</sup> have found typhoid bacilli in about 50 per cent. of the cases by rubbing the gums, tonsils, and tongue of patients suffering with typhoid fever. The microorganisms from the mouth were found as late as the fourth to eighth week of convalescence. These findings are important from the standpoint of diagnosis and prevention. The bacilli may be eliminated with the discharges from suppurating middle ears; from abscesses, such as periostitis, months and even years after the disease.

**Diagnosis.**—An early diagnosis of typhoid fever is essential for the successful treatment of the patient, and is of vital importance in controlling the spread of the infection. Early diagnosis can only be assured through laboratory methods. Typhoid bacilli may be readily isolated from the blood, the feces, or the urine.

**Blood Cultures.**—Probably the easiest method, as well as the one giving the maximum information, is through blood cultures. The taking of a little blood for this purpose is no more difficult or annoying

<sup>4</sup> *Wien. klin. Woch.*, 1912, XXV, 1494.

to the patient than swabbing the throat for diphtheria. A few drops of blood may be obtained by puncturing the lobe of the ear or the finger, with the usual precautions to prevent bacterial contamination. A much better method, however, consists in withdrawing 5 to 10 c. c. of blood by means of a syringe from one of the veins at the bend of the elbow. The technic is very simple, and, if the needle is sharp, the patient scarcely feels the puncture. The blood may be planted in bouillon, or in bile. After 24 hours in the incubator, any growth that occurs is transplanted to Endo's medium, colonies isolated, and tested for agglutination. Often a pure culture is obtained in the first medium, so that the diagnosis may be established in 24 hours—at most, in 2 or 3 days.

Typhoid bacilli appear in the blood early in the disease, perhaps occasionally during the prodromal symptoms. Kayser obtained positive results from 90 per cent. in the first week, 65 per cent. in the second, 42 per cent. in the third, 35 per cent. in the fourth. Our results in Washington were approximately the same. The typhoid bacilli probably do not grow in the blood during life. Their presence in the blood stream represents an overflow from the spleen and lymphatic tissues. The presence of typhoid bacilli in the blood may be taken to mean typhoid fever. The same cannot always be said if they are found in the feces or urine.

*The Feces.*—From the feces or urine typhoid bacilli are best isolated upon Endo's medium.<sup>5</sup> This consists of a 4 per cent. alkaline agar containing fuchsin, which has been decolorized with sodium sulphite. Upon the surface of this medium typhoid colonies appear in 24 hours as translucent, dewdrop-like colonies, whereas colon bacilli and other organisms that produce acid and split the fuchsin appear as red colonies. Suspicious colonies are fished and may be tested at once under the microscope for agglutination, or may be planted in bouillon to obtain a growth sufficient for macroscopic agglutination tests. In any critical case pure cultures should be obtained and studied for morphological, cultural, and other biological characters. The specimen of feces may be preserved hours or days by placing it in glycerin,<sup>6</sup> one part of feces to 2 parts of 30 per cent. glycerin. This percentage of glycerin has the further advantage of keeping down *B. coli* and other associated bacteria.

*Technic.*—Make plain, nutrient, sugar-free agar as follows: Tap water (cold), one thousand cubic centimeters; powdered agar, fifteen grams; peptone (Witte), ten grams; meat extract (Liebig), three grams. Cook in double boiler one hour. Make the reaction just alkaline to litmus by the cautious addition of NaOH. Cook fifteen minutes to set the reaction, and then filter through absorbent cotton.

<sup>5</sup>Other useful media are: Drigalski-Conradi, Krumwiede or Russell's double sugar.

<sup>6</sup>Teague and Clurman: *Jour. Inf. Dis.*, XVIII, 6, June, 1916, p. 653.

The tap water should be as cold as possible and the agar should be "dusted" on the surface and allowed to settle into the medium before heat is applied and before the other ingredients are added.

After filtration, the medium is stored in flasks containing known amounts, conveniently in one hundred-cubic-centimeter lots, and sterilized in the autoclave.

To use the medium: (a) Prepare a ten per cent. solution of fuchsin in ninety-six per cent. alcohol. (b) Prepare a ten per cent. solution of sodium sulphite in water.

Add one cubic centimeter of (a) to ten cubic centimeters of (b) and heat in the Arnold sterilizer for twenty minutes = (c).

Add one per cent. of lactose (which must be chemically pure) to the agar medium described above, and heat in the Arnold sterilizer until the medium is melted and the lactose thoroughly distributed in it. The decolorized fuchsin solution (c) is then added in the proportion of one cubic centimeter of the mixture to each one hundred cubic centimeters of medium; then thoroughly mixed.

Plates are then poured and allowed to harden (with the covers removed) in the incubator for thirty minutes, after which time they are ready for inoculation.

*Preparation of Feces for Inoculation.*—The feces are collected preferably in the small rectal tubes described by Kendall.<sup>7</sup> A small portion of feces (about a loopful) is thoroughly emulsified in ten cubic centimeters of sugar-free broth, and preferably incubated one hour at 37° C. prior to the inoculation of the plates. This preliminary incubation does two things: the clumps of bacteria settle down, leaving a more uniform suspension of bacteria in the supernatant fluid for inoculation, and these bacteria undergo a slight development in a medium particularly suited for their growth. The thin suspension of the stool is now rubbed upon the surface of the agar plates by means of a bent, sterile, glass rod, and the plates incubated for 18 hours at 37° C. The suspicious translucent, colorless colonies are removed entire to small test tubes containing one cubic centimeter of broth and incubated for two hours at 37° C. At the end of this time there will be sufficient growth to make the customary microscopic agglutination tests. Confirmatory cultural characters may be obtained by inoculating suitable media from the same tubes as those from which the organisms for agglutination were obtained.

Physicians should encourage boards of health to furnish diagnostic aids of a laboratory nature. Such work should be in the hands of specialists rather than entrusted to those who make occasional analyses. Early and accurate diagnosis is just as important to prevent the

<sup>7</sup> *Boston Med. and Surg. Jour.*, CLXIV, No. 1, Sept., 1911.

spread of other communicable diseases as it is with typhoid. These facts emphasized here will not be repeated under each disease.

**Bacillus Carriers.**<sup>7a</sup>—About 33 per cent. of cases continue to discharge typhoid bacilli for three weeks after the onset of the disease, and about 11 per cent. for 8 to 10 weeks; these are known as *convalescent* carriers. From 2 to 4 per cent. of all cases continue to discharge typhoid bacilli indefinitely; these are *chronic* or permanent carriers. Typhoid bacilli are found in the stools of some persons without a clinical history of having had the disease; these are *passive* carriers, also called healthy or normal carriers. Albert states that 25 per cent. of all chronic typhoid carriers have never had typhoid fever, and further estimates that 1 in every 1,000 of the general population is a carrier. In our Washington studies,<sup>8</sup> we found 0.3 per cent. of the population in 1908 to be temporary passive carriers. At the Strassburg Station (1903-5) Klinger reported 11 or 0.64 per cent. of 1,700 healthy individuals to be temporary passive carriers, and 12 to be permanent carriers. In my laboratory at Harvard, specimens from over 2,000 healthy persons were examined in 1917, with only one typhoid carrier—a man who had the disease several years before. The per cent of carriers naturally varies with time, place, personnel, and prevalence of typhoid fever.

Women outnumber men as carriers about 4 to 1. About 80 per cent. of all chronic carriers and about 60 per cent. of temporary carriers are females. Women are more subject to inflammation of the gall-bladder and to gall stones, and it is now well understood that typhoid bacilli localize and maintain themselves in the gall-bladder and bile ducts. The gall-bladder is the source of the fecal typhoid bacilli found in carriers. Children are less subject to gall-bladder disease, and therefore seldom become carriers. The significance of these facts is of importance in looking for carriers, special attention being given to women who have or have had symptoms, however slight, in connection with the gall-bladder or liver. The remarkable tendency of women to become carriers is particularly hazardous when we bear in mind their intimate association with the handling and preparation of food.

Typhoid carriers are either *fecal* or *urinary*, or both; the former is more frequent than the latter, and apparently also more dangerous; that is, most outbreaks of typhoid fever traced to carriers turn out to be individuals who discharge typhoid bacilli in the feces rather than in the urine.

It seems that some carriers are more dangerous than others. This is due partly to personal habits, partly to opportunity to infect food and drink, and partly to the virulence of the organism. Further, carriers are quite irregular in the elimination of typhoid bacilli.

<sup>7a</sup> See also pages 401-2.

<sup>8</sup> Rosenau, Lumsden and Kastle: *Hyg. Lab. Bull.*, No. 52, U. S. Public Health Service, p. 124.

Typhoid carriers in dairies have been responsible for many outbreaks. A carrier employed as a cook, waiter, nurse, or in a dairy is a special menace. A very large percentage (from 5 to 40 per cent.) of cases of typhoid fever have been traced to carriers. Carriers have a greater opportunity to spread the infection than bed-ridden cases. The amount of harm which a single individual can cause is amazing.

The story of "TYPHOID MARY" was the first of its kind to be reported<sup>9</sup> in America, and has become a classic. Mary Mallon was a cook in a family for three years, and in 1901 she developed typhoid fever. About the same time a visitor to the family had the disease. One month later the laundress in this family was taken ill.

In 1902, Mary obtained a new place, and two weeks after her arrival the laundress was taken ill with typhoid fever. In a week, a second case developed, and soon seven members of the household were sick.

In 1904, the cook went to a home on Long Island. There were four in the family, besides seven servants. Within three weeks after her arrival, four servants were attacked.

In 1906 Mary went to another family, and six of the eleven members of this family were attacked with typhoid between August 27th and September 3rd. At this time, the cook was first suspected. She entered another family on September 21st, and on October 5th the laundress developed typhoid fever.

In 1907, she entered a home in New York City and two months after her arrival two cases developed, one of which proved fatal. During these five years, "Typhoid Mary" is known to have been the cause of twenty-six cases of typhoid fever.

She was virtually a prisoner by the New York Department of Health in a hospital from March 19, 1917. Cultures taken every few days showed bacilli on and off for three years. Sometimes the stools contained enormous numbers of typhoid bacilli, and again for days none could be found.

"Typhoid Mary" then escaped from observation until 1914. In October of that year, she was engaged as cook in the Sloane Hospital for Women in New York. In January and February of 1915, an outbreak of typhoid occurred, principally among the doctors, nurses and help of the institution, involving twenty-five cases. The cook was suspected, but she left the premises on a few hours' leave, and did not return or leave her address. She was, however, located by the Health Department under an assumed name, and an investigation established her identity as the famous "Typhoid Mary."

A subsequent study of her career showed that she had infected still other individuals beyond those already mentioned, and that she may

<sup>9</sup> *J. A. M. A.*, June 15, 1907, XLVIII, p. 2019. Military Surgeon, July, 1919, —a review of the facts by Geo. A. Soper.



have given rise to the well known water-borne outbreak of typhoid in Ithaca, New York, in 1903, involving over 1,300 cases (see page 1177). The fact is that a person by the name of Mary Mallon had been employed as a cook in the vicinity of the place where the first case appeared, and from which contamination of the water supply occurred.

Sawyer<sup>10</sup> reports a very instructive history of a typhoid carrier (H. O.) responsible for several outbreaks. The carrier was carefully studied over a period of several years, during which time he infected thirty persons, five of whom died. Frequent examinations of feces of this carrier gave negative results for four months after he had been treated with autogenous typhoid vaccines; nevertheless, he infected three persons when subsequently released from quarantine on parole. The removal of the gall-bladder failed to cure H. O., for typhoid bacilli were found in the feces several times after the operation. It is particularly noteworthy that 41 successive examinations of feces during a period of fourteen months all proved negative, yet the typhoid bacillus was finally isolated from the stomach contents containing bile. This carrier, on account of the virulence of the organism, or careless personal habits, is unusually dangerous and represents a class that should be controlled by quarantine or close supervision. He further illustrates the saying "once a carrier, always a carrier," which seems to be true of chronic typhoid carriers.

Another instructive outbreak caused by a carrier is reported by Sawyer<sup>11</sup> in which 93 cases of typhoid fever occurred in Hanford, Cal., as a result of infected food served at a public dinner. The vehicle of infection was a large pan of spaghetti prepared by a carrier. This dish was baked after it had been infected, but this baking was shown by laboratory experiments to have incubated the bacteria instead of disinfecting the food.

The *Widal* reaction is present in the blood of about 60 to 75 per cent. of typhoid bacillus carriers. It is, therefore, of value as a preliminary test in the epidemiological search for carriers. In blood testing for this purpose dilutions of 1:50 and 1:25, and even a titer of 1:10, may be used. The test should be made with both *B. typhosus* and *B. paratyphosus*  $\alpha$  and  $\beta$ . The bacilli should then be searched for in the urine and feces of those giving a positive reaction. It should be remembered that about 90 per cent. of persons immunized with typhoid vaccine will give a positive agglutination reaction, and that on the other hand it may be very weak in a carrier.

The question of preventing the spread of the disease through bacillus carriers is important and difficult. Surgical methods fail to cure carriers, for the typhoid bacillus may continue to grow in the bile ducts after removal of the gall-bladder, and perhaps also in the small intes-

<sup>10</sup> *Jour. A. M. A.*, June 19, 1915, LXIV, 25, p. 2051.

<sup>11</sup> *Jour. A. M. A.*, Oct. 31, 1914, LXIII, 18, p. 1537.

tine. Nichols, Simmons and Stimmel<sup>12</sup> believe that the so-called urinary typhoid carriers are really kidney carriers, and can be cured by nephrectomy; that intestinal carriers are really bile passage carriers of two kinds: (a) cases in which the gall-bladder alone is infected and which can be cured by cholecystectomy, and (b) cases in which gall-bladder and bile passages are both infected, and which cannot be cured by surgical measures.

Medical measures, such as hexamethylenamin, are efficient for bacilluria, but are of no avail in the fecal carriers. Attempts have been made to relieve the condition by the use of bacterial vaccines. Petruschky<sup>13</sup> and also Meader have reported encouraging results, especially with the use of autogenous cultures. Hektoen suggests the use of kaolin, which acts by adsorption. Most cases resist all attempts to relieve the condition. It is unnecessary to place bacillus carriers *incommunicado*. It is sufficient to restrict their activities so that they cannot infect food or their surroundings. With proper care and cleanliness typhoid carriers may present little danger to their fellow men. This, however, requires intelligence and conscientiousness. The problem, at present, is to detect the carriers, so as to establish a sanitary isolation, if not an actual quarantine. See Recognition of Carriers, page 111.

A chronic carrier should never be allowed to handle or prepare food, even though a number of consecutive examinations prove negative. The intermittent and irregular character of the carrying state should be borne in mind. Gregg reports a carrier who had typhoid fever 52 years before, and Bolduan and Noble one of 46 years standing, who then caused a large milk-borne outbreak. Compulsory control of irresponsible carriers is essential. The prevention and cure of the carrying state is one of the practical and rewardful problems for research.

**Resistance of the Virus.**—The typhoid bacillus has no spore. It is, therefore, comparatively easy to destroy. The only difficulty presenting itself is getting at the bacillus when imbedded in fecal masses. When dry, most typhoid bacilli die in a few hours; occasionally a few survive for months. The fact that typhoid bacilli are killed by drying renders infection through dust unlikely.

When a moist medium, such as water, milk, or urine, is heated to 60° C., practically all the typhoid bacilli such a medium may contain are killed. An exposure at 60° C. for 20 minutes will surely kill all of these microorganisms. They are not destroyed by freezing. See Relation to Ice, page 1184 *et seq.*

In their resistance to germicides typhoid bacilli behave like the average non-spore-bearing bacilli. Thus, bichlorid of mercury, 1-1,000;

<sup>12</sup> *Jour. A. M. A.*, Aug. 30, 1919, Vol. LXXIII, No. 9, p. 680.

<sup>13</sup> *Deut. med. Wochschr.*, July 11, 1912, XXXVIII, 28.

phenol  $2\frac{1}{2}$  per cent.; formalin, 10 per cent., are effective upon the naked germs. In order to kill the typhoid bacilli in feces special precautions or stronger solutions are necessary (see page 1432).

The viability of typhoid bacilli in feces is very variable, depending on the composition of the feces and the varieties of other bacteria present. Sometimes the typhoid bacilli in feces perish in a few hours, often in a day; under certain circumstances they may live for much longer periods. In the Plymouth epidemic typhoid bacilli probably remained alive and virulent in the feces, exposed to the winter's cold, for several months. Levy and Kayser found that they remained alive in feces for 5 months in the winter. The life of the organism in privies and in water is usually comparatively short. In nature they seldom if ever live in water beyond 7 days, and are often dead in 48 hours. They probably live longer in clean water than in contaminated water. In the outer world antibiosis plays an important part, also the presence of deleterious chemicals, temperature, light, desiccation, sunlight, and other factors known to be injurious to spore-free bacteria. As a rule, the typhoid bacillus does not survive long in the soil under the usual conditions.

**Typhoid Bacillus in Nature.**—The typhoid bacillus should be regarded as a pathogen, not as a saprophyte. It lives and grows principally in the human body. It has a tendency to die in water, air, soil, upon fomites, or in nature generally. The grand exception to this statement is in the case of milk, in which the typhoid bacillus grows well.

The typhoid bacillus may live 12 days in crude sewage (Firth); 14 days in a septic tank (Pickard); 4 months in butter (Balley and Field); 5 days in home-made cheese (Heim); 12 days in pot cheese (Lemke); 39 days in ice cream (Mitchell). It is destroyed in 24 hours in milk, butter-milk, whey or butter having an acidity of 0.3 to 0.4 per cent. Krumwiede and Noble found that with a moderate contamination, typhoid bacilli are killed in sour cream in about four days.

In endemic centers the typhoid bacillus is much more widely distributed in man than the cases indicate. Thus, in the District of Columbia, of 1,000 healthy persons examined during the typhoid season of 1908, typhoid bacilli were found in the feces in 3 instances.<sup>14</sup> At least one and perhaps two of these individuals were regarded as temporary carriers. In each instance the organisms were found only once. The population of the District of Columbia in 1908 was 300,000, and at the ratio of 1 per 1,000 this would represent about 300 healthy persons in that community harboring and shedding typhoid bacilli for a brief period of time during the typhoid season.

<sup>14</sup> Rosenau, Lumsden and Kastle: *Hyg. Lab. Bull.*, No. 52, U. S. P. H. S.

## MODES OF SPREAD

Typhoid fever is spread from cases and carriers both by direct or indirect contact—indirect through water, milk, milk-products, oysters, and other foods; also flies, fingers, and fomites. Each of these modes of spread needs separate consideration.

Man is the source of the infection, and the disease must be fought in the light of an infection spread directly and indirectly from man to man.

**Water.**—Water-borne typhoid is a common occurrence. Not long ago it was regarded as the sole or usual mode of spread; now we know that this was a mistake. Most fecal matter ultimately finds its way to water; most water courses draining inhabited regions are contaminated with human feces. Surface water is, therefore, apt to contain typhoid bacilli. The fact that there may be no clinical case of typhoid fever in the drainage area is no guarantee that the water may not be infected—in view of the prevalence of missed cases and bacillus carriers.

Fortunately, typhoid bacilli do not grow and multiply in water under natural conditions. They usually die in a few days, and rarely persist longer than 7 days. They succumb more quickly in some waters than others, more quickly in summer than winter. Ruediger<sup>15</sup> has shown that typhoid bacilli disappear much more rapidly from polluted water during the summer months than during the winter months when the river is protected with a covering of ice and snow.

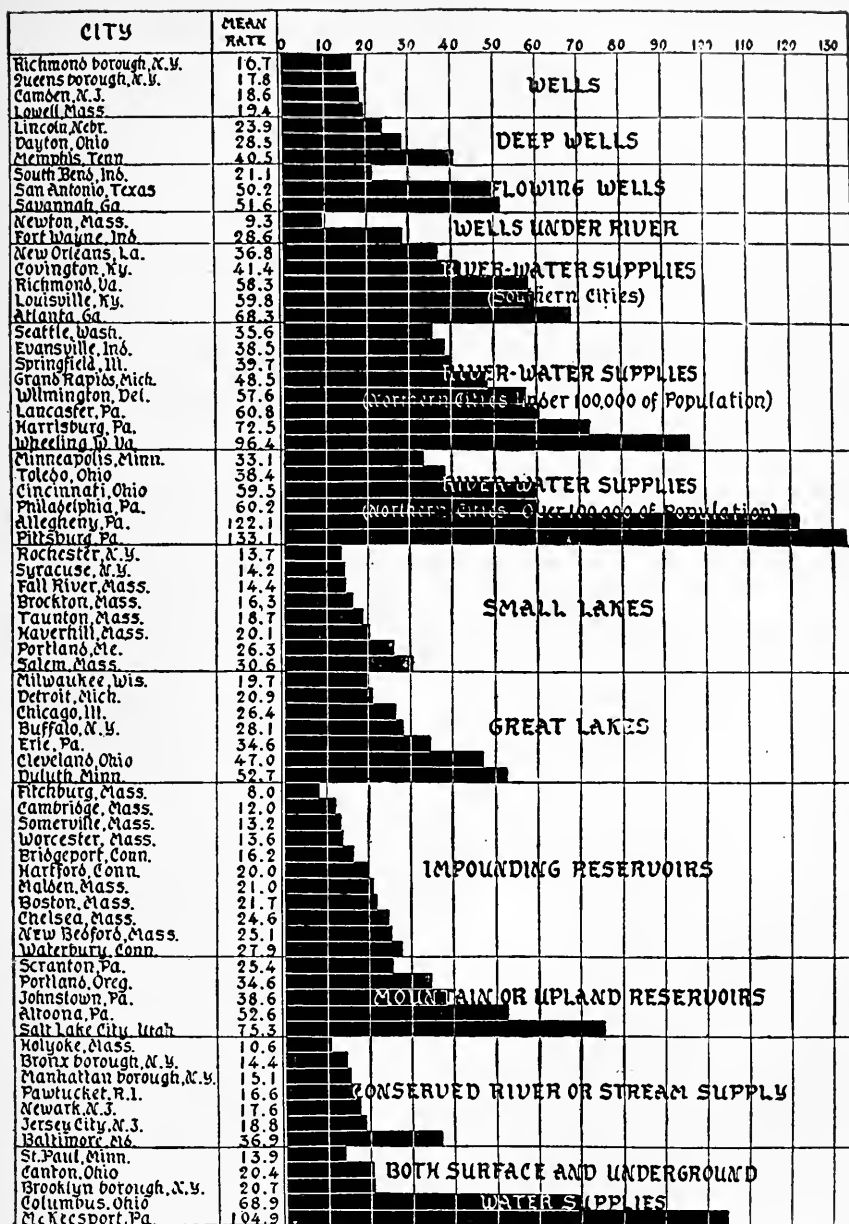
Water plays a large but diminishing rôle in the spread of typhoid fever. The great water-borne epidemics have overshadowed the other modes of communication. We know that the larger part of the typhoid now prevalent in this country is not water-borne; Whipple in 1908 estimated it at 35 per cent.; it is now certainly much less. Typhoid fever may be excessively prevalent, even epidemic, in a city having a water supply of good sanitary quality.

In the vast majority of cases water-borne typhoid is contracted from a surface supply, that is, a river, small stream, pond, or lake. Ground water becomes a source of danger only under special conditions, especially in limestone regions. See chapter on Water.

Water-borne epidemics present certain definite characteristics. They almost always occur in the spring, fall, or winter, when the water is cold. Most of the great water-borne epidemics have occurred in northern cities, both in this country and in Europe. They usually have a sharp onset, the curve rises to a peak, and declines rapidly. The pollution is usually nearby; that is, there is a *rather direct transfer of fresh virulent infection*. Granting that the typhoid bacillus does

<sup>15</sup> *Jour. Am. Pub. Health Assn.*, June, 1911, Vol. I, No. 16, p. 411.

TYPHOID FEVER, 1902 TO 1916  
(Death Rate per 100,000 of Population)



THE MORRIS PETERS CO., WASHINGTON, D. C.

FIG. 11.—INFLUENCE OF PUBLIC WATER SUPPLIES ON THE TYPHOID FEVER DEATH RATE

(Diagram prepared by Marshall O. Leighton, U. S. Geological Survey, from figures furnished by Dr. Cressy L. Wilbur, Chief Statistician of Vital Statistics, Bureau of the Census—from Kober.)

not grow in cold water, there must have been a very considerable dilution in most of the epidemics.

The following examples are given of the fact that water-borne outbreaks of typhoid fever occur during the winter, fall, or early spring, when the water is cold. Thus we have the water-borne epidemic in Plymouth, Penn., in 1885, which began with the spring thaw and doubtless came from the frozen accumulation of typhoid excrement from a single case. Very similar to the Plymouth outbreak was that at New Haven, Conn., in 1901. The outbreak at Ithaca, N. Y., started in epidemic proportions in January. The epidemic in Sherbourne, England, in 1873, likewise started in January. Four acute epidemic exacerbations are recorded in Philadelphia in December of the years 1884, 1890, 1899, and 1903. Several similar epidemics have occurred in the winter time in Chicago—one in January, 1890, another in January, 1896, and one in March, 1891. Another striking instance is the epidemic in Newark, N. J., in February, 1899, and one in December, 1891. Abroad, epidemics are recorded in Berlin in February, 1899, in Paris in February, 1894, and in Vienna in November, 1888. All of these are generally believed to have been water-borne and must have taken place when the water was very cold. In fact, as previously pointed out, extensive water-borne epidemics of typhoid fever rarely occur in the summer time.

It was formerly thought that a high typhoid rate necessarily meant badly infected water. We know now that this does not necessarily follow, as has been proved by the experiences in Washington, Winnipeg, army camps, and many southern cities.

Almost all the water-borne epidemics of typhoid fever rest upon circumstantial evidence. It is difficult to isolate the typhoid bacillus from water, and the damage is usually done before suspicion points to the water.<sup>16</sup>

It is clear that in cities which have had safe water supplies for a period of years the typhoid death rate (residual typhoid) should not be above 5 per 100,000, unless some unusual conditions exist, such as poor control of milk, or lack of control over patients and carriers, and disregard of modern sanitary knowledge.

No single measure in reducing typhoid fever on a large scale approaches the effect of substituting a safe for a polluted water supply. As an instance of this wholesale saving of human life, the reduction of typhoid fever in four American cities is shown in Fig. 13.

**Ice.**—Ice may, under exceptional circumstances, occasionally be the vehicle by which typhoid bacilli are transferred. Freezing does not kill *B. typhosus*, but there is a great quantitative reduction not only in the

<sup>16</sup> Examples of water-borne outbreaks of typhoid fever will be found in the chapter on Water.

act of freezing, but during storage; hence the danger is greatly lessened. The only suggestive outbreak of typhoid fever attributed to ice was reported by Hutchins and Wheeler in 1903 in the St. Lawrence Hospital, three miles below Ogdensburg. A few other instances in which ice is believed to have conveyed the infection have been reported, but are based upon flimsy evidence. The fact that natural ice is usually stored many weeks or months before it is used is a sanitary safeguard. Manufactured

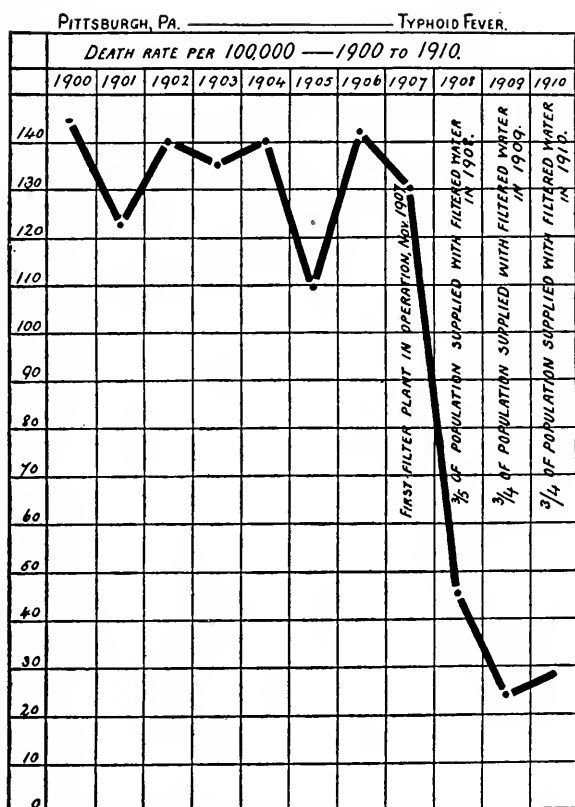


FIG. 12.—IMMEDIATE AND STRIKING EFFECT OF PURIFYING A BADLY INFECTED WATER SUPPLY UPON THE TYPHOID SITUATION.

ice made from distilled water and handled with cleanly methods is above reproach. For a discussion of ice in relation to typhoid fever and other infections, see page 1188 *et seq.*

**Milk.**—Trask collected 317 typhoid epidemics up to 1908 caused by infected milk. Since then many more instances have come to light. Doubtless many milk outbreaks have escaped attention or have been attributed to water or other sources. The typhoid bacillus grows well in milk, and it is now realized that this medium is a frequent and important mode of communication. Most milk outbreaks are reported

from England or America. On account of the almost universal custom of boiling the milk in European and tropical countries, milk outbreaks are rarely reported from these regions. During our four years' study of typhoid fever in Washington, it was found that at least 10 per cent. of the cases were milk-borne.

The milk usually becomes contaminated on the farm, from a case or a carrier. It may also become infected in transportation, at the city dairy, or in the home. Milk outbreaks come abruptly, rise to a peak like a water epidemic, and subside rather sharply. There are comparatively few secondary cases. Milk-borne epidemics of typhoid fever have certain characteristics which permit ready recognition.

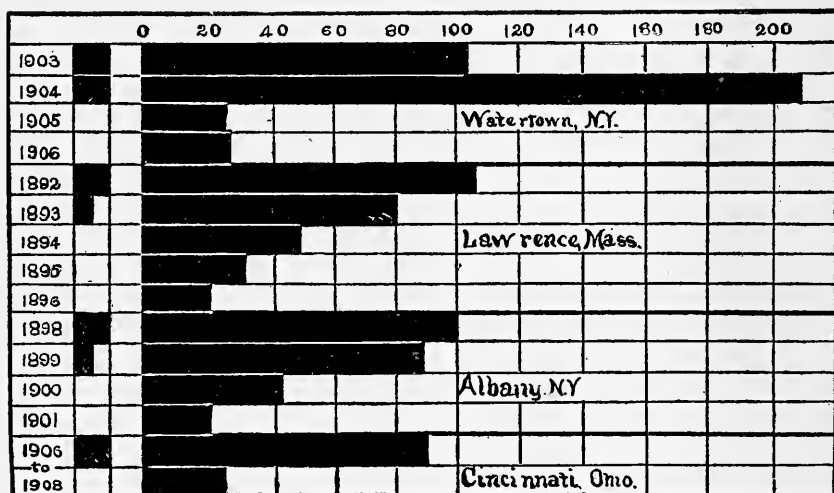


FIG. 13.—ABRUPT REDUCTION IN DEATH RATES FROM TYPHOID FEVER INCIDENT TO WATER PURIFICATION IN FOUR AMERICAN CITIES.

Column X.—The Black Squares Indicate Raw Water and the Clear Squares Filtered Water.

(a) There is a special incidence of the disease on the track of the implicated milk supply. The disease follows the route of the milk wagon. The outbreak is localized to such areas.

(b) The better class of houses are invaded, and persons in better circumstances generally suffer most.

(c) Those who drink milk are chiefly affected and those suffer most who are large consumers of raw milk.

(d) The incidence is high among women and children.

(e) The incubation period may be shortened perhaps on account of the large amount of infection taken.

(f) More than one case occurs simultaneously in a house. This is a very suspicious circumstance to the epidemiologists. The first indication of a milk outbreak in a city with a good water supply is usually the fact



that two or more persons in a household come down with typhoid fever within a few days of each other.

(g) Clinically the disease often runs a mild course, owing to the fact, no doubt, that the virus becomes attenuated in the process of multiplication in the milk. In water-borne typhoid the same germs are ingested that were passed; in milk-borne typhoid it may be the succeeding generations that are ingested.

Milk-borne outbreaks are sometimes very extensive. One of the largest epidemics occurred in Boston (Jamaica Plain) in March and April, 1908. Four hundred and ten cases were reported; 348 of them drank the suspected milk. Among the first victims of the disease was the milkman, who was believed to have infected the milk through tasting it. The number of persons involved in a milk-borne epidemic varies greatly, depending upon the amount of milk infected and other factors. It must not be uncommon for a single bottle of milk or a small quantity to become infected, and thus transmit the disease to one or two persons. Such instances are exceedingly difficult to trace. Ofttimes the milk becomes infected from a carrier. An instance of this occurred in Washington (Georgetown) in 1908. In this case the milkmaid had typhoid fever 18 years previously. Examinations showed almost pure culture of *B. typhosus* in her feces. Fifty-five persons who drank the infected milk contracted the disease.

**Milk Products.**—Fresh milk products, such as cream, ice cream, butter, and buttermilk, and fresh cheese, may contain the typhoid bacillus, and are occasionally media of communication.

*Cream* contains more bacteria than the milk from which it is taken. The use of infected cream in coffee, on cereals, etc., is sufficient to cause the disease. Several instances in the Washington studies were traced to such use of cream. As a rule, coffee in the cup is not hot enough to kill the typhoid bacillus, if present in the cream added.

In Washington several cases of the disease were traced to ice cream. Mitchell working in my laboratory found that *B. typhosus* survives in ice cream for from 12 to 39 days. Lumsden<sup>17</sup> traced the Birmingham, Alabama, outbreak in 1916, and another in Chattanooga, Tennessee, in 1917, to ice cream. An outbreak at Helm, California, in 1916, was found by Cumming to be due to ice cream.<sup>18</sup>

Bruck has shown that the typhoid bacillus will live in butter for 27 days.

*Buttermilk* may be quite as dangerous as the cream from which it is derived. The acidity and overgrowth of other organisms is said to kill the typhoid bacillus in 24 hours. In *cheese* the time of fermentation, antibiosis, etc., lessens the likelihood of survival of the

<sup>17</sup> *Am. Jour. Public Health*, December, 1917.

<sup>18</sup> *J. A. M. A.*, April 21, 1917, LXVIII, 16.

typhoid bacillus. Fresh cream cheese, such as cottage cheese, may be responsible for an occasional case.

**Oysters, Mussels, and Shellfish.**—The first outbreak of typhoid fever attributed to this source was investigated by Conn at Wesleyan University, Middletown, October, 1894. Twenty-five cases were attributed to eating infected oysters; 4 died. Not all of those who took sick had clinical typhoid fever. Some had gastro-intestinal disturbances with illness lasting but a few days. About one-quarter of those attending the dinners at which the oysters were served were made ill.

A similar instance occurred at the Mayors' banquets at South Hampton and Winchester, in 1903.

Dr. L. W. Darra Mair<sup>19</sup> showed that much of the typhoid fever in Belfast, Ireland, from 1897 to 1901, was due to eating cockles and mussels taken from sewage polluted water. The amount of the fever diminished markedly and its seasonal prevalence was changed by betterment of the shellfish situation.

In Brighton, England, Dr. J. T. C. Nash<sup>20</sup> proved that much of the typhoid fever in the Borough of Southhead-on-Sea prior to 1899 was due to infected oysters. There was a sharp reduction in the amount of fever when the fore shore fisheries were stopped, and almost a cessation of all cases when attention was given to all shellfish, including the improved laying and cooking of cockles.

In the Washington studies it seems that oysters and shellfish play a minor rôle in the spread of the disease, which occurs mostly in the summer time, while oysters and similar sea food are relished mainly in winter. Comparatively few of the cases studied gave a history of having eaten oysters within 30 days prior to the onset of the disease. Oysters become dangerous when consumed soon after taking them from a polluted bed, or when floated or bloated in infected water. For further discussion of this topic, see page 840.

**Fruits and Vegetables.**—Vegetables, such as celery, lettuce, water cress, and radishes, partaken raw, and grown on land fertilized with fresh night soil, may be infected, and this probably accounts for an occasional case.<sup>21</sup> Vegetables so contaminated are not made safe by the ordinary methods used in preparation of such food for table use. In large cities it is practically impossible to trace this source of infection. It therefore remains more a suspicion than a conviction. An outbreak which occurred in the summer of 1905, in Springfield, Mass., was attributed to infected fruits and vegetables.

At a wedding breakfast in Philadelphia June 24th, with 43 guests in

<sup>19</sup> Proc. Roy. Soc., Epidemiology Sec., April, 1909, Vol. II, Part 2.

<sup>20</sup> *Idem*.

<sup>21</sup> Melick, J., Infets. Dis., Vol. XXI, No. 1, July, 1917, p. 38.

attendance, 19 persons ate watercress sandwiches.<sup>22</sup> Eighteen of these were ill July 22nd with typhoid fever, only 2 of them being in Philadelphia at the time, while the other 16 were scattered in suburban territory and in summer resorts along the Atlantic Coast as far north as Maine. The watercress had been secured from a farm on which the sanitary conditions were quite unsatisfactory. A similar outbreak occurred in Hackney, London, in 1903, although the evidence in that outbreak was not so convincing. Morse<sup>23</sup> reports an outbreak presumably due to celery.

Creel<sup>24</sup> found typhoid bacilli upon the tips of leaves of plants cultivated in contaminated soil. Under conditions most unfavorable to the *B. typhosus* the infection lasted at least 31 days—a period sufficiently long for some varieties of lettuce and radishes to mature.

Vegetable salads are sometimes accused of conveying typhoid and other infections, but in these instances it is more apt to be the salad dressing than the salad itself. See an outbreak reported by Leake due to mayonnaise dressing prepared by a person in the early stage of the disease.<sup>25</sup>

**Flies.**—The evidence is now complete that the common house fly (*Musca domestica*) may convey the infection of typhoid. It is not inappropriately called the typhoid fly. The typhoid bacilli may be smeared upon the feet or other parts of the insect, or may live in the intestinal tract and pass in the dejecta in almost pure culture. Flies live, feed, and breed in fecal matter and decomposing organic substances of all kinds. It is easy to see how they may convey infections from this source to our food, lips, or fingers. Alice Hamilton isolated typhoid bacilli from 5 out of 18 house flies captured in Chicago in the privy and on a fence near a sick room during a local water-borne epidemic. It has been shown experimentally that living typhoid bacilli may remain upon the bodies of flies for as long as 23 days. Special attention to the rôle played by the fly was given by Reed, Vaughan, and Shakespeare in their studies of the prevalence of typhoid fever in our army camps in 1898. They concluded that flies undoubtedly served as carriers of the infection and attributed about 15 per cent. of the cases to this mode of communication. They found that “flies swarm over infected fecal matter in the pits and then deposit it and feed upon the food prepared for the soldiers at the mess tents. In some instances, where lime had recently been sprinkled over the contents of the pits, flies with their feet whitened with lime were seen walking over the food.” The danger from fly transmission varies very much, and depends upon circumstances. In a camp it is considerable; in a well sewered city the risk is diminished. In our

<sup>22</sup> *Engineering News*, Aug. 14, 1913.

<sup>23</sup> *Report State Board of Health of Mass.*, 1899, p. 751.

<sup>24</sup> *Public Health Reports*, Feb. 9, 1912, p. 187, XXVII. 6.

<sup>25</sup> *Public Health Reports*, Sept. 17, 1920, Vol. XXXV, No. 38, p. 2197.

Washington studies we could find no relation between fly abundance in the summer of 1908 and typhoid prevalence. It is not possible to express mathematically the percentage of cases caused by flies—the figures would vary greatly, depending upon circumstances. The danger of typhoid from flies in cities has doubtless been overstated. However, if only one per cent. of the cases were thus transmitted, the suppression of flies would still be quite worth while (page 312).

**Dust.**—Typhoid bacilli soon die when dried, especially when exposed to the sun and air. Dust-borne infection in this disease must be rare. In the South African War there were frequent dust storms in some localities, so that the food was covered with dust and sand. Some of the infection was believed to have been conveyed in this way.

**Fomites.**—The infection may be conveyed upon soiled linen, blankets, and other objects. It was believed by Reed, Vaughan, and Shakespeare that the clothing, blankets, and tents in the Spanish-American War became infected and were a prime factor in spreading the disease. After the South African War some of the blankets used by the troops were sent back to England and used on a training ship, on which typhoid fever appeared. The blankets were found to be dirty and soiled with fecal matter, from which Klein is reported to have obtained living typhoid bacilli. The danger of fomites contaminated with fresh infection is real, and emphasizes the importance of disinfecting bedding, towels, handkerchiefs, body linen, and other fabrics.

**Soil.**—The soil, long regarded as the most important factor in the spread of typhoid fever, and by Pettenkofer and others considered an essential element, is now given scant consideration. Pollution of the soil, however, cannot be disregarded. The typhoid bacillus may live for a long time in sewage-soaked earth. A polluted soil may endanger the water, milk, and other foods, or infect indirectly through flies and other means. For more extended information on this subject, see Section VII.

**Contact Infection.**—"Contact" is a convenient term to indicate the spread of infection directly or indirectly as a result of close association between the sick and the sound. Actual contact is not necessarily implied. The term is used to indicate the transfer of the infection through a short intervening space in a brief period of time (see page 461). Thus the infection may be passed from one to another through kissing, soiled hands, remnants of food, infected thermometers, or tongue depressors, contaminated towels or other fabrics; cups, spoons, glasses, etc. If the nurse infects a cup of milk or glass of water that carries the infection to another member of the household, such cases are included under "contacts." The infection may also be spread in the household by flies, fingers, and various other means, usually difficult to trace, and which are, therefore, all included under this group. Regarded in this light, contacts play a large rôle in the spread of the disease.

Extensive municipal outbreaks have been reported as largely or entirely due to contact infection. Winslow in 1901 studied such an outbreak in Newport. Others have been reported from Knoxville, Winnipeg, Springfield, and from Germany and England. Koch regarded the spread of typhoid in Trier in the light of contact infection. Freeman says that the majority of outbreaks in the smaller towns of Virginia are due to this cause. Extensive outbreaks in institutions are often due to contact with mild cases or carriers. "Flies, fingers, and food" (Sedgwick), and "dirt, diarrhea, and dinner" (Chapin), which too often get sadly confused, explain the occurrence of many a case of contact infection in typhoid fever as well as other diseases.

In army camps with clean water and good milk, contact infection may rise to epidemic proportions. In the Spanish-American War, of 107,361 of our troops in camp, 20,738 contracted typhoid, mostly by "contact"; 1,580 died. Similar conditions prevail in rapidly growing cities, in crowded apartments, and in congested regions with a susceptible population and other favoring conditions. The danger of contact is well shown by the frequency with which nurses, ward attendants, house physicians, and others similarly exposed take typhoid fever. Studies of the incidence of the disease in the Massachusetts General Hospital, Boston, in the Presbyterian Hospital, Philadelphia, and in the Johns Hopkins Hospital, Baltimore, show that typhoid fever was at least twice and may be eight times as prevalent among those who came in close and frequent association with the patient as among the population at large. Further, the disease contracted under such conditions seems to run a course of more than ordinary severity, with a greater number of complications and with a high mortality. This is doubtless due largely to the fact that the contactors receive fresh virulent virus.

In our studies of typhoid fever in Washington we were impressed with the importance and frequency of contact infection in that endemic center. In 1907 we attributed 6 per cent. of the cases to contacts; in 1908, 15 per cent., and in 1909, 17 per cent. This included only contact with cases during the febrile stage of the disease. In Strassburg, Kayser attributed 16.8 per cent. of the cases occurring during 3 years in that city to contact infection. Little groups of cases following a primary case in a suburban focus, in my experience, frequently fall in the category of contacts.

Typhoid fever, in view of all the facts, must now be regarded as a "contagious" disease. We will never have an end of it until it is so regarded and managed accordingly.

## TYPHOID VACCINES

**Preventive Typhoid Inoculations.**—An active immunity to typhoid fever may be induced by introducing dead typhoid bacilli into the subcutaneous tissue. The procedure is *harmless, rational, and effective*.

Our knowledge of inoculations against typhoid fever began with the work of Pfeiffer and Kolle,<sup>26</sup> who inoculated two volunteers in 1896. About the same time Almroth Wright<sup>27</sup> inoculated several persons, and in 1898 continued the work upon an extensive scale in India upon 4,000 British soldiers. In 1900, during the Boer War, Wright, together with Leishman, prepared a vaccine<sup>28</sup> and supervised the inoculation of 100,000 British troops. The results in India were quite encouraging, but for various reasons the same procedure in South Africa was not as satisfactory as had been anticipated. Prophylactic inoculation on the advice of Koch was used by the Germans in the Herero campaign in southern West Africa in 1904. The prophylactic was voluntary and only about half of the command (7,287 men) availed themselves of it. The results, while good, fell short of expectations. In this country Richardson was the first to advocate and practice inoculations as a means of protection against typhoid fever. The best results have been obtained in the United States Army where typhoid inoculations were recommended as a voluntary protection in 1909, but were made compulsory in 1911.

Leishman<sup>29</sup> in his Harben lecture (1910) explains the lack of success in early years by saying that the vaccine may have been made less efficient by the use of too great heat in killing the bacilli. Further, it should be noted that smaller doses and fewer injections were given then than now. It is well to know that it took about ten years to establish the efficiency of typhoid prophylactic inoculations.

The typhoid vaccines may be prepared in a number of different ways. Usually dead bacilli are used, although live bacilli have been inoculated. The bacilli may be killed either with the aid of heat or germicidal substances; the dead or live bacilli may be sensitized by the addition of anti-typhoid serum; the vaccines may be prepared with pulverized bacilli, from bacillary extracts, or by the use of various chemical methods.

Lipovaccines are made by suspending the bacilli in a fluid fatty substance of suitable consistency. The vegetable oils are better for this purpose than the animal fats. Lipovaccines are absorbed slowly and therefore the entire amount can be inoculated at one time. Experi-

<sup>26</sup> Pfeiffer and Kolle: *Deutsche med. Wochnschr.*, 1896, XXII, 735.

<sup>27</sup> Wright: *Lancet*, London, Sept. 19, 1896, 807; *Brit. Med. Jour.*, Jan. 30, 1897, 16.

<sup>28</sup> The material injected is called a vaccine and the process is spoken of as vaccination. The term in this connection is a little confusing.

<sup>29</sup> Leishman, W. B.: *Jour. Roy. Inst. Pub. Health*, London, 1910, XVIII, 394.

ments indicate that lipovaccines have only about one-half the protective power of saline suspensions. See Lipovaccines, page 536.

Usually the vaccine is made from a twenty-four-hour-old culture killed by heating to 53° C. for thirty minutes, depending upon phenol (0.5 per cent.) to kill any bacilli that may have survived. Overheating impairs the immunizing power of the vaccine. Most typhoid bacilli die before the temperature reaches 60° C. Some of the strains have a lower thermal death point. Cultures killed without heat have perhaps greater protective properties. The killed cultures are suspended in saline solution,—isotonic salt solution.

Certain strains seem to cause the production of more antibodies than others. In the earlier work it was believed that the more virulent strains produce a greater protection. This is doubtful, for it appears that the protection afforded is not in proportion to the local or febrile reaction, but to the amount and variety of antibodies stimulated. The Rawlins strain is now greatly used in this country for experience has proved its protective power.

The injections are given subcutaneously at intervals of from five to ten days. From 500,000,000 to 1,000,000,000 dead typhoid bacilli are injected at each inoculation. The number of inoculations varies with different authorities. At least 3, preferably 4, should be given; the greater the number of injections the greater the immunity induced.

The reactions are usually moderate and never serious. They consist of local manifestations; irritation, and inflammation about the site of inoculation, such as pain, redness, swelling, edema; also general symptoms, such as malaise, pains in the back and limbs, and fever. The number and character of the reactions in the experience of the United States Army<sup>30</sup> are shown in the following table:

	Number of doses	Reaction, Absent	Reaction, Mild	Reaction, Moderate	Reaction, Severe
First dose.....	45,680	68.2%	28.9%	2.4%	0.3%
Second dose.....	44,321	71.3%	25.7%	2.6%	0.2%
Third dose.....	38,902	78.0%	20.3%	1.5%	0.1%

Children, as a rule, react less than adults. Of 1,101 persons inoculated by Hartsock, 11 per cent. showed no reaction, 83 per cent. mild reaction, 5 per cent. a moderate reaction, and 1 per cent. a severe reaction. There is always some local tenderness and redness at the point of inoculation. The systemic symptoms usually pass in 24 hours.

The best time to give the treatment is late in the afternoon, for then the severest part of the reaction is over by the morning. The injections

<sup>30</sup> Russell, F. F.: *Jour. A. M. A.*, LVIII, No. 18, May 4, 1912.

are usually given into the subcutaneous tissue of the outer side of the arm or into the abdominal wall; sometimes the interscapular space.

There is no laboratory index of the degree or duration of the immunity produced as a result of the inoculations. The following antibodies appear in the blood: agglutinins, precipitins, opsonins, lysins, stimulins; agglutinins persist for 2 years and even longer. There are factors involved in the immunity not understood, and therefore, the subsequent freedom of typhoid fever among individuals protected in this manner is the only index of value.

The negative phase advanced by Wright and denied by Leishman and others does not occur. At least there appears to be no increased susceptibility to the disease during the so-called negative phase. There is, therefore, no known objection to giving the prophylactic to those exposed to the disease or during an epidemic. In fact, the typhoid vaccines have been used as a therapeutic agent during the fever.

The immunity varies in degree and also in duration; at least one year (Pfeiffer and Kolle's vaccine); four years (Wright's vaccine). On the average, the immunity may probably be depended upon for about 3 years when produced by 4 injections of dead bacilli.

In the United States Army typhoid immunization is repeated every three years. In case, however, two or more cases occur in the same command within two weeks, then the entire command is again inoculated. The experience of the American Expeditionary Forces showed that the immunity is not sufficiently strong or durable to protect against mass infections. The immunity may be prolonged or renewed by recourse to reinoculation.

One attack of typhoid fever, however mild, produces, as a rule, a lasting immunity. Second attacks, however, occur. Draschfeld's figures, based on 2,000 persons in the Antwerp Hospital, show that only 0.7 per cent. of that number were affected twice. This percentage is doubtless too high, for the figures were collected before our knowledge of paratyphoid infections. The typhoid vaccines do not protect against paratyphoid infections, and contrariwise paratyphoid does not protect against typhoid.

In the United States Army, where the vaccinations are done under the supervision of Major Russell, we have the following results:

During 1913 the army had only two cases of typhoid in the enlisted force of over 80,000 men. One of these occurred in a man who had not been vaccinated; the other was among the troops in China, who had been immunized in 1911 and the history of the case is in doubt. In six years, 1909 to 1914, there was only one death from typhoid in the U. S. Army, while the rate in the country at large averaged over 16.5 per hundred thousand.

The health record established by the Maneuver Division of the



TABLE 3.—TYPHOID, 1901-1912, FOR THE WHOLE ARMY, AT HOME AND ABROAD—OFFICERS AND ENLISTED MEN

(Not including native organizations, as Porto Rican Infantry and Philippine Scouts.)

Year	Mean Strength	Cases		Deaths			Occurring Among Those Who Were Vaccinated	
		Number of	Ratios per 1,000 of Mean Strength	Number of	Ratios per 1,000 of Mean Strength	Case Fatality	Deaths	Cases
1901.....	81,885	552	6.74	74	.88	13.0	..	..
1902.....	80,778	565	6.99	69	.85	12.2	..	..
1903.....	67,643	343	5.14	30	.44	8.6	..	..
1904.....	67,311	293	4.35	23	.33	7.8	..	..
1905.....	65,688	206	3.14	20	.30	9.7	..	..
1906.....	65,159	373	5.72	18	.27	4.8	..	..
1907.....	62,523	237	3.79	19	.30	8.0	..	..
1908.....	74,692	239	3.20	24	.31	10.0	..	..
1909*.....	84,077	282	3.35	22	.26	7.8	1	0
1910*.....	81,434	198	2.43	14	.17	7.1	7	0
1911*.....	82,802	70	.85	8	.10	11.4	11	1
1912.....	88,478	27	.31	4	.044	14.8	8	0
1913.....	80,766	4	.04	....	....	....	2	0
1914.....	87,228	7	.07	3	.03	42.8	1	0
1915.....	97,656	8	.08	0	....	....	..	..
1916.....	110,454	25	.24	3	.03	12.0	..	..
1917.....	671,156	297	.44	23	.03	7.7	..	..
1918.....	World War	768	.30	133	.05	....	..	..

\* Typhoid vaccination was voluntary during 1909 and 1910, and until Sept. 30, 1911, when it was made compulsory for officers and men.

United States Army at San Antonio, Texas, during the summer of 1911, is a triumph in preventive medicine. The division had a mean strength of 12,801 men. All were treated with the typhoid vaccines. The result was that from March 10th to July 10th only two cases of typhoid fever developed; no deaths. One patient was a private of the hospital corps who had not completed his immunization, having taken only two doses. His case was very mild and probably would have been overlooked but for the rule that blood cultures were made in all cases of fever of over 48 hours' duration. The other case was a teamster who had not been inoculated. Among the 12,801 men there were only 11 deaths from all diseases. Typhoid fever prevailed at the time in the neighborhood. Thus, there were 49 cases of typhoid fever with 19 deaths in the city of San Antonio during this period. This contrasts markedly with the typhoid record of the United States Army during the Spanish-American War, when the typhoid record of a division of volunteer troops camped at Jacksonville, Florida, in 1898, under conditions similar to those at San Antonio, was as follows: The division at Jacksonville had 2,693 cases with 248 deaths, which was about the average typhoid incidence of the camps.

The U. S. Navy had only seven cases among 50,000 men during the year ending June, 1913. Four of these occurred among men treated at a tropical station, where the vaccine had deteriorated. All the cases were mild. The results in recent years are still better. By contrast, in 1911 the rate was 3.61 per 1,000.

Spooner reports that in the Massachusetts General Hospital,<sup>31</sup> among the nurses and others exposed to typhoid fever, 80 per cent. of whom had been inoculated during the previous three years, not a case was contracted, and for the first year in the history of the institution (1912) there were no cases among the nurses or attendants. The morbidity rate in training schools for nurses in Massachusetts during three years was nearly nine times greater in the uninoculated than among the inoculated.

Metchnikoff and Besredka<sup>32</sup> failed to protect chimpanzees against typhoid infection by means of killed bacilli, but obtained immunity apparently as definite as that produced by an attack of the disease by the use of living cultures.<sup>33</sup>

*Polyvalent Vaccines.*—It is now customary to use a vaccine consisting of a mixture of *B. typhosus*, *B. paratyphosus a*, and *B. paratyphosus β* as a routine, because the typhoid vaccines do not protect against paratyphoid infections, and vice versa. During the World War, it was customary to add other cultures such as cholera, dysentery or plague to the mixture for troops serving in localities where these infections prevailed. These various mixtures apparently produce no greater reaction than the single typhoid vaccine and induce a specific active immunity against each virus represented in the mixture. Dose and number of injections remain approximately the same as for single vaccines.

*Summary.*—The results of typhoid inoculations can no longer be questioned. The morbidity is lowered in those who have been properly "vaccinated." The most striking effect is in the lowering of the mortality. Preventive typhoid inoculations involve no risk whatever, and are especially applicable to those unduly exposed to the infection, such as nurses, hospital attendants, physicians, travelers, soldiers in camps, persons in epidemic localities, and individuals in the family of a bacillus carrier. Typhoid vaccination should be mandatory in asylums and other custodial institutions. The method is serviceable for general use among the public in endemic foci, but it is a question whether this artificial method of acquiring immunity would serve as good a purpose in the end as fighting the disease along the lines of general sanitation—which has been so successfully done in many European centers. It would certainly be a mistake to immunize the population with this artificial method to the neglect of general sanitary improvements, such as good water, clean milk, fly suppression, cleanliness, and personal hygiene. Because a person has received the protection afforded by typhoid inoculations is no reason for reckless disregard of other prophylactic measures. The experience of the American Expeditionary Forces showed that vac-

<sup>31</sup> Transactions of the Assn. of Amer. Physicians, 1912.

<sup>32</sup> *Ann. de l'Inst. Pasteur*, Dec., 1911, XXV, 12, p. 865.

<sup>33</sup> *Ann. de l'Inst. Pasteur*, Mar. 25, 1911, and Dec., 1911.

cination is a partial protection only, and that *typhoid vaccination is no substitute for sanitary precautions*.

Typhoid vaccination can be used to help suppress a typhoid epidemic.

**Management of a Case so as to Prevent Spread.**—Success depends upon an early and accurate diagnosis. All cases of typhoid fever and all cases suspected of being typhoid fever should be isolated. This does not mean imprisonment in a lazaretto. The proper place to care for typhoid fever is in a suitable hospital. A private home is a poor makeshift for a hospital, and it is unreasonable to turn a household into a hospital for 4 to 8 weeks or longer. The room in which the patient is treated should be large and well ventilated, and should contain no unnecessary furniture, curtains, carpets, etc. It must be well screened and kept scrupulously clean, dry sweeping and dusting prohibited.

The case should be reported to the health authorities without delay; the house should be placarded so as to warn others, and visiting discouraged. Under no circumstances should visitors be admitted into the sick room.

The health officer should send an epidemiologist or a public health nurse without delay to the premises to instruct and to see that all necessary measures are being taken.

The disinfection of the stools, urine, sputum, and other excretions is of the first importance, and should be carried out with great care and conscientiousness. For the urine, sufficient bichlorid may be added to make a 1-1,000 solution, or carbolic, 2.5 per cent., or formalin, 10 per cent., and allowed to stand one hour before discarding. Stools may be disinfected with bleaching powder, 3 per cent.; milk of lime (1 to 8); cresol, 1 per cent.; carbolic acid, 5 per cent.; formalin, 10 per cent.; or unslacked lime and hot water (page 1432). The discharges should be received in a glass or earthenware vessel containing some of the germicidal solution. Then add more of the solution so that it shall be present in twice the volume of the excreta to be disinfected; disintegrate the masses thoroughly and let stand at least two hours, protected from flies. Masses are so difficult to penetrate that they must be broken up thoroughly with a wooden paddle. It takes a strong carbolic solution 12 hours to penetrate the interior of a small fecal mass; larger masses are impenetrable to most germicides.

The sputum may be burned or boiled. Strong carbolic acid, cresol, or formalin are also applicable.

The patient should have his own dishes, cups, spoons, glasses, etc., which should be scalded after each use. Remnants of lunch, especially meat, milk, gelatin, broths, and other organic food in which the infection may live and even grow, should not be eaten by others. Such remnants may be burned or first boiled and then discarded. Those who nurse the

sick should keep out of the kitchen on account of the risk of contaminating the food.

Handkerchiefs, towels, sheets, nightgowns, and all fabrics used about the patient should be disinfected either by boiling, or by immersion for one hour in bichlorid of mercury, 1-1,000, carbolic acid, 2.5 per cent., or cresol, 1 per cent.

The water used to bathe the patient should be disinfected before it is allowed to run into the sewer. This may be done by heat or by adding sufficient carbolic acid or bleaching powder; the latter is cheapest and most practical.

Milk bottles must be kept out of the sick room. In any case, they should be scalded before leaving the house and again disinfected before returning to the dairy.

The thermometer should be kept in formalin, alcohol or other suitable germicidal solution. Rectal tubes, especially in hospital practice, must be carefully disinfected each time before using. Individual instruments are preferable.

The nurse must protect herself as well as others; a solution of bichlorid should be kept constantly at hand. Every time the patient is bathed, his mouth cleaned, or his buttocks washed, the hands must be washed in soap and water and disinfected. The nurse must exercise especial care if she is to go to the kitchen or to the ice-box, etc., as is frequently the case in private houses, where a special diet kitchen cannot be provided. The nurses, physicians, ward attendants, and others particularly exposed should protect themselves with preventive typhoid inoculations. The physician should be quite as careful as the nurse, not only that he may not carry the infection to himself or other patients, but also that his practice may serve as a stimulating example.

At the conclusion of the case a general cleansing and disinfection of the room and its contents should be practiced.

Convalescents should not be given liberty until the danger of bacillus carrying has passed. A large percentage of patients continue to eliminate typhoid bacilli during convalescence. This may be determined only by bacteriologic examinations of the stools and urine. Four successive negative results at intervals of several days are required before a report may be vouchsafed in the case of the stools. In the case of a chronic bacillus carrier, the failure to find typhoid bacilli in the stools is no assurance of cure. In Sawyer's case frequent examinations extending over a period of 4 months proved negative, yet the carrier subsequently infected 3 persons. One examination of the urine is ordinarily sufficient.

The use of hexamethylenamin during the fever diminishes the incidence of bacilluria, and should be a routine practice.

Finally, every case of typhoid fever should be painstakingly traced

to its source. In this way, carriers and other foci will be detected and much further harm prevented.

**Summary—Personal Prophylaxis.**—The prevention of typhoid fever may be summed up in the word cleanliness—physical and biological cleanliness. By this is meant not only clean food, especially water and milk, but also cleanliness of person and environment. Typhoid fever has always prevailed where cleanliness is neglected and has diminished where it has been intelligently observed. It is true that typhoid bacilli do not breed in the rubbish and dirt of back yards and alleys, or in unkempt city lots, but these conditions in a community may be taken as an index of the general cleanliness of its inhabitants.

The eradication of typhoid fever is easier in cities than in country districts; clean cities now have less typhoid fever than the surrounding rural regions. Cities can well afford extensive and expensive sanitary works which are beyond the financial possibilities of sparsely settled districts. If a clean water from natural sources is not available, then large volumes of a polluted water may be rendered reasonably safe for municipal use by slow sand filtration and by bleaching powder. Further, cities can afford to inspect their milk supply and to supervise the pasteurization of all that is not safe. These two measures would practically eliminate typhoid infection coming into cities in its food supply—especially if in addition to this a supervision is maintained over oysters and shellfish, and vegetables partaken in their raw state. Further, cities can well afford to employ skilled and experienced health officials and are financially able to engage the services of experts. On the other hand, each farmhouse represents, in miniature, all the problems with which the city deals by wholesale, and is often not financially able to meet its sanitary requirements. The country is the weakest link in our sanitary chain. The good results obtained in the rural region of Yakima, Washington, and in several counties of Maryland by Lumsden, through intelligent and intensive measures, are a great object lesson in rural sanitation.

Cities will find it a paying proposition to suppress flies, rats, and other vermin, which may be done much more easily than under rural or suburban conditions. This should be done not only on account of the suppression of typhoid fever, but other diseases thus conveyed. The city beautiful must also be the city clean,—clean in its cellars, garrets, back yards, empty lots, alleys, and stables.

To sum up, the main factors in the spread of typhoid fever in our large cities are: (1) water; (2) milk; (3) contact; (4) miscellaneous. In a city having a clean water supply the residual typhoid must be attacked along two definite lines, viz., improvement of the milk supply and its pasteurization, and a warfare against the disease in the light of an infection spread from man to man.

The health officer should establish a laboratory for the early diagnosis

of cases and for the discovery of carriers. The health officer should at once send a trained agent to every house from which a case of typhoid fever is reported. The visit should be made as early as practicable and with the object of seeing that the stools and urine are properly disinfected, patients isolated, milk bottles scalded, sick rooms screened, house placarded, visiting discouraged, and other necessary measures taken to prevent the spread of the infection. *Each case should be traced so as to prevent further harm from the same source.* Convalescents should not be released until the absence of typhoid bacilli from the urine and stools has been demonstrated by at least four successive examinations. Carriers need not be indefinitely quarantined, but should be prohibited from engaging in any employment having to do with foods, or in which close personal contact, as in nursing, is required. Carriers should be instructed concerning the danger and educated to wash and disinfect their hands thoroughly, especially after a visit to the toilet.

The health officer alone cannot eliminate typhoid fever from a city. He needs the help of the community. Much can be done through education. A stimulating leader may accomplish a world of good through voluntary effort, but in the end it requires comprehensive laws and an energetic enforcement of them, without fear or favor.

The personal prevention of typhoid fever resolves itself into boiling the water, if suspicious; partaking only of milk or fresh milk products that have been pasteurized, and otherwise assuring oneself that all food has been thoroughly cooked. In addition to this, direct and indirect contact with persons who have the disease, or who are known to be carriers, must be avoided. Sanitary habits should be encouraged, especially the one simple precaution of washing the hands after defecation and before eating, and of keeping the fingers and other unnecessary objects away from the mouth and nose. Finally the protection afforded through typhoid inoculations may be used.

### PARATYPHOID FEVER

Paratyphoid fever both clinically and etiologically is a first cousin of typhoid fever. The two diseases are indistinguishable at the bedside. It needs the aid of the laboratory to differentiate one from the other. The epidemiology of paratyphoid fever shows marked differences from that of typhoid fever.

Paratyphoid is a world-wide infection; outbreaks occur, but, as a rule, are of limited extent. Paratyphoid never occurs as great epidemic calamities, such as have been frequently observed in water-borne or milk-borne typhoid. Paratyphoid coexists with typhoid in endemic foci. Thus, in Washington somewhat over 1 per cent. of all the cases

reported as typhoid fever were shown, upon bacteriological examination, to have been paratyphoid. In India the proportion is greater, being as high as 15 per cent. In many localities, about 10 per cent. of typhoid fever is in reality paratyphoid fever.

In 1896 Acharde and Bensaude isolated from the urine of a case of apparent enteric fever, and also from a purulent arthritis, following a similar illness, a bacillus which they called the "paratyphoid bacillus." In 1900-01 Schottmüller obtained from the blood of patients whose symptoms were those of enteric fever two bacilli resembling the paratyphoid bacillus of Acharde and Bensaude. These two organisms were later named by Brion and Kaiser "*paratyphosus*  $\alpha$ " and "*paratyphosus*  $\beta$ ." Paratyphoid  $\beta$  is much more common and widespread than paratyphoid  $\alpha$ .

The paratyphoid bacillus is a small rod with rounded ends and peritrichal flagellae resembling the typhoid bacillus. It stains readily with anilin dyes, is decolorized by Gram's method, does not liquefy gelatin, has no spore, and is a facultative aërobe; it clouds bouillon uniformly, and does not produce indol. Upon Endo's medium the paratyphoid colonies are pale, moist, translucent, with a bluish cast, quite similar to typhoid colonies.

The paratyphoid bacillus ferments dextrose, mannite and maltose with the production of gas—whereas the typhoid bacillus produces no gas. They also vary greatly in pathogenicity for the lower animals. Typhoid cultures, as a rule, are not very pathogenic for the lower animals,<sup>34</sup> whereas guinea-pigs and mice are susceptible to paratyphoid cultures; most strains will kill guinea-pigs when 1/50 to 1/100 of a loop is injected into the peritoneal cavity. Rabbits are also susceptible; birds are entirely refractory; cattle, dogs, cats, hogs, and sheep, show a high degree of resistance to paratyphoid cultures.

A fundamental point of difference between the paratyphoid and the typhoid organisms is that each has specific agglutinating properties. This difference and gas formation in certain sugars are the most important distinguishing features. Care must be taken, in using agglutinins, in differentiating these closely allied species, to guard against confusion through group agglutinins, and also to keep the pro-agglutinated zone in mind.

The paratyphoid bacillus may be found in the blood and internal organs, also in the feces; seldom in the urine. It produces a continued fever in man closely resembling typhoid fever. As a rule, paratyphoid is milder than typhoid. Lentz<sup>35</sup> gives a mortality of 3.3 per cent. against typhoid, which is about 9 per cent.

<sup>34</sup> Cultures injected into animals do not produce fevers clinically similar to typhoid or paratyphoid fevers.

<sup>35</sup> Centralblatt. f. Bakt., Referate, Bd. XXXVIII.

Paratyphoid fever may be complicated with hemorrhages from the bowels, bronchitis, and pneumonic processes, just as in typhoid fever; relapses are rare. It is not definitely known how much of an immunity is conferred by one attack, but it is known that paratyphoid fever does not protect against typhoid fever nor does typhoid protect against paratyphoid. The prophylactic power of each bacterial vaccine is also specific; that is, typhoid vaccine does not protect against paratyphoid fever, and vice versa.

Paratyphoid outbreaks have resulted from infected water, milk, and other food. The outbreaks are usually limited in number and extent. Contact infection occurs, and carriers spread the disease. Prevention is a counterpart of that for typhoid fever.

**Paratyphoid Fever and Food Poisoning.**—*B. paratyphosus*  $\beta$  is closely related to the bacillus of hog cholera (*B. suispestifer*) and to Gaertner's bacillus (*B. enteritidis*); in fact, these three bacilli are very close kin. In the German literature, *B. suispestifer* and *B. paratyphosus*  $\beta$  are considered to be identical. Differences, however, have been clearly established by the extended use of cultural, agglutination and absorption tests, especially by the English investigators Bainbridge and Savage, and by the American bacteriologist Weiss and also Krumwiede.

Food poisoning is commonly due to the *Bacillus enteritidis* of Gaertner, or *B. suispestifer* (see page 696). Some investigators still include *B. paratyphosus*  $\beta$ , and these cases were formerly called meat poisoning. Conradi and Rommeler believe that food infection may be caused by the paratyphoid bacillus and think that under these circumstances the food usually becomes infected from human carriers.

In most outbreaks of food infection, the cases are acute, with the ordinary symptoms of gastro-intestinal irritation,—nausea, vomiting, cramps and diarrhea,—but a few protracted cases of febrile infection are met with.

There is evidence in the very interesting outbreak recorded by Bainbridge and Duffield (1911), that *B. paratyphosus*  $\beta$  can cause acute gastro-enteritis, simulating food poisoning. This occurrence, however, was probably not due to a common food supply and the infection is believed to have come from a carrier.

Savage insists that no food poisoning outbreaks have been shown to be due to *B. paratyphosus*  $\beta$ , but that all are due to *B. suispestifer* or *B. enteritidis*, with possibly a few closely allied forms. Human carriers of *B. suispestifer* and *B. enteritidis* are rare. There is still much work to be done before these closely allied organisms are finally classified.

For further discussion of this subject, see Food Poisoning, page 692.



## CHOLERA

The prevention of cholera corresponds to the prevention of typhoid fever. In the case of cholera, vigorous measures have been rewarded with signal success. It is quite possible to live in the midst of a raging cholera epidemic without contracting the disease. Within recent years epidemics have been suppressed and the spread of the infection limited.

The home of true cholera is the delta of the Ganges, hence it is usually called "Asiatic cholera" to distinguish it from *Cholera nostras* or *Cholera morbus*. During the sixteenth, seventeenth, and eighteenth centuries cholera was epidemic at various times in India. It is estimated that 4,000,000 died of cholera in India from 1902 to 1911. It is only in the nineteenth century that cholera has spread along the routes of trade and travel to Europe (first in 1830); Africa, and America in 1832. There have been four pandemics; one from 1817 to 1823, another 1826 to 1837, a third 1846 to 1862, and a fourth from 1864 to 1875. In 1832 it entered the United States by way of New York and Quebec and reached as far west as the military posts of the upper Mississippi. The disease recurred in 1835 and 1836. In 1848 it entered the country through New Orleans and spread widely up the Mississippi and was dragged across the continent by the searchers for gold all the way to California (1849). It again prevailed widely through this country in 1854, having been introduced by immigrant ships into New York. In 1866 and 1867 there were less extensive epidemics. In 1873 it again appeared in the United States, but did not prevail widely. Since then, only occasional cases at seaports have occurred. In 1892 the great epidemic of Hamburg occurred, and the disease threatened to become pandemic in Asia, Africa, and Europe. Cases were brought by transatlantic liners to New York, and a few cases occurred in the city, but its spread was prevented by aggressive measures. Cholera has prevailed for years in the Philippines, but is now under control. While the home of cholera is in the tropics, there is scarcely a country in the world that has not been visited some time or other by the ravages of this fatal disease.

The incubation period of cholera is short, frequently 1 or 2 days, rarely over 5. The period of detention in quarantine is 5 days. One attack produces a mild grade of immunity which is not lasting. The disease is peculiar to man.

**The Cause and Contributing Causes of Cholera.**—The *Vibrio cholerae* or the "comma bacillus" discovered by Koch in 1883 is the undisputed cause of the disease.<sup>36</sup> The conditions of infection, however, are com-

<sup>36</sup> Choleraic symptoms may be induced by other organisms, or by certain poisons. These cases, known as *cholera nostras* or *cholera morbus*, are becoming increasingly rare. Winter cholera is the name of a mild diarrheal disease in this country. It is of unknown etiology, but has nothing to do with true cholera. Most outbreaks seem to be water-borne.

plex. Not everyone who takes the specific microörganism by the mouth necessarily gets the disease, but without it there can be no cholera. Many cholera vibrios probably die in the acid juices of the stomach. There is, therefore, perhaps less danger in taking small amounts of infection during active digestion than upon an empty stomach, for it has been shown experimentally that cold drinks do not stay long in an empty stomach, but pass quickly through the pylorus. After the cholera vibrio has passed the pylorus and reaches the alkaline juices of the intestines, it may find ideal conditions for growth or may still have a hard struggle for existence. Here symbiosis or antibiosis must play a dominant rôle. It is well known in all cholera epidemics that a deranged digestion is an important predisposing factor to the disease. An attack may thus be precipitated in healthy carriers. In the Hamburg epidemic a marked access of cases on Monday following the Sunday indiscretions was noted. Raw fruits, crude fibrous vegetables, and fermentable food, difficult of digestion, seem to favor the growth and multiplication of the cholera vibrio in the intestinal tract. In the light of this view such food may often be the predisposing factor rather than the medium which conveys the infection. Just what the factors are that favor or handicap the growth of the cholera vibrio in the intestinal tract are undetermined. Susceptibility to the infection also depends partly upon antibodies.

Pettenkofer stoutly maintained that the "comma bacillus" was only one of the factors in the etiology of the disease. He placed special importance upon the condition of the host and his environment, and considered at least three fundamental factors in his X, Y, Z theory: X is the germ, Y the host or soil, Z the environment. In this connection the disease may aptly be compared to fermentation, in which X represents the yeast, Y the carbohydrate, and Z the temperature, moisture, reaction, and other essential conditions for the growth and activity of the yeast. Pettenkofer maintained that X without Y and Z would not produce cholera, that is, while the cholera vibrio was pathogenic in India or Hamburg (1892), where Y and Z were favorable, it would be harmless in Munich, where Y and Z were unfavorable. To prove this theory, he and his assistant, Emmerich, drank pure cultures of cholera after first rendering the stomach contents alkaline. Pettenkofer, then an old man, soon developed a diarrhea; Emmerich had a choleraic attack. Pettenkofer did not regard his own case as cholera, and insisted that the inconclusive results lent confirmation to his theory of the importance of contributing factors (Y and Z). Metchnikoff and his pupils drank pure cultures of vibrios from four different sources and were able to produce true Asiatic cholera, which although mild had all the classical symptoms of the disease: rice water stools, subnormal temperature, vomiting, cramps, suppression of urine, and vibrios in almost pure culture in the stools. Similar convincing experiments have

occurred among laboratory workers, who have accidentally gotten pure cultures of cholera into their mouths. On the other hand, a number of persons who imitated Pettenkofer's experiment were not affected.

The cholera vibrio is an aërobic, liquefying, actively motile spirillum. It stains best with carbol fuchsin, 1 to 10. It grows well on ordinary culture media, but is very susceptible to acids and antiseptics. It is somewhat frailer than the average spore-free bacteria.

**Diagnosis.**—The diagnosis of cholera depends upon isolation and identification of the cholera vibrio in pure culture. This has become comparatively simple, but great care must be taken not to confuse the true vibrio of cholera with a great host of other microorganisms which closely resemble it.

A presumptive diagnosis of cholera may be made by finding large numbers of comma-shaped bacilli on direct microscopic examination of stained preparations, or in hanging drops of the mucous flakes ordinarily found in cholera stools. This test is only presumptive, the final criterion being the biological reactions of the microorganism obtained in pure culture. *The two reactions which are specific and reliable are Pfeiffer's phenomenon and agglutination.*

Dependence should not be placed upon morphological characters, cultural peculiarities, or pathogenicity upon laboratory animals, for these do not furnish the means of certainly defining the cholera vibrio. For the isolation of the cholera vibrio, agar is preferable to gelatin, formerly so much used. The suspected material should be planted upon the surface of ordinary alkaline agar or upon Dieudonné's medium, using one of the small rice-like flakes or an equivalent quantity of feces.

Dieudonné's medium is prepared as follows:

Sol. A.—Equal parts of a normal solution of potassium hydroxid and defibrinated ox-blood are mixed and sterilized in the autoclave.

Sol. B.—Ordinary nutrient agar, exactly neutral to litmus.

Seven parts of B are mixed with 3 parts of A and poured into Petri dishes. The plates should not be used immediately after their preparation. Dieudonné recommends keeping them several hours in the incubator at 37° C., uncovered and face down, or to heat them for 5 minutes at 65° C. Equally good results can be obtained by keeping them 48 hours at room temperature. The surface of the agar should be slightly dry. Once in condition, the plates should be used in a period not exceeding 5 or 6 days.

Upon this medium cholera vibrios grow abundantly. On the contrary, the organisms which most often accompany them on plate cultures, especially *B. coli*, grow either very poorly or not at all.

When it is suspected that the cholera vibrios are few in number, they may be enriched by first planting in Dunham's solution. Approximately 1 c. c. of fecal matter should be placed in 50 c. c. of the peptone solution.

This is incubated at 37° C., and in from 6 to 8 hours a loopful is taken from the surface and transferred to ordinary agar or Dieudonné's medium.<sup>37</sup> Suspicious colonies are fished and studied further. A quick method of detecting carriers is given on page 145.

Kolle and Gotchlich have shown from a large number of observations that with strongly agglutinative serum, the power of which reaches 1-4,000, the agglutinative power for common vibrios, not cholera, does not, as a general rule, exceed 1-50 and rarely reaches 1-200; agglutination in dilutions of 1-500 has been only very exceptionally observed. On the contrary, the true cholera vibrios agglutinate in dilutions varying from 1-1,000 and 1-20,000 and sometimes even higher. Therefore, with a specific agglutinating serum having a titer of 1-4,000, any organism which is agglutinated in 1-1,000 may be considered true cholera. Organisms agglutinating in dilutions of 1-500 should be regarded as doubtful.

In any critical case Pfeiffer's reaction (see page 576) should be tried. This is specific. See also page 145.

**Modes of Transmission.**—Cholera is spread by man from place to place. It follows the lines of trade and travel. Seaports are invariably first attacked. The epidemic at Hamburg in 1892 was brought to that port by immigrants on board vessels from Russia. There are many similar instances. In 1849 many a gold hunter found another Eldorado than the one he was searching for, as cholera was dragged across the continent by the caravans seeking fortunes in California. The same thing takes place in the Indian pilgrimages to Mecca.

The cholera vibrio enters the digestive tract through the mouth. It is taken in food and drink. Infected water is a frequent medium of transference, and probably the sole vector of the great epidemic outbreaks. Cholera, however, may be transferred from man to man directly, also indirectly by flies, fingers, food, and all the innumerable channels from the anus of one man to the mouth of another that have been described in the case of typhoid.

In endemic or residual cholera, water-borne infection plays a minor rôle. This was well proved in the sanitary campaign against the disease in the Philippine Islands, in which the water was practically ignored and the disease conquered in the light of a contact infection communicated rather directly from man to man. Convalescent carriers and healthy passive carriers are common means of spreading the infection.

The cholera vibrio leaves the body in enormous numbers in the dejecta, also sometimes in the matter vomited. The cholera vibrio is seldom found in the blood, but has been located in the gall-bladder and

<sup>37</sup> Some New Selective Cholera Media. Goldberger, *Hyg. Lab. Bull.*, 91, U. S. P. H. S.

other tissues. Disinfection in this disease must, therefore, be concentrated upon the discharge from the bowels and mouth, and also the urine at the bedside.

*Water.*—The cholera vibrio may live and even multiply in water. Koch in his original investigations found the organism in the foul water of a tank in India which was used by the natives for drinking purposes. It has been shown by experiment that the cholera vibrio may multiply to some extent in sterilized river water or well water; and that it preserves its vitality in such water for several weeks or even months. In recent times cholera organisms have been found not infrequently in the water of wells, water mains, rivers, harbors, canals, and even sea water (the North Sea near the mouth of the Elbe), which have become contaminated with the discharges of cholera patients. It is plain from the nature of the case that infected water must play a very large rôle in spreading this infection.

The earliest and now classic instance in favor of the water-borne theory we owe to Dr. John Snow. This is the classic Broad Street pump outbreak in London in 1854, an account of which will be found on page 1161.

The best example of water-borne cholera is the Hamburg epidemic of 1892, which I was fortunate enough to see in part. In this case no link in the chain of evidence is missing. Cholera was brought to Hamburg by immigrants from Russia. The water of the Elbe was infected with their discharges. The *Vibrio cholerae* was readily isolated from the river water which was distributed throughout the city for drinking purposes without purification. The sewers of Hamburg emptied into the river Elbe near the water intake, which produced a vicious circle. An account of the epidemic will be found on page 1165.

*Other Modes of Transference.*—The fact that water-borne infection is practically the only cause of the large cholera epidemics must not overshadow the importance of other modes of transmission. In addition to the violent outbreaks, cholera occurs in nests or smoulders like endemic typhoid. It is difficult to trace the connection between cases in endemic areas. Thus, a careful study of the cholera situation in Manila disclosed the fact that isolated cases would crop up at widely different points without any evident connection between them. Cholera carriers were suspected and later demonstrated. At irregular intervals of several years the disease would gather force, and cases multiply, until it assumed epidemic proportions, entirely independent, it is believed, of the water supply. The way cholera was dragged across our continent by the "forty-niners," and its occurrence among the Mecca pilgrims, are instances of its spread largely independent of infected water.

*Contact Infection.*—Contact infection in cholera must not be underestimated. Persons frequently become infected through handling

the dejecta or through freshly infected fomites, such as soiled linen. Direct transmission from person to person was formerly seen among physicians and nurses. In congested quarters, where many persons live under uncleanly conditions, contact infection plays an important part. The same thing may be seen on board vessels, in which case the disease may be confined to the firemen, stewards, or some other limited group who are required to live in close contact with each other. Epidemic outbreaks due to contact infection have been recorded, such as the 30 cases which occurred in the fall of 1892 in Boizenburg.

Cholera is not highly "contagious," for physicians, nurses, and others in close contact with patients need not become infected provided intelligent measures are adopted. On the other hand, there is great danger of the spread of the disease through devious and hidden routes, as is the case with typhoid and dysentery. Washerwomen and those who are brought in very close contact with the linen of cholera patients or with their stools may contract the disease. Koch, in his original investigations, found that the "comma bacillus" may multiply rapidly upon the surface of moist linen.

*Milk* may be contaminated, but is probably not a frequent medium of infection, for the reason that its acid reaction is inimical to the cholera vibrio. Green vegetables and fruit that have been washed in an infected water may convey the disease. The bacilli may live on fresh bread, butter, and meat for from 6 to 8 days, if not too acid.

*Flies, etc.*—It has been shown that the cholera vibrios may live in the intestines of flies for at least 3 days, and these and other insects may also spread the infection mechanically. The cholera vibrio is a frail organism and dies rapidly when dried or exposed to light and other injurious influences. Infection through the air is, therefore, not to be dreaded. Fomites, such as bed and body linen or other objects, including spoons, dishes, toys, etc., contaminated with the discharges, can be regarded as possible sources of infection. There is, however, a special limitation in this case, owing to the fact that this organism is so readily destroyed by desiccation and crowded out by saprophytic microorganisms. Thus, as a rule, only fresh dejecta and freshly contaminated objects are liable to convey the infection.

**Bacillus Carriers.**<sup>38</sup>—The cholera vibrios are passed in enormous numbers in the feces during the early part of the disease. They usually disappear after the fourth to the fourteenth day, but may remain one or two months. These are convalescent carriers. Chronic carriers are rare. Healthy or passive carriers occur and are an important and in-

<sup>38</sup> The recognition of the carrier principle in connection with the dissemination of various communicable infections was first established by Robert Koch in the course of his well-known investigations into the cholera outbreak which occurred in Germany during the winter of 1892-3. (*Zeitschr. f. Hyg.*, 1893, XV, p. 89.)

sidious means of spreading the infection; they may also develop the disease.

McLoughlin (1908) found bacillus carriers numerous in epidemic centers in the Philippine Islands. Thus he found 6 to 7 per cent. of carriers among healthy individuals living in the infected neighborhoods in Manila. On the other hand, carriers were exceedingly rare in neighborhoods having few cases. Cholera carriers, therefore, play a similar rôle to typhoid carriers in spreading the infection. Carriers are the principal factor in the spread of endemic cholera and they keep the infection alive in the Philippines, on Indian pilgrimages, and in other places where there is little or no water-borne infection.

In the outbreak of cholera in Manila, 1914, carriers were the most numerous and also the most insidious source of infection.<sup>39</sup>

*Detection of Carriers.*—Specimens are best obtained by administering a saline cathartic or by using a rectal tube with “eyes” cut into it.

Several different methods for the detection of cholera carriers are applicable. All of them are based upon the facility with which the vibrio grows upon Dunham’s solution. Particles of feces are planted in this medium and subsequently examined for comma-shaped microorganisms. If found, the diagnosis is presumptive. Pure cultures should then be made and studied for agglutination. Details of the method are the same as described on page 141.

The routine bacteriological examination of immigrants from cholera-infected ports, as practiced at the Quarantine Station at New York, in 1912, was as follows:<sup>40</sup>

1. Inoculation of feces into Dunham’s peptone solution (at 37° C.).
2. Subinoculation at the end of six hours of one loop of the surface growth into a second Dunham’s peptone tube.
3. Examination of a smear taken from the surface growth of the second Dunham’s peptone tube, after incubation 6 to 9 hours at 37° C.

Bendick uses a modified Dunham’s solution containing sodium carbonate, 1 gram; saccharose, 5 grams; and phenolphthalein solution, 5 c. c., in addition to the usual amount of water, peptone and salt. The cholera vibrios ferment the saccharose; the acid produced unites with the sodium carbonate and the medium becomes neutral, hence the red color of the phenolphthalein disappears.

**Immunity and Prophylactic Inoculations.**—The immunity produced by an attack of the disease is of short duration. An active immunity may readily be induced in susceptible animals against cholera vibrios. Attempts to immunize man with cholera vaccines were made by Ferran in Spain in 1884, and Haffkine in India in 1895. These early attempts did not produce a high degree of immunity, and the results were not

<sup>39</sup> *Philippine Jour. Sc.*, Sec. B., Trop. Med., 1915, X, p. 1.

<sup>40</sup> Bendick: *Jour. of Am. Pub. Health Assn.*, I, No. 12, 906, Dec., 1911.

conclusive. It has since been shown by Kolle, Powell, Simpson, Wright and others that prophylactic vaccines against cholera are a practical and useful method of protection. Convincing figures are not readily obtainable, but all observers are assured of its usefulness. Cholera vaccines, either alone or mixed with typhoid vaccines, were much used in the war to protect the troops serving in districts where the disease prevailed. Cholera vaccines have been much used in Japan, where good results are reported. Most of the inconclusive results were due to using too small a dose or not giving a sufficient number of inoculations.

Haffkine used live cultures attenuated after the principles of Pasteur. He first injected a culture weakened by prolonged cultivation in artificial media at 39° C.; a second injection was given of a culture which had been rapidly passed through animals. He subsequently modified his method to a single inoculation of a virulent culture recently recovered from the peritoneum of a guinea-pig. The dose for an adult is 0.5 c. c. of an emulsion of an agar slant in 5 c. c. of sterile water, injected subcutaneously. It is not possible to produce cholera by introducing the spirilla parenterally.

Kolle uses a more practical method, standardized so that one c. c. of the suspension contains 2 milligrams of culture. The vibrios are grown on agar slants, suspended in salt solution and then heated to 58° C. for one hour; 0.5 c. c. of phenol is added as a preservative. One c. c. (2 milligrams of culture) is given subcutaneously, 3 or 4 times, at intervals of 5 to 7 days.

The immunity produced by these protective inoculations lasts about a year, when the specific antibodies begin to diminish in the blood serum.

There seems to be little doubt in Japan concerning the value of the protection afforded by the inoculation of dead cultures, for in the district of Hiogo, during the epidemic of 1902, 77,907 persons were inoculated. Of these 47, or 0.06 per cent., took cholera, and 20, or 0.02 per cent., died, whereas, among 825,287 persons not inoculated, 1,152, or 0.13 per cent., took the disease, and 863, or 0.1 per cent., died. It is especially noteworthy that all the cases among the inoculated group were in those who received an injection of 2 mg. of the dead culture. Later 4 mg. were used, and in this group no cases occurred. Good results were also obtained in the Russian epidemic of 1908-9, and in the World War.

Protective inoculations as a prophylactic measure against cholera will never be popular or necessary in communities with sufficient sanitation. It is, however, of value in camps, armies on the march, for physicians, nurses, ward tenders, travelers, and others especially exposed.

**Quarantine.**—Cholera is an infection which fully justifies maritime quarantine practice. The disease may be blocked by a careful system of inspection, detention, and disinfection at the seaport. In order for mar-



itime quarantine to be effective for cholera, it must have the assistance of a bacteriological laboratory to diagnose cases and recognize carriers. A bacteriological examination of the feces of all persons coming from cholera-infected places has entirely supplanted the old-fashioned period of indiscriminate detention for five days.

In the summer of 1912 the quarantine authorities at the large sea-ports on our Atlantic littoral examined about 34,000 specimens of bowel discharges from passengers and crews from cholera-infected ports. At the New York quarantine the cholera vibrio was isolated from 28 persons sick with the disease, and 27 healthy persons were found to be discharging vibrios in their feces. These carriers could not have been discovered except by laboratory examination. Seven cases of cholera were detected at other ports by the same methods. There can be no doubt that the adoption of this measure kept cholera out of the country.

Similar measures used at the port of departure can be successfully applied. Owing to the fact that most cholera carriers soon purge themselves of the vibrios, the detention in quarantine is ordinarily not prolonged. Three or more negative bacteriological findings at intervals of two days should be required before releasing a carrier (see page 503).

**Personal prophylaxis** requires, first of all, scrupulous cleanliness on the part of the person and his surroundings. Those who handle cholera patients, their dejecta, or infected articles must carefully disinfect their hands each time, and should under no circumstances eat or drink anything in the sick room. During cholera times all water and food of every description should be boiled or thoroughly cooked just before it is partaken. Great care must be exercised that the water or food does not become infected after it has been boiled or cooked. The usual measures should be taken to guard against flies and other vermin. With strict attention to these measures, it is possible to avoid the infection. In addition, however, attention to general hygiene and especially to the character of the food and regularity of meals should be given. Slight attacks of indigestion and diarrhea should receive prompt medical attention. Those exposed should protect themselves with cholera inoculations. The disinfection of fecal discharges and other special measures are the same as for typhoid fever.

A summary of the preventive measures necessary to control an epidemic of cholera are: centralization of authority in one person; establishment of a system of securing and reporting information; organization of the personnel for the sanitary work; enactment of necessary ordinances; house to house inspection; safe disposal of feces of entire population; provision for a safe water supply; supervisory control of food and drink; a search for, and control of carriers; isolation and care of patients in special hospitals; separate hospitals or wards for suspects; a laboratory; detention camps or barracks for those desiring to leave the infected

area; disinfection, etc. For further discussion concerning the control of epidemics, see page 495.

## DYSENTERY

(*Flux*)

Dysentery is a form of intestinal flux, characterized by frequent passages of blood and mucus, and straining at stool. Diarrheas of this type may be due to several causes, and for the purpose of prevention we may consider all dysenteries under three heads: (1) Bacillary, due to *B. dysenteriae*; (2) amebic, due to *Entameba histolytica*; and (3) symptomatic, due to a variety of irritating poisons.

### BACILLARY DYSENTERY

*Bacillary dysentery* is a specific infection caused by *Bacillus dysenteriae*, of which there are a number of strains. It is usually a self-limited disease, running an acute course without complications or sequelae. Bacillary dysentery occurs in all countries and climes, with a tendency to summer prevalence. All grades of severity are met with, and the case fatality rate varies greatly, often running as high as 30 per cent. Bacillary dysentery increases in amount and severity as we approach the Equator, but severe outbreaks occur in temperate and even in Arctic regions. It affects all ages and is one of the chief causes of summer diarrheas in infants. The disease occurs as great epidemics, in local outbreaks and sporadically. In all armies up to recent times it has caused great ravages. Dysentery bacilli have killed many more soldiers in the world's history than bullets. In the Federal Service during the Civil War, there were 259,071 cases of acute dysentery. Practically all epidemics of dysentery in camps and institutions are bacillary. Overcrowding, lack of cleanliness, and other unhygienic conditions favor its spread so that it is called famine, asylum, jail, ship, or camp dysentery.

*B. dysenteriae* is a gram-negative, spore-free, non-liquefying bacillus belonging to the typhoid-colon group. There are at least four different groups or strains: Shiga, Flexner, Strong, and Y. The Flexner type is most frequently found in the United States. The symptoms and lesions produced by the different strains are identical. See table, page 700. A strong toxin may be obtained from the Shiga strain which when injected intravenously into rabbits produces a fatal toxemia with a faithful reproduction of the symptoms and lesions of bacillary dysentery. Two toxic substances have been demonstrated by Olitsky and Kligler<sup>41</sup> in this toxin: (1) an exotoxin, which acts especially upon the nerves

<sup>41</sup> *Jour. Exp. Med.*, 1920, XXXI, 1, p. 19.

and is therefore called a neurotoxin; (2) another, which is probably an endotoxin, acts upon the intestinal tract and is therefore called an enterotoxin.

**Resistance.**—The dysentery bacillus has about the same resistance to germicides and other unfavorable conditions as the general class of spore-free bacteria. It dies in about 8 to 10 days when dried. It may live for months when moist. It is sensitive to acids. Phenol, 0.5 per cent., kills the dysentery bacillus in 6 hours. 1 per cent. in 30 minutes, 3 per cent. in 1 to 2 minutes. Bichlorid of mercury, 1-1,000, kills it at once, and direct sunlight in about one-half an hour. I have found certain strains of the dysentery bacilli somewhat more resistant to heat than the typhoid bacillus. They are killed with certainty at 58° C. for one hour, or at 60° C. for 20 minutes. The dysentery bacillus resists cold and may live for months when frozen.

*Bacillus-carrying* in dysentery occurs, and probably plays a more important part in spreading the disease than we now suspect. As a rule, the bacilli soon disappear from the stools in the light cases, but they may persist from 2 to 6 weeks after clinical recovery. Shiga has found them more persistent in some instances. Von Drigalski reports an outbreak in Germany caused by a returning soldier. Recent convalescents may spread the infection. Permanent or chronic carriers have not been discovered. In 1917, the feces of over 2,000 healthy persons in and around Boston were examined in my laboratory without finding a single dysentery carrier.

**Immunity.**—The susceptibility to dysentery varies greatly. This is doubtless due in part to the bacterial flora of the intestinal tract as well as the conditions of the intestinal mucosa. Symbiosis or antibiosis must play a very important rôle either in permitting or hindering the growth of the dysentery bacillus in the intestinal tract. There is still a question whether a true immunity is acquired by one attack of bacillary dysentery. This seems probable, although it is not unusual for a person to have two or more attacks of dysentery in one season. Kolle looks upon this as an exacerbation of a chronic type brought on by errors of diet, exposure, etc. The experiments on animals indicate that dysentery probably belongs to that group of diseases which leave a certain amount of protection after one attack. A definite and high grade of immunity can be produced experimentally in several of the lower animals. Upon this question, however, we need light. Horses may be immunized to a high degree, and their sera contain a certain amount of antitoxin and other antibodies. This serum has been used in treatment, but has no particular value as a preventive. There is no immunity in amebic dysentery.

The methods of spread and prevention of dysentery are an exact counterpart of those of typhoid fever: food, fingers, flies, contacts and

carriers play a rôle. Milk-borne and water-borne outbreaks have been traced.

Bacillary dysentery is a common disease in infants, and it would be a wise precaution to consider all cases of infantile diarrhea as infectious and to take precautions accordingly. The protection of babies against dysentery requires biologic cleanliness, sanitary isolation, and a ceaseless and intelligent technique. Dysentery is one of the greatest single factors in high infant mortality (page 1275).

Dysentery vaccinés have definite protective value, and were used among certain troops during the World War. Convincing figures are difficult to obtain, but the protective value seems obvious.

### AMEBIC DYSENTERY

*Amebic dysentery* (amebiasis, tropical dysentery) is caused by the *Entameba histolytica*, and is characterized by a colitis with tendency to chronicity, and a special liability to the formation of abscesses of the liver (amebic hepatitis). Ipecac and its alkaloid emetin have curative virtues. Amebic dysentery often starts insidiously and shows a tendency to become chronic, with exacerbations and relapses; acute attacks occur. The parasite is taken in by the mouth and passed by the bowels. There is no immunity.

Amebic dysentery is more severe and more frequent in the tropics, and in subtropical climates, but cases are surprisingly widespread through the temperate zones and even in arctic regions. The classical report of Losch,<sup>42</sup> 1875, recorded the case of a patient with amebic dysentery in St. Petersburg, Russia. Cases have been also reported in Alaska.<sup>43</sup>

Amebic dysentery occurs mainly in endemic form, rarely in epidemic proportions. This is perhaps due to the fact that the amebas are transferred almost always by rather direct and intimate contact. Food infection may occur, but is not the cause of explosive outbreaks, such as we see in typhoid fever and bacillary dysentery. Milk and water-borne outbreaks of amebiasis do not occur as in the case of bacillary dysentery.

*Entameba histolytica* may be found, sometimes in great numbers, in the discharges from the bowels and in the pus from liver abscesses. There are two chief amebas in human feces—the pathogenic variety (*Entameba histolytica*) and a harmless form (*Entameba coli*). The pathogenic form, *Entameba histolytica*, is distinguished from *Entameba*

<sup>42</sup> *Massenhafte Entwicklung von Amoben im Dickdarm, Virchows Arch. f. path. Anat.*, 1875, LXV, 196.

<sup>43</sup> Axtell, W. H.: "Amoebic Dysentery Contracted in the Arctics of Alaska: Report of a Case." *Northwest. Med.*, 1911, N. S., III, 51.

*coli* by the fact that the pathogenic form usually has not more than four nuclei in the encysted stages, whereas *Eutameba coli* shows typically eight nuclei; for the positive differentiation between these two species it is important to distinguish the encysted forms. This difference is absolute. The following are relative: The pathogenic forms are (1) larger size, (2) greenish color, (3) distinct hyalin, with refractile ectoplasm, (4) have a faint nucleus, (5) many vacuoles and red blood cells, (6) marked motility, with pseudopodia of clear ectoplasm.

*Eutameba histolytica* is an obligate parasite. It has a comparatively simple life cycle, with no free living stage. The motile amebae are very frail, but the encysted form which appears later in the disease and in carriers is more hardy. The encysted form is infective and dangerous. It is specific for man. Kittens may be infected by injecting the infectious material directly into the cecum.<sup>44</sup> None of the parasitic amebae have yet been successfully cultivated upon artificial media.

Emetin, one of the alkaloids of ipecac, is quite as specific for amebic dysentery as quinin is for malaria. Large doses of ipecac have been used for many years in the treatment of dysentery, particularly by English practitioners in India. The difficulty has been in inducing patients to retain a sufficient amount of the drug by the mouth. Pelletier, in 1878, described an alkaloid in ipecacuanha which he called "emetin." Rogers in 1907 demonstrated that this alkaloid would rapidly cure an amebic hepatitis in the presuppurative stage, and thus prevent the formation of liver abscess. Rogers first used emetin subcutaneously in June, 1912. It is now clear that emetin, when so administered, promptly causes a disappearance of the motile forms of the ameba from the feces, but has no effect whatever upon the encysted forms; it promptly relieves the symptoms, but does not cure or prevent ameba carriers; it does not prevent relapses, but cures them when they occur. Emetin hydrochlorid is given intramuscularly in doses of about  $\frac{1}{2}$  grain every 3 hours for 3 to 6 days; repeated if necessary. Emetin-bismuth iodid and also Chapparo amargoso are useful.

The prevention of amebic dysentery consists in a search for and control of carriers, also mild, latent and chronic cases. These should be treated with injections into the colon of solutions of quinin, kerosene and other amebicides. Emetin does not kill the encysted stage, and hence will not cure carriers.

**Contrast between Bacillary and Amebic Dysentery.**—There are fundamental distinctions between these two diseases, which are summarized in the following parallel columns:

<sup>44</sup> Sellards and Baetjer, *Am. Journ. Trop. Dis. and Prev. Med.*, II, 4, October, 1914, p. 231.

BACILLARY DYSENTERY	AMEBIC DYSENTERY
Cause— <i>Bacillus dysenteriae</i> .	Cause— <i>Entamoeba histolytica</i> .
An acute, febrile, self-limiting disease with severe toxemia. (Sometimes very mild.)	An insidious and chronic infection, often afebrile, and little or no signs of toxemia. (Sometimes acute with fever.)
Lesions are diffuse in the large intestines, and sometimes occur in the small intestines. Varies greatly in severity.	Lesions localized in large bowels, never in the small intestines. Ulcers undetermined.
Few sequelae.	Liver abscess common sequela.
Incubation—2 to 7 days.	Prolonged and variable.
Definite immunity.	No immunity.
Chief cause of infantile "diarrheas."	Uncommon in children in the temperate zone.
Vaccines are protective.	No specific prophylactic is known.
Temporary active carriers play a rôle, but probably are not the chief agent in spread. Chronic carriers are rare.	Chronic carriers frequent and play chief rôle in spreading infection.
Epidemics frequent and often widespread. Frequent outbreaks in institutions. The disease is called jail, asylum, camp, and ship dysentery.	An endemic disease; does not occur in epidemic outbreaks.
Most prevalent and most severe in tropical and subtropical countries. Widespread in temperate climes.	Same geographic distribution; less common in temperate and cold climes.
Mode of spread—like typhoid; water, milk, food, flies, fingers, contacts, carriers, etc.	Spread by intimate personal contact. Water, milk, and food outbreaks not known.
No specific cure.	Emetin cures symptoms.

Dysentery should be included in the notifiable diseases and laboratory aid furnished by Boards of Health to assist diagnosis. Cases should be isolated in the same sense that cases of typhoid are isolated, and disinfection practiced at the bedside. Outbreaks in institutions should always be investigated and vigorous measures taken to check further spread and to prevent recurrences. In all respects the prevention of dysentery is a close parallel to that of typhoid.

**HOOKWORM DISEASE***(Uncinariasis or Ancylostomiasis)*

Theoretically the prevention of hookworm disease is comparatively simple, for here we have an infection of which we know the parasite and its life history, its mode of exit and entrance into the body, and we possess a satisfactory cure for the disease within reach of all. Practically, however, we have ignorance, apathy, poverty, and uncleanness to deal with before satisfactory prevention, much less eradication, can be achieved. It is now plain that hookworm disease presents a sanitary problem of first magnitude, not alone in our southland, but in practically all tropical and subtropical countries. Further, there is a large economic and industrial aspect to this question in medical biology.

**Distribution.**—Hookworm disease encircles the globe in the tropical and subtropical climes; it diminishes toward the temperate regions. It is not endemic in the colder latitudes, except in mines, especially those of Wales, Germany, Netherlands, Belgium, France, and Spain. The infection belts the earth in a zone about 66° wide, extending from parallel 36 north to parallel 30 south latitude. The amount of infection is great in American Samoa, where it is found in 70 per cent. of the population; in the southern two-thirds of China, in 75 per cent. of the population; in India from 60 to 80 per cent. of the 300,000,000 population have the worms; in Ceylon, 90 per cent. in many parts; in Natal, 50 per cent. of the coolies on sugar and tea estates; in Egypt, 50 per cent. of the laboring class; in Dutch Guiana, 90 per cent. in many parts; in British Guiana, 50 per cent. of all; in Colombia, 90 per cent. of those living between sea-level and 3,000 feet, which includes most of the population; in 1904 the Porto Rican Anemia Commission found that 90 per cent. of the rural population of that island were infested. Stiles estimates that in this country 2,000,000 individuals have the parasites from the Potomac to the Mississippi, along the Atlantic littoral and the Gulf states. In some German mines from 30 to 80 per cent. of the miners have been found to be infested. Gunn<sup>45</sup> has shown that from 50 to 80 per cent. of those working in the California mines harbored hookworms in 1911. It is probable that all the older mines employing foreign laborers sooner or later become endemic foci.

In 1879 an outbreak of hookworm disease occurred among the laborers in St. Gothard's tunnel and was called miner's anemia. This aroused the interest of the scientific world. The polluted soil of the tunnel was found to be impregnated with the eggs and larvae. Interest in the disease in this country was aroused through the work and enthusiasm of Stiles.

<sup>45</sup> *Jour. A. M. A.*, Vol. LVI, No. 4, Jan. 28, 1911, p. 259.

**Species of Hookworm.**—Many mammalian animals have hookworms, but in general each host species has a different kind of hookworm; that is, the hookworms of the dog, sheep, horse, the seal, etc., differ from each other, and are specific. The common hookworm of the dog in this country will not infest man; the hookworms of man do not as a rule develop to maturity in the lower animals.

Three species<sup>46</sup> of hookworm are found in man—the old world form (*Ancylostoma duodenale*) and the Ceylon hookworm (*Ancylostoma ceylanicum*); and the new world form (*Necator americanus*). The distinction between these worms has a zoölogical rather than a practical bearing, for all three produce the same symptoms, require the same treatment, have the same life history, and call for the same preventive measures.

The chief differences between the two genera of hookworms of man consist in the fact that *Ancylostoma* has one pair of ventral hooks, two conical dorsal teeth, and the posterior ray of the caudal bursa divides two-thirds its way from the base, and each division has three tips (tripartite), while *Necator* has ventral lips, a dorsal median tooth, one pair of dorsal and one pair of ventral lancets deep in the buccal capsule, and the posterior ray of the caudal bursa divides at its base and each division has two tips (bipartite).

According to Stiles, the vast majority of cases of hookworm disease in man in the United States are due to the new world form (*Necator americanus*).

**Modes of Transmission.**—The usual mode of transmission, perhaps in 90 per cent. or more of the cases, is through the skin. The embryos may also be taken by the mouth in drinking water or solid food, or from contaminated objects, such as dirty fingers. It has been shown by experiment that animals can be infected by drinking water containing the embryos. While this source of infection plays a minor rôle, it is not to be disregarded.

The infection leaves the body exclusively in the feces, which contain the eggs of the parasite.

**The Parasite.**—For a correct understanding of the prevention of hookworm disease it is necessary to have a knowledge of the essential features of the life history of the parasite.

Hookworms are round worms (nematodes) belonging to the supra-family *Strongyloides*. The adult worm is about one-half to three-quarters of an inch long, and about the diameter of a wire hairpin.

The adult hookworm lives in the intestinal tract, usually in the small intestine. It attaches itself to the intestinal wall, wounds the mucosa, sucks blood, eats the epithelium, and probably produces a toxic substance which injures the host.

<sup>46</sup> Two genera—*Ancylostoma* and *Necator*.



The female worm lays a prodigious number of eggs in a never-ending stream, which pass from the host in the feces. The embryo does not mature within the egg except in the presence of oxygen. Hookworm embryos, therefore, do not undergo full development until the eggs are discharged into the outer world. On the other hand, *Strongyloides stercoralis*, the parasite of Cochin-China diarrhea, develop embryos which escape from the shell and are passed in the stools. The hookworm embryos become mature within the egg in 6 to 8 hours in the presence of favorable conditions of moisture, warmth, and oxygen. It is, therefore, necessary to



FIG. 14. — HOOKWORMS, NATURAL SIZE.

examine the fresh stools in order that this difference between the two infections may be of value in differential diagnosis.

Under favorable conditions the hookworm embryo escapes from the egg and becomes a larva in about 24 hours. This free-living embryo exists and moves in moist soil and feeds upon the organic matter found there. In the course of two days or more it sheds its skin (undergoes ecdysis) and thus passes to the first molt. The resulting larva continues as a free-living parasite, and in about a week again sheds its skin, but now continues to live encysted inside this discarded skin. This is the second ecdysis and this encysted larva no longer takes food. This stage in the life history of the parasite is of special importance for the reason that it is capable of piercing the skin; that is, it is the infecting stage. In this condition the parasite may continue its free living existence for 5 to 12 months, perhaps longer. The larva has a slow motion and under favorable conditions probably travels a number of yards, increasing the radius of soil pollution.

The hookworm larva passes in all through four ecdyses or molts. Two of them occur during its free-living stage and two of them during its residence in the host. With each ecdysis the larva approaches more nearly the appearance and structure of the adult worm.

The larva pierces the skin and passes by a circuitous route to the intestinal tract. The parasite may enter the skin at any place, but it usually goes through the soft and thin skin between the toes. In its



FIG. 15.—HOOKWORM EMBRYO.

passage through the skin the larva produces an inflammatory reaction (ground-itch) which results partly from the irritating action of the presence of the foreign body, but mainly from the bacteria carried along with the larva. These primary lesions may consist of a few itching papules or pustules to a severe dermatitis. Of 4,741 patients questioned by Ashford, King, and Guterrez in Porto Rico, 4,664, or about 98 per cent., gave a history of ground-itch, which is now recognized as the first stage of the disease.

The fact that the infection with hookworm disease is usually contracted through the skin was discovered by Looss in Cairo, Egypt. He also unraveled the course of the parasite from the skin to the intestine. This brilliant discovery, which is one of the romances of medical biology, is the foundation upon which prevention against the infection depends. In 1895 Looss accidentally spilled a drop of water containing many encysted larvae upon his hand, and noted that they disappeared, leaving their delicate sheaths behind them. Seventy-one days subsequently he developed intestinal uncinariasis. The experiment was then repeated upon a volunteer, and hookworm eggs appeared in his stools in 74 days. Claude Smith found eggs in the feces 6½ weeks and 7 weeks after experimental skin infection on two persons with the American parasite (*Necator americanus*).

The wanderings of the parasite from the skin to the intestine were worked out by Looss partly by placing larvae upon an amputated leg and also by studying the question upon puppies. The hookworm larva usually pierces the skin through a hair follicle, enters the subcutaneous tissue, and then finds its way through the lymphatics to the neighboring lymph nodes. The larvae are able to squirm through the lymph nodes, pass to the thoracic duct, and thence to the vena cava and the right heart. From the right heart they are carried in the blood stream to the lungs. The larvae are too large to pass the capillaries of the lungs. They pierce the capillary walls and appear in the alveoli and are now, to all intents and purposes, again in the outer world. They pass up the bronchi and trachea to the throat, whence they are swallowed, and finally lodge in the small intestines. During their travel through the body they pass through two ecdyses.

The adult worm attaches itself to the mucous membrane by means of the powerful buccal lancet. The epithelium is drawn into the buccal cavity as though by a powerful suction. The worms are usually found in the small intestine, especially in the jejunum, less often in the duodenum, and rarely in the ileum and lower reaches of the intestinal tract; they are occasionally met with in the stomach.

The parasites imbibe large amounts of blood, some of which passes through the worm unaltered. The wound continues to bleed after the worm releases its hold, owing perhaps to a hemolytic substance in the

month parts of the parasite. The worm does not remain fastened to one place indefinitely, but releases its hold and attaches itself anew. This produces numerous minute wounds, favoring secondary infections. The hookworm probably produces a poison which is absorbed and which accounts, in part, for the anemia and other symptoms of the disease. The severity of the symptoms probably bears a definite relation to the number of worms. A few hookworms rarely produce clinical evidence of their presence. The number varies greatly in individual cases; from one or two to thousands. Sandwith counted 250 worms and 575 bites in one case; 2,000 worms are not an uncommon number. The Porto Rican Anemia Commission counted as many as 4,600 passed by one individual.

**Immunity.**—There is no acquired immunity to this disease. There is, however, a racial resistance to the effects of the infection, as shown by the negroes and the Filipinos, who are often infested but have comparatively slight symptoms. Stiles found that in this country the negro is a reservoir for hookworm disease in that while he is frequently infected he is but slightly affected when compared with white patients. Perhaps the negro has had the disease so many generations in Africa that he has become relatively immune. It is conjectured that the infection was brought to America through the negro slave trade. Hookworm disease lowers resistance and greatly increases the effects of other infections, especially tuberculosis. The secondary results are often more disastrous than the primary effects.

**Resistance of the Parasite.**—The adult worm in the intestinal tract may be benumbed or killed with thymol, betanaphthol, chloroform, chenopodium, eucalyptus oil, and other vermifuges.

From the standpoint of prevention, it is more important to know the resistance of the eggs and larvae during their free-living stages. Stiles and Gardener have shown that the soil under and around privies is not entirely free from infection with hookworm even five months after the privy was last used, although the infection is considerably reduced at the end of four months. When the fecal matter has undergone decomposition under water most of the hookworm eggs are dead in about ten weeks, though some still survive, but probably all are dead in three months. It would not be safe to use such material as a fertilizer in less than three months. The encysted larvae may live in water several months.

The larvae are readily killed by dryness and freezing. The infection was once considered to be dust-borne, but the fact that the parasites are killed by drying renders the danger from dust negligible. The fact that freezing kills the eggs and larvae largely explains why the disease is not endemic in this country north of the Potomac.

It has been shown that chlorinated lime fails to kill hookworm eggs in 23 to 40 hours. Schüffler kept the larvae alive almost four months in

water with two or three drops of a one per cent. quinin solution to 10 c. c. Oliver found that sea water killed the larvae in 37 minutes.

**Prevention.**—The prevention of hookworm disease consists in preventing pollution of the soil and in treating existing cases so as to diminish the amount of infection. The principles of prevention are easy in theory, but their application is difficult in practice on account of the widespread and enormous amount of the disease. The suppression of hookworm disease means the social and economic uplift of nations, the education of millions of people, and an entire change in their daily hygienic habits. Education of the masses is an important factor, calling for coöperation between the health authorities, civic forces, the medical profession, schools, and philanthropic agencies; it is something for the preacher and teacher.

*Soil Pollution.*—The prevention of soil pollution is the essential factor; it is the key to the situation. This one line of prevention could blot hookworm disease out of existence. This requires not only the building of proper privies, and insisting upon their being used in country districts, but also the Mosaic method of burial of feces when defecating in fields or woods.<sup>47</sup> In warm countries direct pollution of the soil is much more common and also much more dangerous than in cold countries. Add to this the custom of going barefooted and we have all the factors necessary for the dissemination of hookworm infection.

Stiles estimates that about 50 per cent. of the rural homes in the South are without privies. Even many schools and churches do not have these accommodations, and are, therefore, hotbeds of infection. For the care and disposal of night soil see chapter on Sewage.

*The Eradication of the Infection in Man.*—Hookworms may be expelled from the intestinal tract by the use of thymol, oil of chenopodium, betanaphthol, or certain other anthelmintic. The eradication of the infection through the treatment of all infected persons is an essential factor in preventive measures.

*Thymol.*—The usual treatment is as follows: Saturday evening a full dose of magnesium sulphate is given to permit direct access of the thymol to the worms, which are often imbedded in the mucus or chyme. The object is to treat the parasite and not the host. On Sunday morning, at 8 o'clock, 2 grams (30 grains) of thymol, for an adult, finely powdered in capsules, are given by the mouth. Two hours later, at 10 o'clock, 2 more grams are administered; and at 12 o'clock another dose of salts (never castor oil). On account of occasional cases of idiosyncrasy to thymol, Stiles prefers to divide the total dose (60 grams for an adult) into three portions,

<sup>47</sup>The cat usually buries its feces and as a result it rarely has hookworm infection; dogs do not usually bury their feces and as a result hookworms are common in these animals.

which are administered at 6, 7 and 8 o'clock, followed by salts at 10. The dose for children should be based upon the apparent rather than upon the actual age. During the treatment it is important to avoid alcohol, fats, and oils, as thymol is soluble in these substances and may, therefore, be dangerous, as they favor absorption. The treatment is repeated every Sunday until the eggs disappear. Usually two or more treatments are necessary. Roughly speaking, about one-half of the cases clear up in three treatments, 90 per cent. in five treatments, and it is necessary to administer drugs to the other 10 per cent. anywhere from 6 to 20 times, according to the case. A microscopic examination of the feces for eggs will determine when the treatment has been effective; this examination should not be made until a week after the treatment, as thymol frequently inhibits the egg-laying by the worm.

*Chenopodium*.—On account of the World War, the supply of thymol became nearly exhausted, and oil of chenopodium came into widespread use in hookworm disease. This drug is undoubtedly a powerful anthelmintic, but, like thymol, it should be used with discretion. Unfortunately it is not always of uniform strength and toxicity. If redistilled, the lighter distillate is more powerful as an anthelmintic and is less poisonous than the heavier distillate. There are many different methods of administering it, and authors are not agreed as to whether it is better to follow it with salts or with castor oil. Laboratory experiments by Hall are distinctly in favor of castor oil, but some prominent clinicians prefer to use salts. It is important to recall that chenopodium inhibits peristalsis, hence increases constipation; accordingly, prompt purgation is important in order to avoid poisoning. Chenopodium is also a cardiac and respiratory depressant and has an effect on the kidneys, occasionally producing nephritis. Despite these objections, it is an exceedingly valuable drug if properly used, and it bids fair to equal or surpass thymol in popularity. It is certainly preferred to thymol by the patients and it is more efficient against hookworm and *ascaris*. As it strongly inhibits oviposition the reëxamination of the stools for eggs should be postponed for 14 days after treatment. As it is cumulative in effect, the treatments should not be repeated oftener than once a week, better two weeks. Authors are not entirely agreed as to dosage, but experience seems to indicate that the total daily maximum dose for an adult is 3 c. c., and that half the maximum dose (1.5 c. c. given three times in doses of 0.5 c. c.) is best as a routine vermicide. The International Health Board<sup>48</sup> uses 1.5 c. c. in 2 doses; thus, 0.75 c. c. at 6 A. M., 0.75 c. c. at 8 A. M., and a large saline purge at 10 A. M. No preliminary dieting is necessary. Oil of chenopodium will eliminate 90 per cent. of hookworm and *ascaris*. Detailed tables of doses for the different

<sup>48</sup>Darling: *J. A. M. A.*, Feb. 23, 1918, LXX, p. 499; also, *Lancet*, 1920, II, 69.

age groups have been worked out by several authors: for instance, 2 to 12 years, 1 minim for each year minus 1 minim (example, 6 years, 5 minims); 13 and 14 years, 13 minims; 15 to 16 years, 16 minims; 17 to 18 years, 20 minims; 19 to 20 years, 24 minims.

**Plan of a Hookworm Campaign.**—The eradication of the infection in man was carried out on a wholesale scale by the Porto Rican Anemia Commission, consisting of Ashford, King, and Gutierrez. Their methods were highly successful and have served an equally useful purpose in other places. They established a clinic for the microscopic diagnosis and free treatment of the disease. The good results of treatment spread rapidly, so that the facilities of the clinic were soon taxed to its utmost capacity. Not the least important function of the clinic was to educate the profession as well as the people. In a little while the clinic was moved to another point, and so on, until it gradually covered the entire island. The same general plan was used in the south and is used now in various other parts of the world, especially by the International Health Board.

**Education.**—Education is one of the most important factors in eradicating hookworm disease, for the reason that its final control depends upon improvements in the sanitary habits of the people, especially in the rural districts. To change the daily habits of half a nation is an uplift that requires time and patience. It is perhaps best to begin with the school children; even then it will take a generation for results. Very little can be accomplished by force, and, if the customs and prejudices of the people are ignored, the reformer and benefactor meet with rebuff and failure. It is a good idea to have a public health day or a public health week in the schools, during which time lectures and educational work upon hookworm, typhoid, tuberculosis, and other prevalent infections are considered. The children carry the lesson into the home. Pamphlets, posters, lectures, exhibits, and popular articles in the magazines and newspapers all contribute their share. The medical profession in the infected areas may need instruction and a little prodding to awaken interest in the problem. In the popular education on health matters the medical profession should lead, especially through the health authorities. This has also become one of the manifest duties of the practitioner.

**Cleanliness.**—After all, the prevention of hookworm disease is a question of decency and cleanliness. Water sometimes carries the infection, hence it should be clean or cleansed by filtration or boiling. Soiled hands may carry the infection to the mouth, hence they should be washed before eating. Vegetables fertilized with night soil may be infected. This practice is not clean and should be forbidden, especially in the case of those vegetables usually eaten raw. With cleanly habits there would be no soil pollution, and the disease would be checked.

**Personal Prophylaxis.**—Personal prophylaxis consists in wearing

shoes and otherwise avoiding contact with the infected soil. Miners, brick makers and others compelled to work in infested soil may wear gloves. Other measures, such as boiling the water, eating only cooked or clean food, washing the hands, and avoiding the infected area, have either been dwelt upon or are too obvious to need further emphasis.

*Immigration.*—An important factor in the spread of hookworm disease in the United States is immigration. Every country that brings laborers from hookworm regions is bringing in a constant stream of infection. California has established quarantine measures against Indian coolies, 90 per cent. of whom are infected.

**Collateral Benefits.**—The best part of a hookworm campaign is the collateral good it does. This applies as well to a sanitary campaign directed against almost any disease. The suppression of hookworm disease will diminish the amount of tuberculosis, typhoid fever, dysentery, and other infections. Thus, in Bilibid prison, Manila, the death rate was formerly excessive—234 per thousand when the Americans took charge. This was reduced to 75 per thousand by sanitary measures, such as boiled water, screens, disinfection, improved food, less crowding, better air, more sunlight, etc., but despite these sanitary improvements the death rate could not be hammered down below 75 per thousand. Then it was found that many of the prisoners were infected with hookworms. Thymol was administered and the death rate fell to 13.5 per thousand. Schapiro<sup>49</sup> found that treating hookworm disease on plantations in Costa Rica caused an increase in earning capacity and in acreage cultivated. On one farm, the laborers earned 27 per cent. more, and on another 14.6 per cent. more. Another farm cultivated 33 per cent. more coffee with the same number of laborers, at a lower unit cost. He also noted a reduction in morbidity and infant mortality.

Another instance of the collateral benefits resulting from sanitary work is the plague campaign in San Francisco, which cut typhoid fever in half, although no special attention whatever was paid to the latter disease. The purification of the water supply in Hamburg by filtration cut down the general death rate and diminished the morbidity of diseases not water-borne. One of the most encouraging phases of sanitary work directed against tuberculosis, typhoid fever, and hookworm disease is the assurance that a successful campaign will result in fundamental and permanent control or eradication of other communicable diseases. The prevention of tuberculosis deals especially with personal hygiene, and the prevention of typhoid fever and hookworm with the sanitation of the environment. The combination of the two, therefore, embraces almost the entire range of preventive medicine.

<sup>49</sup>Schapiro, L.: "The Physical and Economic Benefits of Treatment for Hookworm Disease." *J. A. M. A.*, Nov. 15, 1919, LXXVIII, No. 20, p. 1507.

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- For discussion of campaigns see especially the reports of the Porto Rican Commission, the Rockefeller Sanitary Commission (1910-14) and the International Health Board.
- For discussion of sanitary privies, see special bulletins on this subject by the U. S. Public Health Service, and by many, especially the southern state Boards of Health, particularly *Health Bulletin, N. C. State Board of Health*, V. 34, Nov. 7, 1919.



## CHAPTER III

### DISEASES SPREAD LARGELY THROUGH DISCHARGES FROM THE MOUTH AND NOSE

This group of diseases is the most prevalent and damaging of the infections to which flesh is heir. The respiratory diseases prevail more especially in temperate, cold and variable climates, but occur also in warm latitudes and even in the tropics. They are endemic everywhere, epidemics are frequent, and pandemics sweep the world like a devastating plague about once a generation. As a group, the respiratory infections are less well understood and hence less controllable than the intestinal diseases. In addition to the usual modes of spread by contact and through the discharges from the mouth and nose, the respiratory diseases may also be transferred in many other ways; thus, infection may be contracted in food and drink, by hand to mouth infection, or by fomites, such as cups, spoons and other things that are mouthed. Infection taken into the mouth and nose does not necessarily cause a respiratory disease, as, for example, cerebrospinal fever.

### TUBERCULOSIS

Tuberculosis is the most frequent and widespread of all the major infections. In this country 9 per cent. of all deaths, and in Germany 12 per cent., are caused by tuberculosis. The toll falls heaviest during the period of life of greatest usefulness—thus 30 per cent. of all deaths between the years of 15 and 60 are due to pulmonary tuberculosis alone. Naegeli, from a careful examination of a large number of bodies in Zurich, found evidence of tuberculosis in over 90 per cent. The lowest figures based on the evidence of pathologic anatomy are those of Beitzke, who examined 1,100 bodies in Berlin. In children under 15 he found evidence in 27.3 per cent., and in persons over 15, 58.2 per cent. The difference between Naegeli's figures and Beitzke's is due to a difference in the interpretation of the pulmonary scars and adhesions at the apices, and the small fibrous nodules in the lungs. Beitzke does not consider such lesions as of tuberculous origin, and leaves them out of his figures. If these were included, his percentage would also be very much higher. The frequency with which we become tuberculized is indicated by the

fact that 70 per cent. of persons more than 15 years old give the von Pirquet cutaneous reaction.

In the United States it is estimated that 160,000 persons die each year of tuberculosis.<sup>1</sup> Of the 100,000,000 people now living in this country, it is estimated that 9,000,000 are doomed to die of tuberculosis, unless the disease is checked. The loss in life and treasure is appalling. It costs the United States alone about \$500,000,000 annually. It is, therefore, most encouraging that preventive measures based upon modern conceptions of the disease as a communicable infection are beginning to give encouraging results.

The number of cases of clinical tuberculosis in a community may be estimated, according to Philip of Edinburgh, by multiplying the number of deaths from tuberculosis at a given time by 20. More conservative estimates in this country use 10 as a factor. Thus in 1911 there were 4,817 deaths from tuberculosis in Massachusetts, which would mean nearly 50,000 cases in the state during that year. About 1/5 of these are extrapulmonary, and about 1/5, or 10,000, need hospital or sanitarium care. Therefore, the number of deaths from tuberculosis multiplied by 2 gives an approximate estimate of the number of beds necessary to provide for the open cases. In the Framingham demonstration, Armstrong found 1 per cent. of the population had active tuberculosis, and 2.15 per cent. had active or arrested tuberculosis. From this it is estimated that in the United States at large the ratio of the known cases to deaths would be about 7 to 1 for active tuberculosis and 15 to 1 for active and arrested cases. In Cleveland, Ohio, 4.7 active cases were registered with the health department per death from tuberculosis.

Tuberculosis began to decline before the nature of the infection was known.<sup>2</sup> The decline is gradual. Modern methods have so far made little apparent impression upon the gross amount of the infection. The social and economic conditions of the mass of the population must be improved before any great decline in the mortality rate can be expected, as will presently be pointed out.

Tuberculosis is fast becoming, in fact already is, a class disease; it is more prevalent among the poor than the well-to-do. Hence the prevention of tuberculosis has become a sociologic problem. Poverty with its attendant hardships—poor food, bad housing, crowding, overwork and worry—diminishes resistance to the disease; while prosperity, which buys good food, rest, change of air and scene, choice of occupation, and diversion, increases our resistance to the disease, and avoids contact with the infection. An increase of wage or decrease in the cost of living;

<sup>1</sup> The death rate from all forms of tuberculosis in the registration area of the United States in 1917 was 146.4 per 100,000, and from tuberculosis of the lungs 128.9.

<sup>2</sup> Villamin in 1865 demonstrated by inoculation of rabbits that tuberculosis is an infectious disease; proven by Koch in 1882.

shortening the hours of work; improving the conditions of industrial hygiene; adding to the number of holidays; playgrounds, parks, and wholesome recreation, all help to increase our resistance against and diminish the prevalence of tuberculosis. Science has shown the way; it remains for society to apply the knowledge. "Social justice" is part of the program of preventive medicine.

A distinction should be drawn between *tuberculous*, which means a process due to the tubercle bacillus, and *tubercular*, which means tuberculous-like. The student should also keep in mind the difference between tuberculous *infection* and tuberculous *disease*, for only a small proportion of those infected develop clinical tuberculosis. If tuberculosis were an acute disease with a short period of incubation, its contagious nature would be as apparent as diphtheria or scarlet fever.

#### **The Difference between the Human and the Bovine Tubercle Bacilli.**

—There are at least three kinds of tubercle bacilli: human, bovine, and avian. The human and bovine varieties resemble each other closely; the essential difference lies in the fact that the human type is very pathogenic for man, but has little pathogenicity for cattle, rabbits, monkeys, and other animals. On the other hand, the bovine type is very pathogenic for almost all mammalian animals except man; it is pathogenic for man, but less so than the human bacillus. Even when large numbers of the human bacilli are injected into a calf, a general disease does not usually result; at most only a local lesion is produced. The critical test used in almost all laboratories is upon rabbits. When 0.01 milligram of a bovine culture is injected intravenously, or 10 milligrams subcutaneously, into a full-grown rabbit, generalized tuberculosis results in about 6 weeks; whereas 10 to 100 times these amounts of a human strain produce at most a slight localized tuberculosis. The culture must be young, that is, about 3 weeks old; it should be taken from solid media and weighed while moist.

The human bacillus grows luxuriantly upon culture media, covering the entire surface of the medium with a rich, dry, crinkled, mold-like vegetation. The growth of the bovine bacillus upon artificial culture media is more sparse, thinner, less extensive, and somewhat slower. According to Theobald Smith, who in 1898 pointed out the differences between these two types, the human bacillus produces in artificial culture media a different reaction curve from that produced by the bovine bacillus.

Morphologically the bovine bacillus is often shorter, plumper, and stains more uniformly than the human bacillus, which is ordinarily club-shaped, irregular, and stains with interrupted markings. The morphological and tinctorial characters are not sufficiently distinctive to distinguish one type from the other.

There are no specific differences between the tuberculins of bovine and human origin.

The *avian tubercle bacillus* is found most frequently in chickens and also in pigeons, pheasants, and guinea-fowl. Geese and ducks appear immune. The avian bacillus is quite pleomorphic and stains somewhat more readily than either the human or bovine types. The avian bacillus grows luxuriantly upon artificial culture media at 45° C. and even multiplies at temperatures as high as 50° C., which is in marked contrast to the mammalian types, which do not vegetate above 40° C. The avian bacillus grows rapidly, so that upon glycerin-agar or upon blood serum there is an abundant growth in 10 days, which consists of a white, moist, and greasy mass quite different in young cultures from the dried and crinkled appearance of the human type. Guinea-pigs show a decided resistance to the avian cultures, but rabbits are susceptible, although characteristic lesions do not develop. Chickens and pigeons may be infected with certainty by feeding, and it is probable that in nature avian tuberculosis is generally transmitted in this way.

Acid-fast bacilli are found in cold-blooded animals, and are also widely distributed in nature. They grow best at room temperature (20 to 30° C.), and are inhibited at blood heat. They are not pathogenic for warm-blooded animals. Some of these cultures are called *fish tubercle bacilli*, but their relationship to tuberculosis is doubtful.

**Bovine Tuberculosis in Man.**—Concerning bovine tuberculosis in man, we now possess definite knowledge which permits of precise statements. At one time the danger of bovine tuberculosis to man was greatly exaggerated. Koch went too far on the other side when he announced at London before the International Congress on Tuberculosis in 1901 that there was practically no danger of man contracting tuberculosis from cattle. Later Koch modified this dictum, for it was soon proved that the bovine bacillus has a certain amount of pathogenic power for man and that some of the tuberculosis in man is contracted from bovine sources. About 25 per cent. of all tuberculosis under 5 years is associated with the bovine bacillus. Fatal bovine tuberculosis is rare after the fifth year. The bovine bacillus is responsible for about 0.5 per cent. of all deaths due to tuberculosis.

Pulmonary tuberculosis in man is practically never associated with the bovine bacillus. Bovine tuberculosis in man is usually a disease of the lymph glands or bones—the lymph nodes of the cervical region and the lymph nodes in the abdomen being especially attacked. This is due to the fact that the portal of entry of the bovine bacillus is usually through the tonsils or the small intestines. Bovine tuberculosis may become a fatal infection in man when it is generalized through the blood in the form of acute miliary tuberculosis or when it localizes in the

meninges or other vital parts. About one-quarter to one-third of all cases of tuberculosis in children under 5 years of age is associated with the bovine type. It is probable that all these cases derive their infection through the ingestion of tubercle bacilli in cow's milk. There is little danger from meat, as it is usually cooked and tuberculosis of the muscles is very rare.

The following table<sup>3</sup> shows the relation between bovine and human tuberculosis in 2,527 cases:

These cases include all that have been published up to 1917, namely:

1511 cases collected by Park and Krumwiede (1912), which also include those of the British Royal Commission (1907-11), and those of Bulloch (1910).

356 cases of Eastwood and Fred Griffith (1914), (1916).

430 cases of Stanley Griffith (1914), (1915-17), (1916).

70 cases of Fraser (1912).

72 cases of Mitchell (1914), and

88 cases of Wang (1917).

2527 total cases.

COMBINED TABLE OF ALL CASES

CLASSIFICATION	Adults 16 years and over		Children 5 to 16 years		Children under 5 years	
	Human	Bovine	Human	Bovine	Human	Bovine
Pulmonary tuberculosis, including sputum .....	1000(a)	5	28	...	45	1
Abdominal tuberculosis.....	24	7(b)	13	17	29	34
Generalized tuberculosis.....	39	2	32	3	169	22(c)
Tuberculous meningitis.....	6	..	13	5	55	10(c)
Tuberculosis, genito-urinary.....	35	4	4	...	...	...
Tuberculous skin .....	12	3	4	6	2	...
Tuberculous cervical adenitis.....	62(d)	10	61(d)	76	18	75
Tuberculous axillary adenitis.....	6	..	8	...	4	...
Tuberculous bones and joints.....	82(e)	4	255(f)	61	89(g)	54(h)
Latent tuberculosis.....	2	1	2	2	4	1
Miscellaneous (other forms).....	5	2	...	1	...	2
	1273	38	420	171	415	199
Percentage of bovine infection at each age period.....	2.9		28.9		32.4	
Mixed strains reported by Park and Krumwiede.....	Total .....2,516 11					
	Grand total..2,527					

(a) Including 4 atypical strains.

(b) " 1 intermediate strain.

(c) " 1 mixed strain.

(d) " 1 atypical strain.

(e) Including 3 atypical strains.

(f) " 10 " "

(g) " 2 " "

(h) " 3 mixed strains.

<sup>3</sup> *Jour. of Path. and Bact.*, Apr., 1917, p. 131.

From a study of 1,038 of these cases we find:

16 years and over.....	686 cases	9 with bovine bacilli=	1.3%
Between 5 and 16 years....	132	“ “ “	=25.0%
Under 5 years .....	120	“ “ “	=49.1%

Many of the cases included in the above total were selected cases. The 436 cases studied in the Research Laboratory in New York, however, were not selected; of these cases the following were found associated with the bovine bacillus:

Diagnosis	Adults	Five to Sixteen	Under Five
Pulmonary tuberculosis.....	None	None	None
Tuberculous adenitis, cervical.....	4%	37%	57%
Abdominal tuberculosis.....	16%	50%	68%
Generalized tuberculosis.....	3%	40%	26%
Tubercular meningitis with or without generalized lesions.....	....	....	15%
Tuberculosis of bones and joints.....	5%	3%	....

Kossel's table also brings out the significant fact that in organs directly related to the digestive tract, like the lymph nodes of the neck and the abdominal organs, bovine bacilli are as frequent as human bacilli.

Eastwood and also Griffith<sup>4</sup> studied a series of 195 deaths from all causes, between the ages of 2 and 10 years. The results of these interesting studies are combined in the following table:

Age Periods	Number of Cases			Classification of Culture Isolated		
	Free from Tubercle Bacilli	Tubercle Bacilli Dead	Tubercle Bacilli Living	Bovine	Human	Mixed Bovine and Human
2—3 years.....	27	1	19	6	13	—
3—4 years.....	12	2	21	4	17	—
4—5 years.....	14	4	14	1	13	—
5—6 years.....	12	3	15	—	14	1
6—7 years.....	1	3	16	3	13	—
7—8 years.....	3	2	2	—	2	—
8—9 years.....	4	2	4	1	3	—
9—10 years.....	4	3	7	2	5	—
	77	20	98	17	80	1

It will be noted that of the total of 195 children, 118, or 60.5 per cent., showed evidence of tuberculous infection. The condition found in the 118 was as follows: In 92 (47.2 per cent. of 195 or 78.0 per cent. of 118) tuberculous lesions, verified by subsequent cultures, were found;

<sup>4</sup>Reports to the Local Government Board on Pub. Health and Med. Subjects. London, 1914, N. S.. 88. 1914.

in six (3.1 per cent. of 195 or 5.1 per cent. of 118) living bacilli were obtained in culture, but there were no tuberculous lesions; and in 20 (10.3 per cent. of 195 or 16.9 per cent. of 118) tuberculous lesions were present, but the tubercle bacilli apparently were dead. One of the interesting features of this investigation is that living tubercle bacilli may be present in children in the absence of lesions, and on the other hand, tuberculous lesions may be present while the bacilli responsible for them may be dead.

The more recent figures are well summarized by Griffith,<sup>5</sup> who analyzed 1,068 cases studied by the British Commission on Tuberculosis. Of this number, 803 showed human bacillus infection, 194 bovine bacillus infection, and 5 a mixed infection. Of various regions involved, the examination showed that bovine infections occurred as follows: Bones and joints, 19.7 per cent.; genito-urinary organs, 17.65 per cent.; cervical glands, 46.3 per cent.; meninges, 20 per cent.; scrofuloderma, 34.65 per cent.; lupus, 48.9 per cent. As to the age periods, bovine infection occurred as follows: during the first five years of life, 37.55 per cent.; from five to ten years, 29.45 per cent.; from ten to sixteen years, 14.66 per cent.; after sixteen, 6.25 per cent.

Woodward voices the prevailing opinion when he maintains that the more deeply we go into the subject, the bovine side of the question comes to take a larger and larger place, especially in connection with surgical and abdominal tuberculosis, not only in the child but even in the adult.

From the standpoint of our present knowledge we must consider that practically every case of bovine tuberculosis in man is ingestion tuberculosis, contracted from milk or fresh milk products. However, it may require favorable circumstances in the teeth, tonsils, intestines, or other portions of the digestive tube to permit the bacilli to penetrate. Oftentimes the bovine bacillus lodges in the glands but fails to set up disease on account of low virulence or resistance of the host. How the tubercle bacilli get into milk and the frequency with which it is infected are discussed on page 777.

Occasionally butchers and also pathologists at autopsies become infected with the bovine bacillus through wounds. These accidents furnish further experimental proof that the bovine type of the tubercle bacillus possesses a certain degree of pathogenicity for man, though in the adult it appears to be comparatively slight. Skin tuberculosis is usually benign.

<sup>5</sup> "The Bacteriological Characteristics of Tubercle Bacilli from Different Kinds of Human Tuberculosis." *Journ. of Path. and Bact.*, Feb., 1920.

## MODES OF INFECTION

There are two great sources of human tuberculosis: the principal source is man himself; the secondary source is cattle.

From man tubercle bacilli leave the body mainly in the sputum, where they are found in great numbers in all open cases of pulmonary tuberculosis. Tubercle bacilli may also leave the body in the discharges from any open tuberculous lesion wherever situated, especially in discharges from the lymphatic glands, bones, intestinal or genito-urinary tracts, or the skin. In open cases of pulmonary tuberculosis some of the sputum is swallowed and the bacilli appear in the feces, therefore any or all of the discharges from the body may be infective. But, from the practical standpoint of prevention, the bacilli in the matter brought up from the lungs are the source of the danger in the overwhelming majority of cases.

Practically all observers agree with Koch that *human sputum is the main source of human tuberculosis*. Whether the tubercle bacillus is usually transferred directly or indirectly, in moist or in dry state, by inhalation or ingestion, are questions still undetermined. The question at issue is a quantitative one; that is, how often are we infected by the direct aërogenic route, how often through the tonsils and upper respiratory passages, how often through the digestive tube, etc.?

**Aërogenic Infection—The Cornet-Koch Theory.**—The belief that tuberculosis is air-borne, that is, that pulmonary tuberculosis is a primary inhalation infection, has long been the natural and favorite theory, from the fact that the lungs are most frequently affected. This opinion was strongly expressed by Koch in 1884, and repeated by him in 1901, at the British Congress on Tuberculosis. For many years it found practically universal acceptance. Cornet taught that the tubercle bacilli entered the lungs in the dust of dried and pulverized sputum.

The evidence of pathologic anatomy strengthens the belief in the importance of aërogenic infections as the chief portal of entry. Thus, the studies by Ghon,<sup>6</sup> at the St. Anne's Children's Hospital in Vienna, indicate very strongly that the actual path of infection is by the air passages. Approximately 95 per cent. of 184 autopsies studied by him represent a primary localization of the bacilli in the lungs. On the other hand, it seems that direct aërogenic infection has been greatly overestimated, while some students of the subject go so far as to state it is of little or no practical importance. It is believed that very few bacteria suspended in the air actually reach the lungs, being caught on the moist mucous membranes of the upper air passages. Further, tuberculosis of the lungs is usually at the apex, which is not in the direct line that floating particles in the air would usually be mechanically carried. It is true

\* "Der primäre Lungenherd bei der Tuberkulose der Kinder," Berlin, 1912.



that dust under certain conditions may contain tubercle bacilli, but it is now known that this organism soon dies when exposed directly to the sun and air, and that the dust out of doors is not apt to contain many live bacilli, and when it does so the dilution must be enormous. It is different with house dust. Tubercle bacilli may live a long time in dark, moist places, but even here the danger cannot be as great as might be supposed when we study the nature of tuberculous sputum. This substance is usually tenacious and gummy, and dries into tough, glue-like masses, which are pulverized with great difficulty. It therefore seems unlikely that dust under ordinary circumstances would contain dangerous numbers of live tubercle bacilli. The danger from this source is further diminished when we consider that a large number of tubercle bacilli die in sputum even when protected from sunlight and other injurious influences. It is now known that even under most favorable conditions in artificial culture media the great majority, perhaps 99 per cent., of the bacilli die within three months. Transplants made from cultures over six months old usually do not grow. The danger of house dust containing live tubercle bacilli from a quantitative standpoint is, therefore, reduced; on the other hand, street dust raised by a March wind, or house dust raised by beating carpets or dry sweeping is a real peril.

A dusty atmosphere, even though it contains no tubercle bacilli, is, however, dangerous, in that it irritates the delicate mucous membranes and thus opens the door for infection.

One point of importance in this controversy is the experimental evidence that it requires very few tubercle bacilli by inhalation to produce the disease, whereas it may require hundreds and even thousands to cause infection by ingestion. Findel found that from 6,000 to 19,000 times as many tubercle bacilli are needed when fed as when inhaled, to produce the disease in guinea-pigs. This is given as a reason why infection via the digestive tract is comparatively rare in man.

Cornet and others have actually found live tubercle bacilli in the dust and upon objects of rooms where tuberculous patients are careless with their sputum. In one of Cornet's experiments 47 out of 48 guinea-pigs exposed to the dust produced by sweeping a carpet with a stiff broom became tuberculous. The carpet had been purposely infected with tuberculous sputum shortly before. Dust containing tubercle bacilli may also enter the atmosphere from soiled linen, upholstery, handkerchiefs, and other fabrics containing the dried tuberculous sputum. Tuberculous dust may also be stirred up by walking over floors and dragging the infection by ladies' skirts. Crawling infants and playing children are exposed to especial danger of infection. They get the fresh virulent material on their hands, which are then carried to the mouth. It is now believed that in most cases of tuberculosis the infection is contracted in childhood, but the disease develops later.

**Droplet Infection.**—When it was found that the danger from dust theoretically was not as great as was supposed, Flügge called attention to the fact that in speaking, coughing, sneezing, and in other violent expiratory efforts the fluid contents of the mouth are sprayed into the air in the form of a fine mist. These tiny droplets contain tubercle bacilli or germs of any other infection that may be in the mouth. Ordinarily these droplets are only carried 2 or 3 feet, but under exceptional circumstances may be carried 30 or 40 feet or more; however, at these distances the dilution is enormous and the danger, therefore, much diminished. The tubercle bacilli contained in the droplets sprayed from the mouth are fresh and virulent, and may land directly upon the mucous membranes of the healthy individual or may be conveyed indirectly through food, fingers, and other objects. There is danger from droplet infection, but it cannot be the usual mode of transmission in tuberculosis from the nature of the circumstances. The danger from droplet infection is increased by close association with the patient in stuffy, ill-ventilated rooms, especially if the individual does not take proper care in coughing and sneezing. For a further discussion of droplet infection see pages 461 and 940.

**Ingestion Infection.**—Little by little the view gained ground that some cases of tuberculosis, particularly in children, might be due to bacilli entering through the mucous membrane of the alimentary canal. Now we recognize that much of the tuberculosis in children comes through the alimentary tract. Many years before the discovery of the tubercle bacillus Chauveau (1868) was inclined to the belief that the alimentary canal may be the portal of entry in tuberculosis. Woodward in 1894 maintained that the infecting bacilli might reach the lungs through some part of the alimentary canal. He drew attention to the fact that in many children, and also in animals fed on tuberculous material, the lungs may be markedly affected. He traced the course of the infection through caseous or old calcareous mesenteric glands up through the diaphragm to the posterior mediastinal glands, and so to the lungs. Still in 1899 analyzed 259 fatal cases of tuberculosis occurring in the Hospital for Sick Children, London, and concluded that the infection had occurred through the alimentary canal in 20.5 per cent. of the cases. Shennan in 1900, dealing with 316 autopsies at the Royal Hospital for Sick Children in Edinburgh, found this ratio to be 28.1 per cent.

There is no doubt that the lungs are more or less involved in all cases of generalized infection, especially in children, but these are not cases of pulmonary tuberculosis (phthisis) in the usual meaning of the term. Children rarely have phthisis. It is phthisis or pulmonary tuberculosis which causes 87.5 per cent. of all the mortality from tuberculosis and whose mode of origin is now in question.

Behring in 1903 maintained that the tubercle bacilli might be taken

up from the intestine and pass through the mesenteric glands, so gaining access by the blood stream to the lungs without leaving any lesion in the gut or glands to mark the portal through which they had entered or the route by which they had traveled, and that pulmonary tuberculosis was commonly caused in this way. Behring's theory of the origin of phthisis did not find a ready acceptance. Nevertheless, the belief that phthisis may be caused by bacilli which have been swallowed and absorbed from the digestive tube gradually gained ground. Vallée in 1904 concluded from his own investigations that ingestion of dust or food infected with tubercle bacilli was the quickest and surest method of infection. A little later Calmette (1905), of Lille, appeared as a strong supporter of this view. Calmette went so far as to assert that the immense majority of cases of pulmonary tuberculosis in man are caused by ingested bacilli and not by inhalation. Whitla, in 1908, and Symmers repeated some of this work and became converted to Calmette's doctrine, and these views have gained a number of adherents. Cobbett (1910) considers that the ingestion theory is based on a slender substructure of experiments from which too sweeping conclusions have been formed. Thus Calmette and his colleagues claim that even anthracosis is caused not by the carbon particles inhaled, but the particles ingested, which pass through the intestinal mucosa and lodge in the lungs. Cobbett showed the experimental error and demonstrated that India ink intimately mixed with cream is not absorbed in any great amount from the intestine, for the cream reappears of a normal color in the lacteals. He found, however, that feeding finely divided carbon matter caused traces of pigmentation in the lung and bronchial glands when long continued. Heller and Vulcanstein showed that the feeding of large amounts of coal dust never produces that grade of anthracosis which is found after the inhalation of much smaller amounts.

There is now sufficient proof to state definitely that tubercle bacilli, when taken in food or drink, may pierce the mucous membrane of the digestive tube and produce lesions in distant parts of the body. It is also demonstrated that the tubercle bacillus may thus travel without leaving macroscopic evidence of its passage in its wake. Fraenkel<sup>7</sup> and others have shown that the tubercle bacilli may pass through the uninjured skin of guinea-pigs, leaving no trace of their passage at the place where they had been rubbed upon the skin, yet causing tuberculosis of the internal organs. Tubercle bacilli remain alive in lymph nodes, as well as other organs, for 104 days (Bartel) without producing gross or visible changes. Ravenel and others have shown that tubercle bacilli may pass through the intestinal wall without leaving a trail behind them. It does not, therefore, necessarily follow that the seat of the primary lesion in tuberculosis is the site of the entrance of the infection.

<sup>7</sup> *Hyg. Rundschau*, XX, 15, Aug. 1, 1910, p. 817.

It is also claimed that, no matter how the tubercle bacillus reaches us, whether in dust or droplets, by kissing, or through fingers, flies, cups, handkerchiefs, or milk, it either passes through the tonsils or mucous membrane of the upper respiratory passages, or is carried into the intestinal tract and absorbed from the intestines. Viewed in this light, the portal of entry even in dust infection may be through ingestion rather than through direct aërogenic infection of the lungs. Experimentally it is easy to prove that tubercle bacilli given by the mouth may produce a generalized and fatal tuberculosis; thus, of 100 guinea-pigs given one large feeding of a bovine culture by Rosenau and Anderson, 99 died of tuberculosis. That infection by ingestion does not tell the whole story is judged from the fact that primary tuberculosis of the mesenteric nodes in man is not as common as we might expect. On the other hand, it is claimed that the tubercle bacillus may pass these lymph glands, leaving little or no trace behind them. Thus the work of Weichselbaum and his pupils, Bartel, Neuman, and Spieler, strengthens the importance of ingestion as the portal of entry. These investigators found that the tubercle bacillus produces, in addition to the specific tubercles, other lesions of a simple lymphatic hyperplastic character. These early lesions are called the "lymphoid stage" ("lymphoide stadium"). The recognition of this early stage is of importance in determining the point of invasion.

These investigators assume that the tubercle bacillus is carried from the mesenteric or the neck glands either through the lymphatics directly, or through the thoracic duct and the arterial circulation to the lungs and other tissues and organs of the body. The disease usually localizes itself in the lung because this organ presents the least resistance.

Weichselbaum believes that ingestion tuberculosis occurs much more often in man than is commonly supposed, and especially in children. He assumes that the tubercle bacilli may pass through the mouth, nose, or throat. It seems immaterial whether the bacillus is taken with food or other substances placed in the mouth, or is contained in the inspired air, or enters the mouth and nose through any other medium. The first lesions do not consist in the formation of specific tubercles, but in the so-called lymphatic tuberculosis. This stage lasts a variable time and may end in recovery or may lead to specific tuberculosis either through reinfection, or it may light up itself without a new infection. The specific tubercles may occur either at the portal of entry or in the lungs and bronchial glands or in other organs.

Behring (1903) brought forward the theory that alimentary infection occurs in the early months of life. The tender mucous membrane of babies permits the bacillus to pass readily. The bacilli remain latent in the tissues and acquire increased activity later in life. According to this

view tuberculosis of adults is the "end of a song, the beginning of which for the unfortunate patient was sung in the cradle."

It is clear from the evidence at hand that pulmonary tuberculosis may arise either by inhalation or by ingestion, but it is becoming increasingly clear that in most cases the bacilli enter the body through the mouth, throat and tonsils, which are common passages for air and food. Before a final judgment can be given concerning the usual channel of entrance of the tubercle bacillus, we will need more information on the subject. There are many other things about tuberculosis that are imperfectly understood. The disease needs further study.

**Flies.**—Under certain circumstances flies may readily transfer tubercle bacilli from exposed sputum to fingers, lips, or food. This may account for an occasional case.

**Water.**—Large quantities of tuberculous sputum that escape disinfection and an additional large number of tubercle bacilli in the excreta finally reach the drinking water. Nearly all persons with tubercle bacilli in their sputum, pass some of them in their feces. The tubercle bacillus is particularly resistant to putrefactive processes, and may live a long time in water. The use of contaminated water can, therefore, not be disregarded. Lawrason Brown found tubercle bacilli in the water of the Saranac River into which sewage from a sanatorium was discharged. A study of the vital statistics of Hamburg, Lowell, and Lawrence seems to show a diminution in tuberculosis following a purification of the water supply by filtration (Mills-Reineke Phenomenon, page 1148). It is clear, however, that tuberculosis is not ordinarily a water-borne infection.

**Infection in Childhood.**—Every child has numerous opportunities to become infected. Beginning with no infection at birth, a very small proportion of infants become infected by the end of the first year, as indicated by the von Pirquet skin tuberculin test. At the age of 2 years, the percentage is 10; at 4 years, 25 to 30 per cent.; from 5 to 10 years, about 50 per cent.; and by 15 years, from 60 to 70 per cent. Pulmonary tuberculosis is rare in childhood; glandular tuberculosis common.

The infant at birth has a clean bill of health. After a year, it becomes a quadruped and on all fours, so that it comes in close contact with sputum on the floor. Soon it drinks cow's milk, much of which contains tubercle bacilli. As the child grows, it continues in close contact with raw sputum in the dust and dirt of floors, streets, gutters and surfaces, so that it soon "eats its peck of dirt." At school, at play, and at home the ingestion of offal and filth of all kinds is repeated. The contact between child and child, and between child and adult is intimate, and of such a nature as to favor the spread of infection. The child at play, at marbles, at ball, at hoop rolling, at top spinning, at rope skipping, and in scores of other ways cannot help getting on its hands the sputum of others. Children have no inherent sense of cleanliness. Hand

to mouth infection becomes a hygienic problem of first rank. Children thus have frequent chances of acquiring tubercle bacilli from dust, dirt, milk, droplets, and other sources. Krause believes that the "schmutz and schleim" infection of Volland plays a major rôle in children, and that the adult disease is an expression of childhood infection.

**Contact Infection.**—The majority of cases of tuberculosis contract the disease through "contact." Contact infection is a general and convenient term; it implies the rather quick transference of fresh infection in which the bacilli pass from one individual to the other in a brief space of time and through a short distance. Contact infection may be either direct or indirect; through dust, through bacilli in the air, or through contaminated food, through soiled fingers or objects; through sputum smeared surfaces, as well as in numerous other ways. The infections transferred through kissing, pencils, pipes, toys, cups, and other objects all come under the convenient category of "contacts." Even infection through droplets is included in the present-day conception of contact infection. The term is a practical one, and implies close association, though not necessarily actual contact, between the sick and the well. Viewed in this sense, tuberculosis is a house disease or a family disease. With this conception it makes little practical difference whether the infection enters the body through the respiratory tract or the digestive tube. Either or both would be possible in regarding the disease as "contagious" in the sense of contact infection.

Dr. H. G. Lampson in his "Studies on the Spread of Tuberculosis in Five Counties of Minnesota" <sup>8</sup> came to the conclusion that 79 per cent. of individuals fully exposed for a long period of time to open cases of tuberculosis became infected. Only 28 per cent. of those partially exposed or exposed for a short period of time became infected. The percentage of infections from casual exposure such as everyone encounters, was small, 8 per cent. The more frequent infection of children is explained, at least in part, by their more intimate contact with the patient. At all ages, the intimacy and length of exposure are the determining factors.

Pollak states that the earlier the infection the more serious the outcome. This receives support from Wallgren's statistics, for out of 51 consumptives, 15 had been exposed during the first 5 years of life, whereas of the 13 healthy persons who gave a history of exposure, in but 1 case had that exposure been before the sixth year. It is now believed that the *infection* is usually received during childhood, but remains latent until adolescence or early adult life, when the *disease* becomes clinically apparent.

Although there is some doubt concerning the exact mode of transmission and the portal of entry that the tubercle bacillus usually takes, we

<sup>8</sup> *U. S. Public Health Reports*, Vol. XXX, No. 2, Jan. 8, 1915.

have sufficient knowledge to guide our preventive measures with every assurance of success. One thing is certain: tuberculosis is an infection spread mainly from man to man, usually because sputum in some form or other enters the mouth; and secondarily from cows, through milk.

### IMMUNITY

Man possesses a considerable resistance to tuberculosis. This is shown by the fact that many cases recover spontaneously and that 70 per cent. of all individuals who reach the age of 16 years and who spend most of this time in association with their fellowmen under the usual urban conditions have at one or more times been infected. The resistance to tuberculosis increases after middle life, due perhaps to the immunity which is induced by these prior infections. The rarity of conjugal phthisis is thus explained. There is probably no true racial immunity to tuberculosis. Some races show a smaller incidence to the disease, owing probably to modes of life, habits of nutrition, and conditions of exposure. Some of the white races seem to have acquired a certain degree of resistance through inheritance (?) and almost universal infection. All races long removed from civilization are particularly susceptible.

The human body is capable of taking care of a certain amount of infection without the development of clinical tuberculosis. The dose, that is, the number of tubercle bacilli and their virulence, is, therefore, a very important factor in determining the course of events. This may readily be demonstrated upon susceptible animals and is doubtless true of man. It takes at least ten tubercle bacilli to infect a guinea-pig. Frequent reinfections occurring at short intervals with small numbers of tubercle bacilli may break down the immunity. *In man the balance between immunity and susceptibility to tuberculosis is delicately adjusted: there is a very small factor of safety.* The resistance to the infection may be increased by attention to personal hygiene, fresh air, and good food; immunity may readily be broken down by any weakening influence; herein lies the keynote of personal prophylaxis.

The immunity to tuberculosis is not sufficiently strong to overcome a large amount of infection. As in all other infectious processes, the strongest and most robust individuals in the prime of life succumb to the disease in a short time if they receive into the tissues a large number of virulent tubercle bacilli. Hence the avoidance of the infection is one of the most important of our preventive measures.

Romer has shown that active tuberculous guinea-pigs resist a second small dose of tubercle bacilli. Krause confirmed these results on monkeys, and von Behring and Calmette on cattle. This indicates that a disease which is progressive within the body may ward off fresh infection from without. Superinfections may, however, occur under certain

conditions. Krause believes that tuberculous infection can occur once only during the life of man, and this usually takes place in childhood.

The frequency with which such diseases as measles, whooping cough, syphilis, typhoid fever and other infections are followed by tuberculosis makes us believe that most acute infectious processes diminish resistance to the tubercle bacillus. Syphilis predisposes to tuberculosis. A high percentage of adult consumptives give a positive Wassermann reaction.<sup>9</sup>

The mechanism of the immunity to tuberculosis is probably exceedingly complex. There is no antitoxic immunity. The tuberculins are not true toxins. Phagocytosis and cellular reactions play a very important rôle. Studies upon anaphylaxis throw a certain amount of light upon the mechanism of immunity in tuberculosis. The phenomenon of hypersusceptibility is beautifully illustrated in the action of tuberculin, which is a comparatively harmless substance to a normal individual, but produces a marked reaction in a sensitized individual. This reaction must be useful in protecting the body against the invasion of the tubercle bacillus, and also in guarding it against the spread of the disease after it has become localized. Thus, if tuberculin is placed upon a normal conjunctiva no reaction follows.<sup>10</sup> This first application, however, sensitizes the tissues of the conjunctiva so that, if the application is repeated after the lapse of a few weeks, there is a violent reaction. The same phenomenon doubtless occurs when a tubercle bacillus lodges in a lymph gland or in the lung or some other part of the body. The first time it meets with little resistance; the next time the tissues react immediately and vigorously. All of nature's protecting agencies, such as the germicidal substances in the blood, the phagocytic cells, and antibodies, are concentrated upon the point where they are most needed. In the same way the body protects itself against the extension of a tuberculous focus. The parts surrounding a tubercle become sensitized and react so as to encapsulate the focus with a cellular and fibrous coat of mail. This reaction is probably stimulated by small amounts of tuberculin produced within the tuberculous focus. When the tuberculin is not produced autogenously in sufficient amounts, as in chronic lesions of the bones, or inactive processes of the glands or skin, the specific reaction may be stimulated to advantage by the injection of small quantities of tuberculin. If, however, the tuberculin is given in too large amounts or too frequently, the power of reaction is readily broken down.<sup>11</sup> When this occurs the mechanism of immunity has been destroyed, there is little resistance left to the extension of the infection, and death soon occurs. Clinical experience has demonstrated the danger of large doses of tuberculin or small amounts too often repeated in tuberculosis. The same may readily

<sup>9</sup> See pages 59, 65, 581; also *J. A. M. A.*, April 27, 1918, p. 1211.

<sup>10</sup> Rosenau and Anderson, *J. A. M. A.*, Vol. I, March 28, 1908, p. 961.

<sup>11</sup> A state of anti-anaphylaxis is produced.



be demonstrated experimentally in the lower animals. These facts are of fundamental importance in the use of tuberculin both in diagnosis and therapy.

It is quite proper to deny dogmatically the hereditary transmission of tuberculosis in educational pamphlets for popular use. The infection is not transmitted hereditarily, although it occasionally passes from mother to fetus congenitally. Tubercle bacilli do not occur in the spermatozoön, and do not appear in the seminal fluid. They are not found in the ovum; in fact, a tubercle bacillus in the ovum would doubtless result in the death of the egg. The bacilli, however, may pass from mother to fetus through the placenta. Warthin shows that placental tuberculosis is more common than is supposed. The lesions in the placenta are not those of typical tubercle formation.

While the tubercle bacillus itself is rarely transmitted from parent to fetus, an hereditary tendency or disposition to the disease may be transmitted. We have no definite knowledge as to what this decreased resistance consists in; it may be a diminished power of reaction. For this view there is analogy in the experiments upon anaphylaxis in guinea-pigs, in which it has been shown that hypersusceptibility to a foreign protein such as tuberculin may be transmitted from mother to young.

A mild infection with bovine tuberculosis in early life seems to leave a certain degree of immunity against the human strain. At least, persons who have glandular tuberculosis of the bovine type in childhood are said to be less apt to have tuberculosis of the lungs in later life. Likewise, the human strain injected into cattle produces a definite immunity against the bovine type. Cattle may be immunized by the intravenous injection of 2 c. c. of a suspension of a pure culture of the human tubercle bacillus. This produces an immunity which probably lasts for 1 to 2 years. It should be remembered that the human bacillus under these circumstances remains alive for a very long time, and may appear in the milk provided there is a lesion in the udder. This presents a danger which cannot be disregarded.

Trudeau long ago showed that the only definite immunity that could be induced in experimental animals was through the use of live tubercle bacilli. Webb and Williams<sup>12</sup> have produced a certain amount of immunity in guinea-pigs and monkeys by the injection of small numbers of live tubercle bacilli. This procedure is not practical, even hazardous.

Calmette and Guérin have recently reported striking results on immunity to tuberculosis in cattle, produced by vaccination with tubercle bacilli of the bovine type, reduced in virulence by prolonged cultivation

<sup>12</sup> "Immunity in Tuberculosis," *J. A. M. A.*, Oct. 28, 1911. Vol. LVII, No. 18, p. 1431. Trans. 6th Int. Cong. on Tuberculosis, 1908, 210; also, Lieb, *Journ. Med. Res.*, 1910, XXX, 3; also, Lawrason Brown, Heise, and Petroff, *Journ. Med. Res.*, July, 1914.

in media containing bile. These authors in 1911<sup>13</sup> showed that guinea pigs, monkeys and cattle could tolerate large doses of tubercle bacilli attenuated by this method without acquiring generalized disease, at the same time developing a pronounced immunity to subsequent virulent infection by the intravenous route. In a series just reported,<sup>14</sup> cattle vaccinated with attenuated bacilli showed an immunity of 18 months' duration to the most intense exposure.

The injection of dead tubercle bacilli and their products long ago proved valueless. The injection of small doses of virulent bacilli has more than once proved dangerous. The work of Calmette and Guérin points in the right direction, for there is abundant evidence for the dictum of Krause that infection is a *sine qua non* of immunity in tuberculosis: "No resistance without tubercle." It appears that immunity to tuberculosis is not general, but quite specific.

### RESISTANCE OF THE VIRUS

We have no easy method of determining just when the tubercle bacillus dies. The criterion of death depends upon animal experimentation. The tubercle bacillus has no spore and may be classed with other non-spore-bearing organisms so far as its viability is concerned. Its virulence fades before it dies. It is doubtful whether the waxy substances protect the bacillus against external harmful influences to any unusual extent. The thermal death point is 60° C. for 20 minutes. This is much less than was once considered.<sup>15</sup> Failure to recognize the lesions produced by the dead tubercle bacillus is responsible for some of the false conclusions reached by experimenters upon this subject.

From a practical standpoint the resistance of the tubercle bacillus in sputum is of prime importance. Protected from the sunlight, it is now known that they may live in dried sputum for months. All the bacilli do not survive under these conditions, but we lack methods to determine the quantitative reduction.

The tubercle bacillus withstands cold very well. It has a marked resistance against putrefactive processes. It will live a year in water, which is a fact not to be neglected, as many tubercle bacilli finally find their way into drinking water, and occasional trouble from this source is possible.

For the destruction of the bacilli in sputum only very strong germicides or exposure to steam or boiling water should be depended upon. Burning is the most practical method for disposing of tuberculous sputum (see page 1434). Five per cent. carbolic acid is sufficient, pro-

<sup>13</sup> *Ann. de l'Inst. Pasteur*, 1911.

<sup>14</sup> *Ann. de l'Inst. Pasteur*, XXXIV, 553, 1920.

<sup>15</sup> The thermal death point of pathogenic microörganisms in milk. M. J. Rosenau, *Hyg. Lab. Bull. U. S. Pub. Health and Mar. Hosp. Serv.*, No. 42.

vided equal parts of sputum and solution are mixed and the exposure continued for 24 hours.

Sunlight is one of the best germicides and often destroys tubercle bacilli quickly. In direct sunlight the naked bacilli exposed directly die in a few hours; in diffused sunlight, in a few days. Tubercle bacilli imbedded in sputum masses may be protected against the germicidal action of the sun's rays. The time the bacilli may live under these circumstances is variable.<sup>16</sup>

### PREVENTION

Preventive measures are based upon two important facts: that tuberculosis is an infection mainly spread from man to man through tuberculous sputum, and secondarily from cattle through infected milk. Preventive measures fall into two categories: (1) avoiding the infection, and (2) increasing resistance through personal hygiene. Both are necessary. The infection may be avoided through segregation; the use of pasteurized milk, or milk from tuberculin-tested cattle; education; disinfection; proper disposal of tuberculous sputum; the avoidance of contact with open cases, especially with those who do not use proper precautions; early diagnosis, etc. Increased resistance may be gained through fresh air, good food, rest, and compliance with the dictates of personal hygiene. This part of the subject includes sociologic and economic reforms, without which the warfare against tuberculosis cannot succeed. Improvement in housing conditions, lowering of the cost of living, increase in the scale of wages, and all forms of uplift help secondarily to diminish the amount of the disease. Furthermore, it will be necessary to consider secondary agencies, as preventive clinics, health insurance, notification, open-air schools, day and night camps, etc.

It is well to remember that tuberculosis has gradually declined in England and also in Massachusetts since 1850—before the tubercle bacillus was discovered. The decline was gradual from 1850-1885, but quite pronounced since that date. (See Fig. 16.)

The causes of this decline have been much discussed. It may be due to better food supply at all seasons of the year, brought about by improved methods of transportation, and the general use of refrigeration and canning; it may be due to amelioration of social and domestic life; it may be due to better hygiene and sanitation; or, it may be due in part to the special antituberculosis measures. On the other hand, the decline may have been little influenced by any of the usually assigned causes, but may simply be a biological phenomenon indicating a falling off in the virulence of the tubercle bacillus, or, what seems less likely, an increased

<sup>16</sup> Von Bergen, *Schweizerische med. Wochenschr.*, Dec. 2, 1920, L, No. 49, p. 1120; also, Técon, *Paris Med.*, Jan. 3, 1920, X, 33.

resistance owing to specific immunization of the population. During recent years, there has clearly been a lessened mortality, but apparently an increased morbidity. In other words, the infection seems to be more prevalent, but the disease less fatal.

**Segregation—Sanatoria.**—Tuberculosis is a “contagious” disease, and it is now perfectly plain that one of the most important single preventive measures in this as in all other communicable diseases consists in isolation. A case isolated is a case neutralized, hence the great value to the

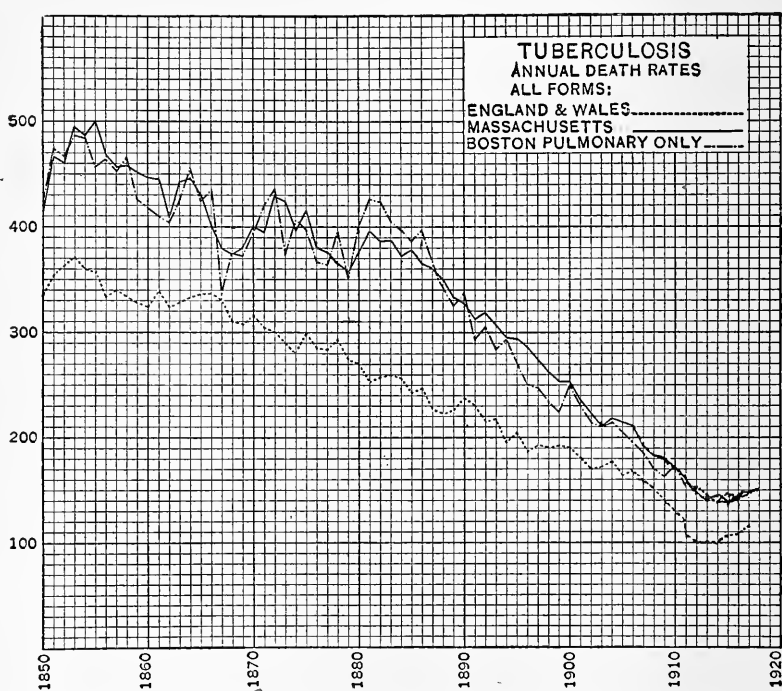


FIG. 16.—SHOWING THE DECLINE IN THE DEATH-RATE FROM TUBERCULOSIS. The decline is general from 1850 until 1882, when the tubercle bacillus was discovered, since which time the decline is sharper. Since 1910, the curve shows a tendency to stabilize.

community of sanatorium treatment. Isolation in this case refers only to those individuals having tubercle bacilli in their sputum. It should not be used as a terminal measure. Too often the door is locked after the damage is done. The power of forcible removal and isolation of the irresponsible, careless or indigent consumptive is essential to success. The isolation in tuberculosis need not go to the extreme practiced in the acute communicable fevers. In fact, we cannot for many years to come object to giving a case of open pulmonary tuberculosis restricted liberty, provided he is careful and cleanly and uses proper precautions in the disposal of his expectoration. When the disease

becomes less prevalent, more stringent and arbitrary measures may then be enforced.

Special measures must be taken to protect infants and children against the infection.

"Every case of tuberculosis isolated means an average of at least three less new infections." Sanatoria should, therefore, be attractive and as cheap as it is possible to run them. Free hospital care for the open cases is necessary, especially for the poor. Tuberculosis has diminished most in those countries where sanatoria are most in use.

Separate sanatoria<sup>17</sup> should be provided for the incipient cases and for the advanced cases. A sharp division is not always possible, for an incipient case may develop into an open case within a week, and, on the other hand, open cases may return to latency in a short time. It is better for each locality to have its own sanatorium than to provide large institutions which become unwieldy. Furthermore, tuberculosis, like other widespread infections, is largely a local problem. A distant sanatorium will neither attract, nor keep the chronic cases. Persons with tuberculosis need not necessarily go to a sanatorium with the object of remaining until cured. It is worth while if they go there but for a few months to learn the methods of treatment and the technic of prevention. While sanatoria should be well built and comfortable, extravagance is not necessary. Special police power to restrain the incorrigible consumptive in special detention wards or places is desirable.

**Tuberculosis Dispensaries.**—Every community should be provided with a dispensary for diagnosis, treatment, and for teaching the consumptive how to care for himself at home. Each dispensary should have at least one physician and a nurse with special experience in the problem. Much social service work can be done from such a dispensary, especially in following up cases after leaving the sanatorium. Dispensaries are necessary for early diagnosis,—one of the essentials for treatment and prevention.

**Anti-Tuberculosis Associations.**—Associations for the cure and relief of tuberculosis are essential parts of the problem, and such associations should be active in every community in order to obtain hospital accommodations for the advanced cases, sanatorium treatment for the hopeful

<sup>17</sup> Dr. Edward Trudeau went to Saranac in 1873 as a hopeless victim of consumption. All his friends were filled with horror at the idea of his going practically alone to die, as they believed, in the Adirondack wilderness, in a little town consisting of little more than a sawmill and half a dozen cabins, forty-two miles from a railroad. Dr. Trudeau did not die, however, during the winter of 1873, but grew very much better; and some ten years later, as a result of his experience, he founded the Adirondack Cottage Sanatorium, which in its primitive form consisted of a single house in which, with great difficulty, he persuaded two consumptive patients to live. That was the beginning of the demonstration in this country of the fresh-air treatment of tuberculosis, which Brehmer and others had introduced on the other side of the water. (Winslow.) Read Trudeau's inspiring autobiography.

cases, and advice for the incipient cases, to obtain and maintain dispensaries, district nursing and necessary legislation and help in the problem of education.

**Personal Prophylaxis.**—Personal prophylaxis consists in avoiding the infection and in obeying all the dictates of personal hygiene—that is, living a clean, normal, and temperate life.

Close association with persons known to have tubercle bacilli in their sputum is hazardous. This becomes especially dangerous when the contact is prolonged and intimate, such as working in the same room, especially if it is small and ill-ventilated, or living in the same house, sleeping in the same bed. The more intimate the association and the less care the tuberculous individual takes with the expectoration, the greater is the hazard. The danger diminishes somewhat with age; infants and children need special protection. The infection may further be avoided by refusing to drink from common cups, by taking care in placing objects in the mouth that do not belong there, by avoiding dusty atmosphere, and refusing to drink milk that does not come from tuberculin-tested cattle unless it is pasteurized.

Mechanical obstructions to breathing should be corrected, by surgical methods if necessary. Functional lack of proportion in the chest and lungs of young people favor infection, and every effort should be made to help the child to outgrow them. Breathing exercises and outdoor play are especially useful.

A generous diet is one of the best prophylactics against tuberculosis. Good nutrition is fundamental both in the prevention and cure of tuberculosis.

Resistance to the disease is increased by rest, fresh air, good food, sunshine, the avoidance of all depressing influences, such as worry, overwork, strain, intemperance, and excesses of all kinds. Attention should be given to slight colds and other conditions known to be predisposing causes to the disease. Tuberculosis is the one disease in which the measures of treatment and of prevention are to a large extent identical.

Conditions favoring tuberculosis are anemia and underweight, continuous overfatigue, recurrent colds, especially recurrent bronchitis, slow recuperation from any acute infection, whether influenza, measles or whooping-cough, prolonged septic processes, or typhoid fever. Syphilis is one of the predisposing causes of tuberculosis. It is well to remember that maturity of tissues, freedom from trauma, normal nutrition, and the absence of intercurrent disease or toxic influences are the important “factors of safety” on the part of the body.

Personal prophylaxis becomes the keynote of prevention when we recall that most of us become infected during childhood. It is, therefore, our problem to live so that the disease will not break out in adult life.

**Education.**—The prevention of tuberculosis, like all other widespread infections, depends for its success upon the education of the people. We are now in possession of sufficient information of a precise nature to place the facts in plain words before the public. This has been done in numerous excellent pamphlets<sup>18</sup> and popular articles in the daily press and magazines, through lectures, conferences, moving pictures, exhibits, and meetings, so that there is now a widespread understanding of the problem. The modern message in tuberculosis has been one of hope, in that the disease is curable; and one of fear, in that it is transmissible. The former has been a great encouragement and has added strength to the movement; the latter is also helpful, although it has run to extremes in some quarters. An unwarranted fear of tuberculosis (phthisiophobia) has subjected the tuberculous individual to severe hardships by branding him as a leper. Even cured cases of the disease may find difficulty in obtaining work. A wholesome regard for the infection is useful and helpful in preventive medicine, but an hysterical fear of tuberculosis is quite as unwarranted as a total disregard for the infection.

**Notification.**—Tuberculosis should be included among the list of diseases requiring compulsory notification. Without this important feature an adequate control of the disease cannot be effected. The objection to compulsory notification is based largely upon sympathy with the large number of individuals affected and the sensitiveness of the afflicted. Compulsory notification may occasionally result in individual harm, but is necessary for the communal good. The prejudice against notification in tuberculosis is rapidly being worn down, and successful reporting is part of the program of all up-to-date health administrators.

Tuberculosis is required to be reported in Maine, Michigan, Massachusetts (since 1907); many cities: Alameda, California; Asbury Park, N. J.; Boston, Buffalo, Cincinnati, New York, Salt Lake City, Trenton, Yonkers—also in Washington, D. C., Minneapolis, San Francisco, and Syracuse. The list is growing and the returns are gradually improving.

In England and Wales the notification of all forms of tuberculosis, whether in public or private practice, is obligatory, since Feb. 1, 1913. The information thus received is held as confidential.

**Disposal of the Sputum.**—As the tuberculous sputum is the principal source of the infection, it should be disinfected or disposed of so that it will be harmless to others. Perhaps the best way is to receive the expectorated matter into cloths, which may be burned, or the material may be received into one of the various forms of sputum cups and finally burned or disinfected. Persons with pulmonary tuberculosis must be warned against the possible danger to others of coughing without holding the handkerchief before the mouth and nose; under no circumstances should they spit upon the floor. Penalty for spitting upon the sidewalk.

<sup>18</sup> International Prize Essay, by Knopf. Published by *The Survey*, New York.

upon the floor of public buildings, and in street cars serves a useful purpose in diminishing the spread of tuberculosis as well as other diseases. See Disinfection of Sputum, page 1434.

**Disinfection.**—Rooms occupied by tuberculous individuals should be kept clean and disinfected from time to time. A thorough disinfection and cleansing should also be practiced before such rooms are occupied by other persons. This may be accomplished by washing all surfaces with hot soap and soda, followed by mopping with the usual solutions of bichlorid of mercury or one of the coal-tar preparations, and then a thorough airing and sunning. Formaldehyd gas alone cannot be depended upon because it lacks the power of penetration. The room may finally be renovated and refurnished. All fabrics, handkerchiefs, bed and body linen should be boiled or steamed.

**Early Diagnosis.**—Early diagnosis plays an important rôle in successful prevention; not only does it give the individual the best chances of cure, but at the same time it assures the possibility of maximum protection to others. Through the use of X-rays, tuberculin and other refinements of clinical methods it is now possible to diagnose tuberculosis at a stage when it was formerly not suspected. It is a great mistake, from the standpoint of prevention, to wait until tubercle bacilli appear in the sputum before making a diagnosis of tuberculosis. The symptoms that suggest incipient tuberculosis are rather general in character. It is often necessary to make a diagnosis by exclusion, for it may be impossible for the clinician to state just where the process is located. The symptoms that suggest incipient tuberculosis are loss of weight, rise of temperature in the afternoon, or subnormal temperature with rapid pulse, loss of appetite, languor and lack of energy, anemia, dyspepsia, with or without a cough. Probably many cases of "a slight run-down condition," of transient and irregular febrile attacks, are due to a small focus of tuberculosis hidden from the ken of the clinician. In such cases a course of rest, fresh air, and better food, with a change of scene, may often prevent irreparable damage. The establishment of preventive clinics to look after such cases and the maintenance of medical clinics to diagnose and care for the early cases are important adjuncts to preventive measures.

**Housing Conditions.**—It has long been realized, even before the reasons were understood, that the incidence to tuberculosis diminishes with improvement in housing conditions. This is a common observation in the stabling of cattle as well as the domicile of man. The reasons for this are complex. In addition to raising the standard of living, better houses lessen the chances of contact infection, afford better air and more sunshine, and tend generally to the well-being and uplift of mankind. House infection is after all another name for contact infection. Better housing helps to lessen the opportunity for the infection to develop into



the disease. Municipalities do well to enact and enforce stringent laws regulating the construction of houses, offices, stores, and workshops. The congested and squalid slums are both a disgrace and a menace. Germs are social climbers, and many a palace is invaded with an infection from a nearby neglected alley. Philanthropists cannot do better than assist in improving the housing conditions of the poor and thus help the art of hygienic living. See page 1337.

**Care of the Cases in the Home.**—Open cases of tuberculosis should not be cared for in the home, but in case they are, such homes should be visited by a public health nurse.<sup>19</sup> Home visitation is a simple but very powerful means of attacking this and other diseases. It is the surest way of reaching the indifferent and ignorant portion of the public which constitutes the great obstacle in the successful prevention of disease. Home visitation is not merely applicable, but almost indispensable in many public health problems, and should become one of the routine methods of a good public health organization. Such a system recognizes the fact that tuberculosis is not merely a bacterial invasion, but a disease of defective civilization. Through this means social relief may teach better standards of living and provide better food, light, air, housing, clothing, and occupation. A study of tuberculosis at close range has taught the lesson of the absolute necessity for individualizing the treatment of each case in order to obtain satisfactory results.

**Industrial Conditions.**—Cornet taught that many a case of tuberculosis is contracted by those who are required to work alongside of a fellow workman who has pulmonary tuberculosis, especially in crowded, poorly ventilated and insanitary workshops. We now believe, however, that most cases are infected during childhood; nevertheless, exposure at any period of life may be hazardous. Mr. Allen Joslin helped to suppress the disease within two years at Oxford, Mass., where tuberculosis was unduly prevalent, through medical inspection, aided by a nurse; removing the sick to sanatoria, and by a general improvement in the sanitary and hygienic conditions of the mill. Similar measures have been met with signal success in other industrial centers. Much real good can be accomplished along these lines.

**Tuberculosis in Children.**—In one sense tuberculosis is an infection of childhood, for about 70 per cent. of all children by the time they reach sixteen years of age react to tuberculin, thus indicating that they have become sensitized or "tuberculized." The hazard to a child living in a house with an open case of consumption is very great. One of the fundamental considerations is to separate babies at once from such an environment. Children rarely have tuberculosis of the lungs (consumption); when they do it is usually rapidly fatal. It is hazardous

<sup>19</sup> That is, a nurse specially qualified in the tuberculosis problem, and with social service instinct and training.

to permit such children in schoolrooms or even to remain at home; they should be cared for in sanatoria. It is the anemic, incipient, pretubercular, glandular, or scrofulous type that demands especial attention. Such children are best cared for in school-hospitals, sometimes called open-air schools. These children are going to furnish a large percentage of the open pulmonary cases in later life. In a school-hospital emphasis should be laid on treatment, and the teaching given secondary consideration. See page 1337.

**Bovine Tuberculosis.**—The prevention of bovine tuberculosis consists simply in using milk, cream, and fresh milk products from tuberculin-tested cattle. The cattle should be tested frequently, at least twice a year, for the disease may develop in the cow in a few months. When milk from non-tested cattle is used, it should be pasteurized, and the same precaution applies to the milk used for making cream, butter, ice-cream, and other fresh milk products.

**Directions for Testing Cattle with Tuberculin.**—Three tests are now used: (A) the subcutaneous test; (B) the intradermic test; and (C) the ophthalmic test. The *subcutaneous* test is carried out as follows:

1. Stable cattle under usual conditions and among usual surroundings, feeding and watering in the customary manner.

2. Make a physical examination of each animal, and give to each one some designation by which the animal will be known throughout the test.

3. Take each animal's temperature at least three times at two or three hour intervals on the day of injection; for instance, at 2, 5, and 8 p.m.

4. At 8 or 10 p.m. inject a dose of tuberculin under the skin in the region of the shoulder, using a sterile hypodermic syringe after disinfecting the skin at the seat of injection with a 5 per cent. solution of carbolic acid or a similar antiseptic solution.

5. Tuberculin is not always concentrated to the same degree, and therefore the dose, which should always appear on the label, varies considerably. The dose of imported tuberculin is .25 c. c. for an adult cow, and before injection is diluted with sterile water to 2 c. c. The tuberculin made by the Bureau of Animal Industry is prepared so that it will not be necessary to dilute it, and the dose is 2 c. c. for an adult animal. Yearlings and 2 year olds, according to size, should receive from 1 to 1.5 c. c., while bulls and very large animals may receive 3 c. c.

6. At 6 a.m. on the day following the injection of tuberculin commence taking temperatures, and continue every two or three hours until the twentieth hour after injection, at which time if there is no tendency for the temperature to rise the test may cease.

7. A rise of 2° F. or more above the maximum temperature observed on the previous day, providing the temperature after injection exceeds

103.8° F., should be regarded as an indication of tuberculosis. Those cases which approximate but do not reach this standard should be considered as suspicious and held for a retest six weeks later, giving double the original dose.

The *intradermic* test consists of injecting one cubic centimeter of undiluted tuberculin into the skin of the caudal fold at the root of the tail. It is therefore called the tail test. When positive, a swelling appears which persists, and should be read in about 72 hours. This test requires good technic. It is becoming popular because it is easier to interpret than the subcutaneous test, and is sometimes positive when the latter is negative.

The *ophthalmic* test consists in placing a tablet containing tuberculin in the conjunctival sac. Susceptible animals show a distinct reaction, consisting of injection, swelling and exudation.

Each of the three tests has limitations. It is often desirable to use two, or all three in special cases.

**The Bang Method of Suppressing Bovine Tuberculosis.**—More work has been done in Denmark in accordance with the recommendations of Bang in the suppression of tuberculosis of cattle, and the results achieved are of greater value than in any other part of the world. The system, in short, is as follows: Herds are tested with tuberculin upon the application of the owner of the cattle. After the test, the herd is divided into two parts, (1) the healthy section and (2) the reacting or tuberculous section. These herds are, if possible, kept in separate buildings. If this cannot be done, they are kept in separate parts of the same building, a tight partition separating them. The milk from both sections is used by the creameries, but it is the almost universal practice in Denmark to pasteurize the cream preparatory to ripening it for churning, and the law requires that skim milk shall be heated to a point that will kill the tubercle bacilli before it is returned to the farmers to be used for feeding purposes. The law further provides that the sediment that remains in the separator shall be burned.

The calves from the cows in the reacting sections are removed from their dams immediately after birth and are reared on the milk of healthy cows or on milk of reactors that has been heated. These calves are tested when they are three or four months old, and if they do not react, they are permitted to enter the sound section of the herd. As a matter of fact, reactors are very rare among these calves. Most of them are born healthy, and when cared for as directed, they remain free from tuberculosis. All cows with tuberculosis of the udder are required to be reported and are killed. Some compensation is allowed for them. The appraisement is equivalent to one-fourth of the meat value of the animal. The other tuberculous cattle in the reacting section are examined physically from time to time and killed in public abattoirs under veterinary control.

Their flesh is then disposed of in accordance with the recommendation of the inspector. Some of it is seized and destroyed, some of it is sold for food. The law further provides that cattle brought into Denmark shall be kept in quarantine until tested with tuberculin and found free from tuberculosis.

Many herds have been tested in Denmark with negative results, proving that tuberculosis is not a necessary disease among highly developed dairy cattle, and that the tubercle bacilli are not omnipresent.

**Health Insurance.**—Health insurance, sick benefits, pensions, non-employment insurance, and similar schemes to attempt social justice are helpful in the fight against tuberculosis. The German industrial associations were under government supervision and did more than care for the tuberculous workman. The heavy drains upon the funds of the industrial associations were checked by the establishment of "präventoria." These are attractive country places where the working man can go when he is "run down." This simple measure is a great boon, and prevents the development of many a case of tuberculosis as well as other diseases. See also page 1291.

**Organizing a Local Tuberculosis Campaign.**—Tuberculosis being a local problem should be attacked by every town throughout the country. The method of organizing a tuberculosis campaign is first to interest a number of different agencies, such as the church, business, doctors, politicians, women's clubs, the press, and the board of health. This beginning can best be done by one person who will devote himself or herself to the work. After the press has printed a few articles on tuberculosis and the pulpit has helped to emphasize the importance of the movement, a local committee should then be formed to invite a tuberculosis exhibit. These exhibits may be obtained either from the National Association for Tuberculosis, or from most of the state boards of health. It will require at least one hundred and fifty dollars to finance such an exhibit. A tuberculosis society should then be formed. The next step is to establish a dispensary with a physician and a nurse. An efficient nurse with social service training is essential for the success of the movement. After this is well under way, a day camp should be started in a modest way at a convenient locality, and, should this succeed, a night camp may be added. A day and a night camp is the equivalent of a local sanatorium. This much can be done by voluntary efforts and private subscription, but at this point the authorities should take over the work.

**Collateral Benefits.**—The collateral benefits of a tuberculosis campaign may be even greater than the effects upon the actual control of the disease. Even if the measures used prevent only a few cases of tuberculosis, they still would be worth while, for they preach the gospel of hygiene. The problem of tuberculosis is closely interwoven with everything that pertains to human welfare.

**Outlook.**—The control of tuberculosis is complex and difficult. Many of the factors are not understood. The prevention of tuberculosis is no longer solely a medical problem but largely a sociological problem. It is a disease of defective society. Its eradication will, however, take time on account of the chronic nature of the disease and its widespread prevalence. We should be satisfied if we diminish the amount of tuberculosis appreciably in a generation. The momentum thus gained will increase rapidly. The time will come when the comparatively few cases left may be treated by compulsory isolation or other aggressive measures. Persistence along the lines now understood will in time control the disease, which will be the crowning achievement in preventive medicine.

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### DIPHTHERIA

Our knowledge of diphtheria is most satisfactory in that we know the cause of the disease and its modes of transmission; we are able to check its spread, and possess a specific preventive and curative agent of great potency.

Diphtheria spreads slowly from person to person and from community to community. It is not necessary to consider it endemic in special indigenous foci, because it is never completely absent in any large community. Newsholme points out that diphtheria epidemics and pandemics occur cyclically. The intervals between the years of epidemic prevalence vary greatly. The large American cities formerly suffered severely.

In Boston diphtheria was epidemic in 1863-64, 1875-76, 1880-81, 1889-90, and 1894; in New York in 1876-78, 1880-82, 1886-88, and 1893-94; in Chicago in 1860-65, 1869-70, 1876-79-81, 1886-87, and 1890. Within recent years such epidemic outbreaks have not taken place, and the disease should never again be allowed to get out of hand. The death rate in the United States in 1917 was 16.5 per 100,000. Diphtheria in Massachusetts in 1919 was responsible for 14.9 deaths per 100,000; or a total of 591 deaths out of 7,926 cases reported in the state.

The cause of epidemic outbursts is doubtless due to a fortuitous combination of such circumstances as a new crop of susceptible children, a particularly virulent strain of the bacillus, opportunity for contact, and similar factors favoring the spread of the infection. On the other hand, external conditions, such as dryness, may be important, for Newsholme states that "diphtheria only becomes epidemic in years in which the rainfall is deficient. There is no instance of a succession of wet years in which diphtheria was epidemic." It is more than likely that the great outbreaks are due to a combination of the three factors (1) man, (2) the bacillus, and (3) the environment. Just as a spark in a forest may cause a brush fire or a conflagration, depending upon the amount of plant growth, its distribution, its condition as to dryness, the direction and force of the wind, the topography and nature of the soil, and many other conditions, so diphtheria and other infections will smolder or burst into flame, depending upon similar factors.

Outbreaks in congested centers, schools, camps, on board ships, and in other crowded places, are common. Widespread epidemics have occurred in country districts. Washington died of diphtheria. In the tropics diphtheria is not a serious disease. It prevails especially in the temperate zones. Newsholme pointed out that it is more of a continental than an insular disease. The fatality from diphtheria has been greatly lowered since 1894, owing to the use of antitoxin and to refinements of diagnosis, as a result of which many mild cases are now included that were formerly omitted from the statistical records. Whether or not there has been a natural tendency for the disease to become milder in recent years cannot be stated.

Diphtheria reaches its maximum prevalence in the autumn of each year, which corresponds to the seasonal prevalence of scarlet fever. Diphtheria is a cold weather disease. The influence of climate is confirmed by its rare incidence in the tropics. While the seasonal prevalence is in the colder months, an epidemic once established may go on regardless of season, reaching its maximum at the period of highest temperature.

In 1878 Dr. Thrushfield published papers illustrating the way in which diphtheria hung about damp houses. A damp dwelling favors

sore throats and colds, and may thus open a way for invasion of the bacilli, just as any depressing influence may predispose to the infection. Children with scarlet fever or measles are especially prone to take diphtheria if the infection is around. Any abnormal condition of the mucous membrane of the throat and nose favors the localization of the diphtheria bacillus, and may thus act as a predisposing cause; therefore, sore throat, foreign bodies, adenoids, as well as dust or any irritant, may predispose to the disease if the diphtheria bacillus is present. Formerly, imperfect drains and sewer gas were given as the causes of diphtheria; this is a fetish which dies hard.

Studies with the Schick reaction plainly indicate that two main conditions determine diphtheria: (1) a virulent strain of the bacillus; and (2) susceptibility.

**Modes of Transmission.**—The diphtheria bacillus enters by the mouth or nose, and the lesions are usually localized in the mucous membranes of the throat, nose, larynx, or upper respiratory tract. The bacillus leaves the body in the discharges from the mouth and nose. Diphtheria occasionally affects other mucous membranes or abraded surfaces, such as the conjunctiva or vaginal mucous membrane, or open wounds; the discharges from these lesions containing the infective agent.

The bacillus may be transmitted directly from one person to another, as by kissing; or exposure to droplet infection in coughing, speaking, sneezing. The infection may be conveyed indirectly from one person to another in many ways; most common among children, perhaps, are toys, slate pencils, food, fingers, spoons, cups, handkerchiefs, or other objects that have been mouthed first by the infected child and then by the susceptible child. Experience points clearly to the conclusion that diphtheria is transmitted usually by a direct exchange of the flora of the nose and throat, rather than indirectly through inanimate objects. Bacillus carriers play a large rôle in spreading the infection. Milk may become infected and transmit the disease. The diphtheria bacillus is frail and soon dies when dried or exposed to sunlight, therefore air-borne infection is probable only in the case of close association, that is, within a few feet of the infected person and within the radius of the possibility of droplet infection.

Experience clearly teaches that diphtheria is spread mainly by the active cases; recent convalescents; mild and missed cases; and carriers.

The following description by Chapin illustrates how diphtheria and all other infections contained in the secretions from the mouth and nose may be transmitted; it also emphasizes the importance of education in personal hygiene based upon habits of biological cleanliness:

“Not only is the saliva made use of for a great variety of purposes, and numberless articles are for one reason or another placed in the mouth, but, for no reason whatever, and all unconsciously, the fingers are with

great frequency raised to the lips or the nose. Who can doubt that if the salivary glands secreted indigo the fingers would not continually be stained a deep blue, and who can doubt that if the nasal and oral secretions contain the germs of disease these germs will not be almost as constantly found upon the fingers? All successful commerce is reciprocal, and in this universal trade in human saliva the fingers not only bring foreign secretions to the mouth of their owner, but there, exchanging it for his own, distribute the latter to everything that the hand touches. This happens not once, but scores and hundreds of times during the day's round of the individual. The cook spreads his saliva on the muffins and rolls, the waitress infects the glasses and spoons, the moistened fingers of the peddler arrange his fruit, the thumb of the milkman is in his measure, the reader moistens the pages of his book, the conductor his transfer tickets, the 'lady' the fingers of her glove. Everyone is busily engaged in this distribution of saliva, so that the end of each day finds this secretion freely distributed on the doors, window sills, furniture, and playthings in the home, the straps of trolley cars, the rails and counters and desks of shops and public buildings, and, indeed, upon everything that the hands of man touch. What avails it if the pathogens do die quickly? A fresh supply is furnished each day. Besides the moistening of the fingers with saliva and the use of the common drinking cup, the mouth is put to numberless improper uses which may result in the spread of infection. It is used to hold pins, string, pencils, paper and money. The lips are used to moisten the pencil, to point the thread for the needle; to wet postage stamps and envelopes. Children 'swap' apples, cake, and lollipops, while men exchange their pipes and women their hatpins. Sometimes the mother is seen 'cleansing' the face of her child with her saliva-moistened handkerchief, and perhaps the visitor is shortly after invited to kiss the little one.

"Children have no instinct of cleanliness, and their faces, hands, toys, clothing, and everything that they touch must of necessity be continually daubed with the secretions of the nose and mouth. It is well known that children between the ages of two and eight years are more susceptible to scarlet fever, diphtheria, measles, and whooping-cough than at other ages, and it may be that one reason for this is the great opportunity that is afforded by their habits at these ages for the transfer of the secretions. Infants do not, of course, mingle freely with one another, and older children do not come in close contact in their play, and they also begin to have a little idea of cleanliness."

**Domestic Animals**, especially cats, dogs and horses, have been suspected as sources of infection, but the evidence lacks definite foundation of fact. Savage<sup>20</sup> recently reexamined the whole subject, and concluded that cats do not suffer from diphtheria. He failed to infect young kit-

<sup>20</sup> *Jour. Hygiene*, XVIII, 448, Feb., 1920.



tens with cultures of the Klebs-Löffler bacillus, and found that these organisms usually disappear within 24 hours when implanted into the nasal cavity and upon the throat. He concludes that there is no evidence that cats serve as carriers of diphtheria. On the other hand, Major Simmons<sup>21</sup> has isolated virulent diphtheria bacilli from two cats which were pets of a person who contracted a fatal diphtheritic pharyngitis. It is quite probable that domestic animals, especially pets, may occasionally transfer the infection.

**Milk-borne Diphtheria.**—The diphtheria bacillus grows well in milk without appreciably changing its flavor or appearance. Trask collected 23 diphtheria epidemics from the literature between 1895 and 1907. Fifteen of these occurred in the United States and 8 in Great Britain. The milk is usually contaminated by cases of the disease occurring on the farm or at the dairy or milk shop. In some cases the diseased person milks the cows or the same person nurses the sick and handles the milk. In two instances the outbreak was supposed to be due to disease of the cow. One instance studied by Dean and Todd is instructive. In certain families supplied with milk from two cows there occurred two cases of clinically typical diphtheria and three of sore throat, whereas in another family using the milk, only after sterilization, no case occurred. One of the cows had mammitis and furnished a scanty,ropy, semi-purulent, and slightly blood-tinged milk. The Klebs-Löffler bacilli were isolated in all cases and also from the milk of the cow with mammitis. Experiments justified the conclusion that the ulcers upon the udder of the cow with mammitis had become secondarily infected with *B. diphtheriae*, accidentally from some apparently healthy person. Usually, however, the milk is infected directly from a case or carrier.

The diphtheria bacillus is not killed by freezing. An outbreak at Newport, R. I., and vicinity, due to ice cream, was reported by McCoy, Bolton and Bernstein.<sup>22</sup>

**Bacillus Carriers.**—It was in the case of diphtheria that the danger of bacillus carriers was first realized. It is now known that persons who come in contact with diphtheria patients are very apt to harbor diphtheria bacilli, though they may remain in good health. It is also now well known that a certain percentage of the population at large harbor the diphtheria bacilli in their nose or throat, even though they have had no known association with the disease. Graham-Smith found that 66 per cent. of the members of the family to which the diseased person belonged were infected; the proportion being higher (100 to 50 per cent.) in families in which no precautions were taken to isolate the sick, and much lower (10 per cent.) when such precautions were taken. Of the more distant relatives examined, 29 per cent. were found to be carriers.

<sup>21</sup> *Am. Jour. Med. Sc.*, CLX, 589, Oct., 1920.

<sup>22</sup> *Public Health Reports*, Vol. XXXII, No. 43, Oct. 26, 1917.

Bacilli were found in 37 per cent. of persons in attendance on the sick. Observations of the inmates of hospital wards and institutions showed that 14 per cent. are likely to give positive cultures when diphtheria occurs among them. In infected schools 8.7 per cent. of the pupils were found to be bacillus carriers. In New York, Scholley examined 1,000 children from the tenement districts, and found 18 with virulent and 38 with non-virulent bacilli. Moss, Guthrie and Gelien found *B. diphtheriae* in 3.61 per cent. of 1,217 school children in Baltimore, and 3.48 per cent. of 1,290 individuals in the city at large. Only 18 per cent. of the positive cultures were virulent. Goldberger and Williams examined 4,093 healthy persons in Detroit in 1914 and found 0.928 per cent. to harbor morphologically typical bacilli, and 0.097 per cent. to be carriers of virulent bacilli. Diphtheria was unduly prevalent at the time. Slack, Arms, Wade, and Blanchard took cultures at the beginning of the school year from about 4,500 pupils in the Brighton district, Boston. Diphtheria was not prevailing at the time. Nevertheless, at least 1 per cent. of all these healthy school children were found to carry morphologically typical diphtheria bacilli. It is estimated that this is the average ratio in the population at large.

The virulent and the non-virulent strains of the diphtheria bacillus remain true to type. All attempts to exalt the pathogenicity of the avirulent strains by passage through animals have failed. The avirulent diphtheria bacilli do not produce toxin, do not kill guinea-pigs, and do not produce antitoxin; the virulent and avirulent strains look alike under the microscope. The virulent strain can therefore only be distinguished by animal tests.

Diphtheria bacilli from patients with diphtheria and from carriers who have been in contact with such patients are practically always virulent. Diphtheria is kept alive by these virulent strains in immune persons. Carriers with the avirulent strain may be disregarded. None of the children in the Brighton district above mentioned had any known association with the disease, nor did they afterward develop diphtheria. The danger of such carriers is nil. *The dangerous carrier is he who harbors the virulent strain, and this is usually obtained from the patient, convalescent, or from a third person who has come in contact with the patient.*

The virulent bacilli may be differentiated from the avirulent strains by injecting pure cultures into guinea-pigs. Zingher and Soletsky<sup>23</sup> have improved Neisser's method by using 2 guinea-pigs for the testing of from 4 to 6 different strains. One guinea-pig serves as a control and receives about 200 units of antitoxin intracardially at the time of making the test, or intraperitoneally 24 hours before. Both pigs are injected with suspensions of the cultures to be tested intracutaneously. A fresh 24-hour

<sup>23</sup> Zingher and Soletsky: Proceedings of the New York Pathological Society, N. S., Vol. XV, Nos. 1 and 2, January and February, 1915.

growth from an ordinary Löffler slant is suspended in 25 to 30 c. c. of normal salt solution; 0.1 c. c. is injected into the skin. The results of the tests are noted in 24 to 48 hours. Virulent strains produce a definite local inflammatory lesion, which shows a superficial necrosis in 18 to 72 hours. In the control pig the skin remains normal. With non-virulent strains no lesions will be found in either control or test animal. It is plain that the control of diphtheria outbreaks in institutions, camps, on shipboard, schools, and in similar places, where a number of people are crowded together, as well as the final control of the disease in cities and towns, depends eventually upon the recognition of true carriers and their isolation.

Diphtheria bacilli disappear in about 50 per cent. of cases by the time the local membrane has disappeared. The bacilli persist in about 5 per cent. of persons at the end of two months, about 2 per cent. at the end of 3 months, and approximately 1 per cent. continue as chronic bacillus carriers. The virulence is not lessened during the carrier condition.

It is important to remember that diphtheria bacilli may be either in the nose or throat or both. It is therefore essential to take nose as well as throat cultures in searching for carriers. Two, three or more examinations may be necessary to discover all the carriers.

Many methods have been used to cure diphtheria carriers. These consist of liquid antiseptics applied as swabs, sprays or gargles; the inhalation of antiseptic vapors; the use of diphtheria vaccine, toxin, antitoxin, and antibacillary serum; also toxins of the *Bacillus pyocyaneus*; and the introduction of cultures of staphylococci, yeast and other micro-organisms. Hektoen and Rappaport<sup>24</sup> suggested the use of kaolin. Good results have sometimes followed but mostly failed in all the methods so far tried.

The diphtheria bacilli probably do not long persist upon normal mucous membranes, but continue in pockets, folds, crypts of the tonsils, fissures of adenoids, spaces about the turbinates, the sinuses connected with the nasal cavity, and in any irritated, inflamed or ulcerated portion of the mucous membrane. Therefore, the removal of enlarged tonsils, polypi, foreign bodies, and other sources of irritation and inflammation has resulted in the cure of diphtheria carriers. The first indication is to treat the mucous membrane of the upper respiratory passages so as to get it in a normal condition.

The disappearance of the bacilli from the throat and nose cannot be hastened by the usual injections of antitoxin. Diphtheria antitoxin neutralizes the toxin, but does not harm the bacilli. A serum containing agglutinins has been used. This serum in powdered form is blown into the throat. The diphtheria bacilli are supposedly agglutinated and may then be more readily washed away by gargling and douching. A sub-

<sup>24</sup> *Jour. A. M. A.*, LXIV, 24, June 12, 1915 p. 1991.

stance proposed by Emmerich known as "pyocyanase" has been used. This contains a ferment from bouillon cultures of the *Bacillus pyocyaneus*. It is applied locally and acts by its power of bacteriolysis.

Encouraging results have been reported by "over-riding" the throats of diphtheria carriers with suspensions of *Staphylococcus pyogenes aureus*, which are sprayed into the throat and nose. The method was introduced by Schiotz, in 1909, who reported the prompt disappearance of diphtheria bacilli in six carriers. Page, also Catlin, Scott and Day, Lorenz and Ravenel, and others, have reported successful results.

Hewlett and Nankivell, and also Petruschky, report encouraging results in clearing up diphtheria carriers by the subcutaneous injection of a diphtheria vaccine.

We must acknowledge that all these measures often fail. The relief of bacillus carriers is one of the unsolved problems in preventive medicine.

**Diagnosis.**—The diagnosis of diphtheria often rests upon a combination of clinical symptoms and laboratory findings. Positive cultures alone do not necessarily mean clinical diphtheria, even though sore throat and fever are present. Cases of streptococcal tonsillitis, with follicular patches resembling false membrane, occur in diphtheria bacillus carriers. Such persons give negative Schick reactions, and do not have clinical diphtheria, despite the positive findings in cultures taken from their throats. It is important to remember that the diagnosis of clinical diphtheria cannot be made in the laboratory as a result of finding virulent diphtheria bacilli in cultures. Diphtheria often begins insidiously, and valuable time is lost in waiting for false membrane or other symptoms; cultures should be taken of all sore throats in order to exclude or confirm diphtheria.

On the other hand, negative cultures are significant in excluding diphtheria, provided the material is taken from the proper place and good technic is used.

Always give antitoxin in a clinical case of diphtheria at once, without waiting for laboratory confirmation of the diagnosis. No harm will be done and lives will be saved by this rule, for time is the important element in the life-saving properties of antitoxin. In mild cases, subcutaneous or intramuscular injection may be used, but in severe cases intravenous injection is called for.

**Resistance.**—The diphtheria bacillus has less resistance to adverse conditions than the majority of the spore-free bacteria. It is more readily destroyed by light, heat, and disinfecting substances than the typhoid bacillus. In this regard it corresponds more to the frailer streptococci. Under certain circumstances the diphtheria bacillus resists drying for a long time. When enclosed in the false membrane or other albuminous substances, they may remain virulent for some months. It is not killed by freezing.

## IMMUNITY

Immunity to diphtheria is mainly an antitoxic immunity and persists a variable time. Second attacks sometimes occur within a few weeks while the patient is still in the hospital. Reiche<sup>25</sup> states that 5.8 per cent. of 4,761 cases of diphtheria in Hamburg were known to have had a previous attack. He presents further data to confirm the absence of any lasting immunization by a single attack of diphtheria. A positive Schick reaction may be obtained in children who have recovered from the disease. Graef and Ginsberg<sup>26</sup> have shown by the Schick reaction that immunity obtained by an attack of the disease lasts from a month to several years, varying greatly in different individuals, and being very brief in children. The fact that healthy persons may harbor virulent bacilli upon their mucous membrane for a long time without contracting the disease shows the high grade immunity enjoyed by many individuals, due to antitoxin constantly in the blood. Persons vary markedly in susceptibility. During the first few months of life there is a very high grade immunity. Antitoxin is transmitted to the fetus through the placental circulation and to the infant in the mother's milk. This immunity during the early months of life is passive and soon wears off, so that by the end of two years 70 per cent. are susceptible. After this period, children begin to manufacture their own diphtheria antitoxin, so that the percentage of susceptible children gradually decreases until the twentieth year, when only 12 per cent. give a positive Schick reaction; in other words, 88 per cent. of the adult population are immune to diphtheria.

As a result of extensive studies by means of the Schick test conducted under the direction of Dr. W. H. Park, it has been found that susceptibility to diphtheria is present in about the following proportions:

Age	Per Cent. Susceptible Positive Schick Re- action	Per Cent. Immune Negative Schick Re- action
Under 3 months.....	15	85
3 to 6 months.....	30	70
6 months to 1 year.....	60	40
1 to 2 years.....	70	30
2 to 3 years.....	60	40
3 to 5 years.....	40	60
5 to 10 years.....	30	70
10 to 20 years.....	20	80
Over 20 years.....	12	88

<sup>25</sup> Reiche, F.: Reinfection with Diphtheria. *Med. Klin.*, Berlin, Oct. 12, IX, No. 41, pp. 1663-1708.

<sup>26</sup> *Jour. A. M. A.*, LXIV, 1915, p. 1205.

The curve of these figures corresponds closely to the age incidence of the disease.

**Passive Immunity.**—This can be induced by injecting antitoxin. The usual immunizing dose is 1,000 to 1,500 units for adults and 750 to 1,000 units for children. The protection thus afforded disappears in 3 to 8 weeks. A second injection of antitoxin renews the immunity, which, however, lasts a still shorter time. Passive immunity, while occasionally of great practical service in individual prophylaxis, cannot be depended upon to control epidemics.

The great advantage of passive immunity is that it is prompt; the disadvantages are that it lasts a brief time, produces serum reactions, and is relatively much more expensive than active immunity.

**Active Immunity.**—This can be induced by injecting a mixture of toxin and antitoxin.<sup>27</sup> The toxin and antitoxin are mixed so that the toxin is not quite neutralized; in other words, there is some free poison in the mixture. This is accomplished by adding about 86 per cent. of an L<sub>+</sub> dose of toxin to each unit of antitoxin. Such a mixture contains free *toxon*, but no uncombined *toxin*. Five c. c. of this mixture injected into guinea-pigs does not produce acute symptoms of toxic irritation and poisoning, the result of *toxin*, but causes late paralysis, which begins about the 10th day, the result of *toxon*. The mixture is diluted so that three units of antitoxin and about 3 L<sub>+</sub> doses of *toxin* are contained in each c. c.

The dose of toxin-antitoxin mixture is 1 c. c. subcutaneously, repeated every week, until three injections are given. Children react less than adults and therefore can be given a full dose.<sup>28</sup> The immunity appears slowly, sometimes in eight to twelve weeks, but once established seems lasting. Park finds that children immunized five years ago still have antitoxin in their blood as demonstrated by negative Schick reactions. One injection will immunize about 60 per cent., two injections about 80 per cent., and three injections from 90 to 99 per cent. A small percentage of persons will show a positive Schick reaction at the end of three months, after three injections of the toxin-antitoxin mixture. Such persons may be given two or three more injections and in this way an active immunity may be developed in almost all susceptible persons.

An immunizing dose of antitoxin interferes with the production of an active immunity with toxin-antitoxin mixtures. In other words, an overneutralized toxin interferes with the stimulation of antibody formation.

By actively immunizing all children under 18 months and only those children over 18 months who give a positive Schick reaction, we can

<sup>27</sup> This method was suggested by Theobald Smith, but first attempted by Behring in 1912. It has been studied especially by Park and Zingher of the New York City Department of Health.

<sup>28</sup> Infants do not react at all and may be given 1.5 c. c.

render the child population immune to diphtheria, and tide it over the period of greatest susceptibility. It should be remembered that in adult life the great majority (88 to 90 and *even 95 per cent.*) are naturally immune. The percentage is higher in urban than rural districts.

The advantages of active immunity, produced by injecting toxin-antitoxin mixture are that it is lasting, cheap and simple, and the reactions are slight. Its only disadvantage is that it takes several weeks or months to appear.

**The Schick Reaction.**—The presence or absence of immunity in any individual may readily be determined by the Schick test, which tells whether antitoxin is present or absent in the blood of that individual. The Schick reaction is made by injecting a small amount of diphtheria toxin *into the skin*. The precise quantity used is 1/50th of a minimum lethal dose of diphtheria toxin for a 250-gram guinea-pig. This amount of toxin is diluted so that it is contained in 0.1 or better 0.2 c. c. of salt solution. The injection must be made *into* and not under the skin. A positive reaction at the site of the injection means absence of antitoxin, that is, a susceptible individual. A negative reaction means the presence of antitoxin, hence immunity.

A *positive* reaction is indicated by redness at the site of injection which appears gradually and becomes distinct in 24 to 48 hours, reaching its height on the third or fourth day. The reaction then consists of a circumscribed area of redness and slight infiltration, about one to two centimeters in diameter. The degree of redness and infiltration varies with the relative susceptibility of the individual. The reaction slowly disappears leaving a definite circumscribed scaling area of brownish pigmentation, which persists three to six weeks. A positive reaction represents the effect of an irritating toxin upon tissue cells that are not protected by antitoxin. The reaction is sufficiently delicate to indicate less than 1/30th of a unit of antitoxin in each cubic centimeter of blood serum. Such persons are susceptible to diphtheria.

The intensity of the reaction varies. A well-marked redness indicates an almost complete absence of antitoxin. Faint reactions point to the presence of very small amounts of antitoxin. All gradations are observed.

In a *negative* reaction, the skin at the site of injection remains normal. The toxin is neutralized by the antitoxin, and therefore causes no irritation. Such persons are immune and need not fear diphtheria. A negative reaction in a child that has reached the age of three years indicates an immunity that is probably permanent. No instance has yet been reported of an individual with a negative reaction contracting diphtheria, even though exposed to the disease, or after becoming carriers of virulent diphtheria bacilli.

A *pseudoreaction* represents a local anaphylactic response to pro-

teins in the material injected. This reaction is urticarial, appears within 6 to 18 hours, reaches its height in 36 to 48 hours, and disappears on the third or fourth day, when the true reaction is at its height. Control tests should therefore always be made.

Pseudoreactions occur only in older children and adults, not in infants. *Combined reactions* also occur, that is pseudo and true at the same time. The rule is to retest all doubtful cases or to play on the side of safety by considering them positive reactions.

*Control tests* consist in injecting toxin heated to 75° C. for five minutes. The reaction at the site of the control will help interpret the reaction at the site of the test injection. The accuracy of the Schick test depends upon the strength of the toxin, the technic of the test, and the interpretation of the reaction.

We therefore possess a ready method of determining who is susceptible and who is naturally immune. Persons who react negatively to the Schick test will not develop diphtheria. Therefore when an epidemic breaks out, such persons need not be treated with prophylactic doses of diphtheria antitoxin.

The Schick test shows a striking similarity in reactions in families. If the youngest child of a family has a negative reaction all the older children are likely to be negative, and if the older children are positive the young ones are also. When variations are found, the younger children show the positive reaction (Park). The Schick reaction may be used to differentiate between clinically doubtful cases of diphtheria, in experimental work, and in the handling of diphtheria epidemics in institutions, etc., and it is particularly applicable as a preliminary measure for all persons who have been exposed to diphtheria.

### THE CONTROL OF OUTBREAKS

Diphtheria frequently appears in asylums, hospitals, camps, jails, on shipboard, and similar places. Under these conditions of crowding, the disease has a highly contagious tendency. It may, however, be controlled with every assurance of success by the application of well-tried measures.

The most important measure to suppress diphtheria is to isolate all cases and all carriers. This is easier to do in an institution, or limited compound than in the population at large. The isolation of both cases and carriers is the first of our preventive measures. The most radical is the active immunization of all susceptible individuals with toxin-antitoxin mixture.

The following measures are recommended for the control of an outbreak:—(1) The recognition and quarantining of cases; (2) the finding and isolation of carriers; (3) the discovery of the susceptible by



means of the Schick test; (4) active immunization of all susceptible persons; (5) inspection of all susceptible persons every 12 or 24 hours, and the use of antitoxin upon the first appearance of symptoms; (6) disinfection, laboratory facilities, skilled epidemiologists, and other administrative measures.

**Recognition and Quarantining of Cases.**—These are the immediate demands. It should be remembered that diphtheria often comes on insidiously and that the patient may have his throat plastered with false membrane of three or four days' standing before feeling ill enough to attract attention. Early recognition of the disease is important both for successful treatment and prevention. In all endemic centers the examination of the throat, especially of children, should be made a routine procedure by practicing physicians. In outbreaks a daily inspection and taking of temperatures morning and evening will detect cases early.

In hospitals, cases may be isolated in cubicles, or separated by sheets. Gauze masks may also be used. Careful nursing technic is essential to prevent cross infections.

Convalescents should not be released from quarantine until at least two cultures taken from both the nose and throat are negative.

**Finding and Isolating Carriers.**—Throat and nose cultures from all exposed persons and from all persons in an institutional epidemic should be made. All positive carriers based upon morphologic diagnosis should be isolated. At a later date, when time permits, the carriers of avirulent bacilli may be released. It is sometimes necessary to go through a camp or school twice, thrice, or oftener to detect all the carriers, or to discover new ones.

While it is practical to isolate all the carriers in a limited outbreak, such as a camp, ship, or asylum, this is not always feasible in the community at large. Yet most of the dangerous carriers even in a metropolitan city can be discovered by taking cultures from all persons closely associated with cases.

The bacilli frequently grow in the mucous membrane of the nose and nasal pharynx without anything to indicate their localization. Unless cultures are taken from the nose, many carriers will be overlooked, leaving a large loophole in our preventive measures. Ward and Henderson, in a public school epidemic in Berkeley in 1907, found that all attempts to isolate infected children had no effect on the epidemic so long as they made throat cultures alone. When they took both nose and throat cultures and quarantined all the children showing positive cultures, the epidemic stopped.

Good results can be obtained only where care is exercised in obtaining the material and skill used in the technic of the bacteriological examination.

Diphtheria bacilli sometimes leave the body in the discharges from middle ear disease, and occasionally also from infected wounds.

**Schick Reaction.**—As soon as practical, all those exposed to the infection, whether in a family or in an epidemic focus, should be tested for immunity by the Schick test. In an institution, both the inmates and the administrative force should be tested. No special concern need be given those who react negatively, for they are immune and will not contract the disease. Such persons, however, may be carriers of virulent strains, in which case they should be isolated.

**Active Immunization.**—All those who show a positive Schick reaction should at once be given the toxin-antitoxin mixtures. Three successive injections of 1 c. c. at intervals of a week are given. The immunity comes on slowly (2 to 12 weeks). Such individuals should therefore be carefully inspected every day, so that the first indications of infection may be met with an injection of antitoxin. Under this system, cases of the disease may arise during the time it takes these persons to develop an active immunity, but with the timely use of antitoxin no deaths will occur.

This is the most effective method of eradicating diphtheria, both in endemic centers as well as in epidemic foci. The results obtained are permanent. It requires time, and very careful supervision of all the details, with a corps of skilled and trained technicians, to carry it out successfully.

An immunizing dose of antitoxin should not be used to tide over the interval it takes for toxin-antitoxin immunity to become established, because this interferes with the production of active immunity. In other words, the methods of active and passive immunization should not be used at the same time.

For the population at large, the best time to test susceptibility with the Schick reaction is between 6 months and 2 years. At this time of life, the percentage of positive Schick reactions is largest, and the susceptibility to diphtheria as well as the mortality from the disease is greatest. All those showing positive reactions at this period should be immunized with the mixture (see page 200). Very young infants do not react at all to the toxin-antitoxin injections, and Park proposes to immunize all at this period of life, without a Schick test.

Zingher<sup>29</sup> recommends the following procedures for the protection of children:—(1) All children over 18 months of age in the entire community should have their susceptibility to diphtheria determined by means of the Schick test, and the reaction which they show should be noted either in institutional records or in the records of the family physician. (2) In infants below 18 months of age, the Schick test is not necessary because a negative reaction may give rise to a false sense

<sup>29</sup> Reprint No. 72, Dept. of Health, New York City, Nev., 1918.

of security. Very young infants may exhibit a negative Schick test owing to the immunity passively acquired from the mother, but inasmuch as this type of immunity is transient, it is safer to assume that no child under 18 months possesses permanent immunity. (3) All infants below 18 months of age accordingly should be actively immunized with three doses of 1 c. c. each of diphtheria toxin-antitoxin mixture, irrespective of the reaction to the Schick test which the infant might show at the time of immunization. (4) All children over 18 months of age who give a positive Schick test should be immunized by receiving three subcutaneous injections of 1 c. c. each of toxin-antitoxin at intervals of 7 days. (5) All children immunized by this method should be retested three months after the last injection and reimmunized if they should by any chance still give a positive Schick reaction.

**Passive Immunization.**—This consists in injecting diphtheria antitoxin. The customary immunizing dose is 1000 units. Schick recommends 50 units per kilogram of body weight. The protection wears off in 3 to 8 weeks, but the immunizing dose can be repeated every 2 or 3 weeks until the danger is passed.

Antitoxic immunity cannot be depended upon to stamp out the infection. It has several disadvantages that should not be disregarded. The bacilli remain in the throats of those immunized and the disease continues to crop out from time to time as the antitoxin disappears. Where large numbers are involved the method is very expensive, time-consuming, and the resulting serum reactions often disturbing, especially where repeated immunization is called for. A blind reliance upon antitoxic immunity has proved disappointing and futile in many institutional outbreaks. In the end, the active immunity induced by toxin-antitoxin mixtures does not take much more time and is much more certain.

Antitoxic immunity has a distinct place in personal prophylaxis and in selected individual cases, especially in family practice, but will gradually be replaced with active immunization.

**Disinfection.**—Disinfection has a place in controlling the spread of the infection. The discharges from the patient should be burned. All fabrics, bed and body linen, that have come in contact with the discharges from the mouth and nose, and all objects such as spoons, cups, thermometers, toys, etc., that have been mouthed should be boiled, steamed or soaked in one of the standard germicidal solutions. The hands of the nurse need attention and proper nursing technic should be carried out.

Terminal fumigation is of little avail. A special cleansing and disinfection of floors, walls, door knobs, bed frames, and other surfaces that have been contaminated will suffice. The germicidal solutions available are bichlorid of mercury, 1 to 1000; carbolic acid, 2.5 per cent.; formalin, 10 per cent.; or liquor cresolis compositus, 1 per cent. They should be used hot.

**Administrative Measures.**—Diphtheria requires a well trained force familiar with the modern problem and skilled in the technical sides of diagnosis and the Schick reaction. Laboratory facilities are indispensable. With an adequate force, including an experienced epidemiologist, diphtheria should never get out of hand in any community, and epidemics should be promptly controlled. Education of the public and profession is part of the program. Personal hygiene and sanitary habits must be taught and encouraged. Care should be taken that the infection is not spread by tableware, handkerchiefs, wash bowls, and articles in common use. Better sanitary control over restaurants and soda water fountains should be maintained. All table ware should be scalded before it is again used. Sanitary habits regarding "hand to mouth infection" and measures to "screen the sneeze" need emphasis in nursery, schools and workshops.

In almost all communities diphtheria is now one of the diseases which must be reported to the health authorities. The houses are placarded and the cases isolated. There is no great objection to treating a case of diphtheria in the household provided the patient and the nurse may also be quarantined from the rest of the household. Under these circumstances and with intelligent care and disinfection at the bedside there is little danger to the rest of the family; but the great menace that some of the members of the family will become bacillus carriers of a dangerous type makes it advisable to treat all cases of diphtheria in a special hospital.

All outbreaks should of course be investigated as to their source. The possibility of milk-borne infection is usually evident. In any case, milk should be pasteurized and care taken to prevent infection in the kitchen or in serving and handling food.

Schools need not be closed during an epidemic of diphtheria; in fact, better results will be achieved by daily inspection, and examination of cultures from the nose and throat of each pupil from time to time. The well children of a household, where a person is ill with diphtheria, should be excluded from school until one week has expired from the date of the last exposure, unless showing two negative cultures from throat and nose. All other members of the household may be allowed to continue their usual occupations, except those who are engaged in the handling of milk.

**Responsibility of the Medical Profession.**—People still die of diphtheria—usually because the diagnosis is not made early and because diphtheria antitoxin is not given in time.

Diphtheria antitoxin is a specific and sovereign remedy. When given in sufficient amounts during the first 24 hours of the disease it reduces the mortality to practically nil. Upon the first appearance of sore throat, fever, or other suggestive symptoms in persons who are exposed

to diphtheria, a full dose of 3,000 to 10,000 units should be administered subcutaneously without delay. It is absorbed more quickly when given intramuscularly. In very toxic cases, or for late use, it acts most quickly when given intravenously. In order to obtain the full life-saving benefits of diphtheria antitoxin, it should be given early in the disease. Time is the most important factor. When the damage to the cells has been done, it may be too late. It is not always advisable to wait for bacterial confirmation.

Many unnecessary deaths from diphtheria occur. In New York City alone, over 1,000 deaths occur annually, approximately 20 per 100,000 of population. Similar rates prevail in Rhode Island, Pennsylvania, Kentucky, North Carolina, Massachusetts, Michigan, and elsewhere.

In a study of 1,000 deaths recently made by Carey<sup>30</sup> of the Massachusetts State Department of Health, it is shown that the useful knowledge and facilities for dealing with diphtheria are still utilized far too little. In 23.1 per cent. of the cases, the patient was ill a week before the physician was called. In 4.2 per cent., the patients had been ill from one to two weeks before they received attention. In 7.6 per cent. of the deaths, the disease was not recognized during life. In a number of fatal cases, the physician delayed antitoxin treatment by waiting for laboratory confirmation of the diagnosis. In not a single instance was the antitoxin given intravenously. A similar situation was found in New York City—"with a diagnostic laboratory service unsurpassed, with Schick test outfits, antitoxic serum, and active immunization outfits practically at their elbow, the physicians of New York were charged with insufficient or delayed utilization of these aids and with responsibility of continued prevalence of fatal cases of diphtheria." Every death from diphtheria should be investigated and the responsible party brought to task. The facts indicate the further need of education of both the profession and the public, in order to save lives from this and other preventable infections.

The disease often begins insidiously and the true diagnosis is often not made until too late for antitoxin to exert its life-saving power.

### PREVENTION OF POSTDIPHTHERITIC PARALYSIS

It has been observed that postdiphtheritic paralysis is more frequent since the use of antitoxin than before the days of serum therapy. This is due to the fact that many cases now recover that would formerly have died. It is also due to the fact that diphtheria antitoxin is sometimes used too late, thus neutralizing only the acute effects of the *toxin*, but not neutralizing the after effects of the *toxon* which acts specifically upon the nerves. The prevention of postdiphtheritic

<sup>30</sup> *Boston Med. and Surg. Jour.*, CLXXX, 3, p. 67, Jan. 16, 1919.

paralysis, therefore, consists in giving sufficient amounts of antitoxin *early* in the disease. The antitoxin does not influence the paralysis after it has once appeared.

### PREVENTION OF SERUM SICKNESS AND ANAPHYLACTIC SHOCK

This subject may appropriately be considered here, although it is a condition that may follow the injection of any alien serum into the system. Serum sickness is a syndrome which frequently follows the injection of horse serum into man. The symptoms come on after about 8 or 10 days following the injection. They consist of various skin eruptions, usually urticarial or erythematous in character; also fever, vomiting, edema, glandular and splenic enlargements, rheumatic-like pains in the joints and muscles; and albuminuria. The eruptions may be either local or general, and sometimes resemble those of scarlet fever or measles. Serum sickness has nothing to do with the antitoxin, but is caused entirely by the foreign proteins contained in the horse serum. It may be produced with normal horse serum as well as with antitoxic horse serum. The studies upon anaphylaxis have thrown much light upon the nature of this complication. The occurrence and severity of the symptoms depend upon the amount of foreign protein injected and the sensitiveness of the individual. Fortunately, this form of anaphylactic reaction soon passes away and is never serious. Under certain circumstances, however, there may be an accelerated or immediate reaction threatening in its consequence or even leading to death. Rosenau and Anderson have collected some 19 cases of sudden death following the injection of horse serum, and they know of more instances which have not appeared in the literature. This unusual and serious complication comes on within 5 or 10 minutes of the injection, and is characterized by collapse, unconsciousness, cyanosis, labored respiration, and edema. The heart continues to beat after respiration has ceased. The entire picture is an exact counterpart of the anaphylactic shock so readily reproduced by a second injection of horse serum or other foreign protein in the guinea-pig. Contrary to the experimental work on the lower animals, the cases of sudden death in man follow the first injection of horse serum. The serious symptoms and death in these cases are not due to any inherent poisonous property in the antitoxic serum, but result entirely from a hypersusceptibility of the individual. Just how man becomes sensitized in these cases is not known (page 599). Most of the cases occur in healthy persons who give a history of asthma or discomfort when about horses. This is a practical and important point, and should be inquired into before horse serum of any kind is injected. Horse serum should not be injected into such individuals

unless the indications are clear, and then only with a statement as to the possible outcome. Bovine serum may be used.

Diphtheria antitoxin may be given without fear of anaphylactic shock in cases of diphtheria. The few serious accidents have occurred only with prophylactic doses in healthy persons. There is no instance on record of diphtheria antitoxin causing fatal anaphylactic shock in a person ill with diphtheria. We now have an experimental confirmation of this, for Bronfenbrenner,<sup>31</sup> working in my laboratory, has shown that diphtheria toxin prevents anaphylactic shock in sensitized guinea pigs. *It is therefore incalculable to delay or hesitate to use full therapeutic doses of antitoxin in diphtheria.*

**Desensitization.**—In order to prevent anaphylactic shock following the use of serum in pneumonia and other diseases in which large amounts of alien proteins are injected, desensitization may be attempted. Sensitiveness should first be tested by injecting minute amounts of the alien protein into the skin. Within an hour a characteristic local edema and erythema takes place at the site of the injection. Desensitization may be accomplished by injecting exceedingly minute amounts subcutaneously and repeating this every half-hour or hour with doses of gradually increasing size. Persons may also be desensitized by injecting 0.5 to 1.0 c. c. of the serum to be used, subcutaneously, several hours before giving intravenous injections. Whether the patient is susceptible or not, intravenous injections should be given very slowly.

Friedberger and Mita<sup>32</sup> found it possible to avoid all symptoms of anaphylaxis in experimental work with guinea-pigs by injecting the serum extremely slowly. When thus introduced animals are able to tolerate an amount far beyond the ordinary lethal dose.

Adrenalin, pituitrin, chloral, chloroform, and atropin in full therapeutic amounts are claimed to ameliorate or even prevent anaphylactic shock, but it must be admitted that none of the above procedures is wholly satisfactory.

**Historical Note and References.**—A complete summary and bibliography of diphtheria up to 1908 will be found in the system edited by Nuttall and Graham-Smith entitled "The Bacteriology of Diphtheria," containing articles by Löffler, Newsholme, Mallory, Graham-Smith, Dean, Park, and Bolduan; Cambridge University Press, 1908.

The modern clinical description of the disease is, by common assent, attributed to Bretonneau, of Tours, in 1826: *Traité de la diphthérie*. Des inflammations spéciales du tissu muqueux et au particulier de la

<sup>31</sup> Proceed. Soc. Exp. Biol. and Med., Feb. 16, 1920.

<sup>32</sup> Friedberger, E., and Mita, S.: "To Prevent Anaphylaxis in Serotherapy" ("Methode, grössere Mengen artfremden Serums bei überempfindlichen Individuen zu injizieren"), *Deutsche med. Wochenschr.*, Berlin, Feb. 1, XXXVIII, No. 5, pp. 201-248.

diphthérie ou inflammation pelliculaire, connue sous le nom de croup, d'angine maligne, d'angine gangréneuse, etc., Paris.

The bacillus of diphtheria was first cultivated and adequately described by Löffler, 1884: Untersuchungen über die Bedeutung der Mikroorganismen für die Entstehung der Diphtherie beim Menschen, bei der Taube und beim Kalbe. *Mitth. a. d. k. Gesundheitsamte*, ii, 451.

The classical article in which Behring and Kitasato announced their discovery of diphtheria antitoxin in 1890 will be found in *Deutsche med. Wochenschr.*, xvi, 1113. Ueber das Zustandekommen der Diphtherieimmunität und die Tetanusimmunität bei Tieren.

Ehrlich's important work, in which he laid the foundations of his side-chain theory and established the present satisfactory method of standardizing diphtheria antitoxin, will be found in the following: Die Werthbemessung des Diphtherieheilserums und deren theoretische Grundlagen. *Klin. Jahrb.*, Jena, v, 6 (2), 1897, pp. 299-326. Ueber die Constitution des Diphtheriegiftes. *Deut. med. Woch.*, Leipzig, v, 24 (38), 1898, pp. 597-600. Croonian lecture. On Immunity with Special Reference to Cell Life. *Proc. Roy. Soc.*, London, v, 66, pp. 424-448, pls. 6-7.

The official method for standardizing diphtheria antitoxin in this country and the principle upon which it is based are described by Rosenau (1905), The Immunity Unit for Standardizing Diphtheria Antitoxin (based on Ehrlich's normal serum). *Hygienic Laboratory Bull.*, No. 21, P. H. and M. H. S., Washington, Govt. Print. Office, 92 pp.

The Schick test was first described in the *Münch. med. Wochenschr.*, Nov. 25, 1913, p. 2608.

### VINCENT'S ANGINA

Vincent's angina was first described by Professor Vincent in 1898. It is an important disease in itself, and also because it is very likely to be mistaken for diphtheria. Vincent's angina is due to a fusiform bacillus and an accompanying spirillum (spirochete?). In early cases the bacilli are usually more numerous than the spirilla, but in more advanced cases the spirilla usually predominate. The organisms are best stained with carbol-gentian violet. Both the spirilla and the bacilli are usually gram negative. They have been grown by Tunncliffe<sup>33</sup> anaërobically in ascitic broth containing a piece of tissue. She regards them as identical for the reason that the spirillum appeared to develop from a pure culture of the fusiform bacillus.

The disease is characterized by slight constitutional disturbance

<sup>33</sup> *Jour. Inf. Dis.*, III, 1, Mar., 1906, p. 148.



and no fever; the temperature rarely goes over 100° F.; there is pain on swallowing; the submaxillary lymphatic glands are enlarged and tender, the lesions are often unilateral; the yellowish-gray membranous exudate is usually easily removed, leaving a raw, bleeding surface; albumin rarely appears in the urine.

The fusiform bacillus and the long spirillum were first demonstrated in cases of ulceromembranous angina, and later found in cases of ulceromembranous stomatitis; also in gingivitis, noma, hospital gangrene, pyorrhea alveolaris, appendicitis, abscesses, and other morbid processes. Noguchi found these organisms in a case of ulcer of the labia, and Vincent himself reported a case of gastro-enteritis in which large numbers of typical organisms were found. Corbus and Harris have described ulcerative balanitis due to this organism, and they called it "the fourth venereal disease."

This infection is peculiar to man; at least, experiments on animals are negative. Second attacks and recurrent attacks occur, indicating that there is little or no immunity conferred. Local applications of arspenamine appear useful, both in treatment and for prophylaxis.

Vincent's angina is often mistaken for diphtheria. It must be differentiated from syphilis. The disease is much more common than is ordinarily supposed. Under military conditions the incidence is greatly increased, and it was a common cause of disability in the World War. The disease is favored by any debilitating condition, such as fatigue, chill, exposure, insufficient and improper food, and excessive use of alcohol and tobacco.

The organisms are found in normal mouths, especially in those with poor teeth and lack of oral hygiene. Campbell and Dyas found a few Vincent's organisms in about 50 per cent. of all swabs taken from the throats of troops at Bramshott. Reckford and Baker<sup>34</sup> found only one carrier in fifty normal individuals, whereas fusiform bacilli and spirilla were found in 90 per cent. of the smears from diseased teeth in a dental clinic.

The disease is spread through the discharges from the lesions and by carriers in the same ways that diphtheria is spread. The prophylaxis is similar; special attention must be given to predisposing factors, such as undernutrition, to oral hygiene, and to measures that improve health.

<sup>34</sup>*J. A. M. A.*, Vol. LXXV, No. 24, p. 1620.

**MEASLES***(Morbilli, Rubeola)*

Measles is usually taken as the type of a contagious disease because it is one of the most readily communicable of all diseases, in this regard ranking with smallpox and pandemic influenza. As a cause of death it ranks high among the acute fevers of children.

In the registration area of the United States, during the twelve years from 1900-1911, 50,000 deaths from measles were recorded, and it is estimated that over 100,000 deaths were caused by measles in the continental United States during the same period. The number of deaths from measles as compared with those of certain other diseases in the registration area during the years 1910 and 1917 is shown in the following table:

Disease	1910		1917	
	Deaths	Deaths per 100,000 Population	Deaths	Deaths per 100,000 Population
Diphtheria and croup.....	11,512	21.4	12,453	16.5
Measles.....	6,598	12.3	10,745	14.3
Scarlet fever.....	6,255	11.6	3,141	4.2
Whooping cough.....	6,148	11.4	7,837	10.4
Cerebrospinal meningitis...	2,272	4.2	6,890	9.1
Infantile paralysis.....	1,459	2.7	.....	....

It is estimated that 10,000 deaths from measles take place each year in the United States. These figures are conservative, for many deaths from measles are recorded as pneumonia.

Measles is an infection peculiar to man. Experimental measles has been produced in monkeys, but the susceptibility is not marked and subject to variations. The virus is contained in the blood, as has been shown by Hektoen, who thus transmitted the disease from man to man. More important from the standpoint of prevention, the virus has been demonstrated in the secretions from the nose and mouth by Anderson and Goldberger. The period of incubation is quite constant (from 9 to 11 days), and the rash appears quite uniformly on the 13th or 14th day after the infection. In Hektoen's two experimental cases the eruption appeared on the 14th day. The cause of measles is not known.

Measles is more or less constantly present in all large cities in the temperate zone; it is less common in the tropics, although it spreads as readily in hot as in cold climates. All races are susceptible; the death

rate is higher in urban than in rural districts.<sup>35</sup> Measles frequently becomes epidemic, usually in the cooler months, in this respect resembling influenza, scarlet fever and smallpox. The epidemics recur cyclically, at intervals of two or three years, with considerable regularity in thickly settled communities. In more sparsely populated areas, these waves recur at longer and more irregular intervals. Levy and Foster noticed that in Richmond, Va., epidemic outbreaks recurred at intervals of about 3 years. They were able to predict and warn against an epidemic prevalence of the disease in the winter of 1910. During 1909, 40 cases of measles occurred in Richmond, but during this year the disease showed no special tendency to spread. In the middle of February, 1910, 8 cases occurred among the pupils of one school and the infection showed a high degree of communicability. According to the history of the disease, an epidemic year was due and an epidemic was predicted. Over 2,000 cases occurred with 26 deaths.

Measles is highly contagious during the præruptive stage, when the nature of the disease is not recognized and when most of the damage is done; it remains contagious for a variable time during convalescence. Recent experimental evidence and clinical experience plainly indicate that the infection of measles soon dies out, and that there is little danger of transmitting the disease after the temperature returns to normal. An isolation of two weeks from the onset of the disease is sufficient in public health work; health officers, however, adopt arbitrary times. For public health purposes the maximum period of incubation is placed at 14 days.

Measles is malignant in virgin soil. An increased virulence is also observed wherever many cases of measles are brought together. This is explained on the theory of cross-infection with the chief complications—streptococci and pneumonia.

**Immunity.**—One attack of measles confers a definite protection against subsequent attacks; second attacks, however, are more commonly reported than in the other eruptive fevers. Some persons are said to have the disease three or four times.<sup>36</sup> The close similarity between rubella (German measles) and rubeola (measles) accounts for many so-called second attacks of measles. As with smallpox, there appears to be no natural immunity to measles—man is exquisitely susceptible to these two infections. There appears to be a relative immunity sometimes of a high grade during the first few months of life, although measles occasionally occurs in infants of a month or six weeks.

<sup>35</sup> Crum, F. S.: A Statistical Study of Measles. *Am. Jour. of Pub. Health*, April, 1914, Vol. IV, No. 4, p. 289.

<sup>36</sup> Wagener (Monshrift für Kinderheilkunde, xii, 2, p. 477) describes mild catarrhal attacks during epidemics in adults who have had measles, and believes these to be atypical cases. He states that the disease is spread by these missed cases.

Adults are susceptible to measles, provided they have not had a previous attack. Susceptibility to the infection does not diminish with increasing age; the disease is apparently one of childhood only on account of the chances of exposure in early life. Before the days of vaccination smallpox was also a disease mainly of childhood.

The following instances demonstrate the susceptibility of adults to measles and also the serious nature of the disease: Measles was introduced into the Faroe Islands in 1846 from Copenhagen, and over 6,000 of the 7,782 inhabitants were stricken. Panum found no natural immunity in this epidemic. In 1775 it was introduced into the Sandwich Islands, and in 4 months 40,000 of the population of 150,000 died. In 1874, Thacombau, the native chief of the Fiji Islands, had measles while on a visit to Sydney. His son and a native attendant sickened on the voyage home, and carried the infection to the islands, with the result that one-fifth of the population (20,000) died. The virulence of measles under these conditions makes us conclude that a certain amount of resistance is acquired by communities in which the disease has prevailed a long time.

Measles is common in army camps, especially among troops enlisted from country districts, who are thus exposed to the infection for the first time. In the World War, measles was a serious cause of disability in our mobilization and training camps. Pneumonia was the common complication, often resulting fatally.

Measles itself is rarely fatal—95 per cent. of the deaths are due to pneumonic infection. In this regard, influenza and measles are alike. Both diseases become malignant when introduced into a population where they have not prevailed for a long time. Measles lowers the resistance to diphtheria, pneumonia, streptococci, tuberculosis and noma; it is a common history for tuberculosis to develop after an attack of measles.

Measles, perhaps more than any other disease, lowers resistance to other infections. Immune bodies diminish or disappear from the blood during and soon after measles. Thus, the tuberculin reaction is in abeyance during and some months after an attack; typhoid agglutinins diminish in the blood. There is a distinct leukopenia.

Nicolle and Conseil attempted to immunize children with the blood serum of convalescents and also with virus. Similar attempts are now being carried out by several investigators. This work is too recent to form a judgment, but the control of measles clearly depends upon a specific prophylactic.

**Resistance of the Virus.**—In general the virus of measles is known to be much less resistant than that of scarlet fever and many other infections. The virus does not live long upon fomites, probably less than 24 hours. The infection is commonly passed directly from person to

person. There is practically no danger of children contracting the infection from the room in which the patient was treated, even though no disinfection was practiced, provided two weeks have elapsed.

Goldberger and Anderson<sup>37</sup> found, as the result of experiments upon monkeys, that the virus in measles' blood may pass through a Berkefeld filter. In blood serum it resists desiccation for 25½ hours, loses its infectivity after 15 minutes at 55° C., resists freezing for 25 hours, and possibly retains some infectivity after 24 hours at 15° C.

From the standpoint of our present knowledge it is evident that any of the ordinary germicidal agents sufficient to kill spore-free bacteria will serve as effective disinfectants for measles. Aside from the few scientific observations upon the viability of the virus of measles, epidemiological observations have long pointed out the fact that the virus of measles is frail and soon dies in the convalescent as well as in the environment. So far as is known, there are no carriers of measles.

**Modes of Transmission.**—The virus of measles is contained in the nasal and buccal secretions. While it is possible that the virus may leave the body in other secretions, it is highly probable that the discharges from the nose and mouth are the means of transmitting the infection in the vast majority of cases. We are less certain concerning the modes of entrance into the body, although it is presumed that the virus also enters by the mouth and nose. The evidence is clear that measles is usually transmitted by direct contact.

Mayr<sup>38</sup> showed in 1852 by experiments on the human subject that the buccal and nasal secretions were infective. Anderson and Goldberger<sup>39</sup> have demonstrated by experiments upon monkeys that the nasal and buccal secretions of uncomplicated cases of measles may be at times, but are not always, infective. Hektoen<sup>40</sup> in 1905, as well as Goldberger and Anderson, 1911, demonstrated that the virus of measles is also contained in the circulating blood. The virus appears in the blood at least 24 hours before the eruption appears, and begins to diminish about 25 hours after the first appearance of the eruption. Nicolle and Conseil, also Lucas and Prizer have produced experimental measles in monkeys. Blake and Trask's results are convincing.<sup>40a</sup>

It had long been assumed that the virus of measles is carried in the fine bran-like desquamating epithelium, which is one of the characteristics of the disease. Mayr long ago failed in his attempts to inoculate children with measles by using the desquamating epithelium. Anderson and Goldberger also obtained negative results in three experiments, in

<sup>37</sup> *J. A. M. A.*, Vol. LVII, No. 12, Sept. 16, 1911, p. 971.

<sup>38</sup> Mayr, Franz: *Zeitschr. d. k. k. Gesellsch. de Aertze zu Wien*, 1852, I, 13-14.

<sup>39</sup> *J. A. M. A.*, Vol. LVII, Nov. 11, 1911, p. 1612.

<sup>40</sup> Experimental Measles: *Jour. Infect. Dis.*, 1905, Vol. II, p. 238.

<sup>40a</sup> *Jour. Ex. Med.*, March, 1920.

which it was shown that the "scales" were not infective for monkeys. These authorities believe that it is highly probable, if not altogether certain, that the desquamating epithelium of measles in itself does not carry the virus of the disease. This conclusion is warranted by epidemiological evidence.

Measles is so readily communicable that clinicians receive the impression that the virus is "volatile." It has long been suspected that the virus is contained in the expired breath, but this is very doubtful. In fact, it may now be stated with confidence that measles is not air-borne, in the sense in which this term is usually understood. In any case, the radius of danger through the air is confined to the immediate surroundings of the patient—that is, within the danger zone of droplet infection. Droplet infection is quite possible, as the virus is contained in the secretions of the mouth and nose; furthermore, it evidently requires an exceedingly minute quantity of the virus to reproduce the disease in man, who is exquisitely susceptible to this infection.

Chapin has collected important evidence indicating that the infection of measles is not air-borne. Thus, in the Pasteur Hospital, Paris, each patient is cared for in a separate room opening into a common hall. Trained nurses exercise strict medical asepsis. In 2½ years after this hospital was opened in 1900 many cases of smallpox, diphtheria, scarlet fever, and 126 cases of measles were cared for. In no instance did measles spread within the hospital. At the Children's Hospital in Paris (Hôpital des Enfants Malades), instead of being in separate rooms, the beds are separated only by partitions. Strict asepsis is observed. Of 5,017 cases there were only 7 cross-infections, 6 of measles and 1 of diphtheria. Dr. Moizard thinks that this experience proves that even measles is not air-borne, for the few cases of this disease which did arise were not all in cubicles adjoining those occupied by measles patients. Grancher in another Paris hospital had two wards in which there were no partitions, but only wire screens around the beds, simply as a reminder for the nurses. Of 6,541 patients treated from 1890-1900, 115 contracted measles, 7 scarlet fever, and 1 diphtheria. Grancher insists that measles is probably not an air-borne disease. Adjacent patients do not necessarily infect one another. At various other hospitals similar methods have been tried with success. These experiences indicate that the danger of aërial infection in measles is much less than is generally supposed.

The infection of measles is usually transmitted more or less directly from person to person by means of the excretions from the mouth and nose, and most often during the early stages of the disease. Measles may be transmitted by third persons or by fomites only when the time interval is short; such instances are rather exceptional. Carriers are not known.

**Prevention.**—The suppression of measles is one of the most difficult problems we have to face, for the reason that the disease is one of the most highly communicable of all infections, and for the further reason that it is most contagious during the preëruptive stage. To the student of preventive medicine the problem of measles is very similar to that of smallpox and influenza, and the final control will probably have to await a specific prophylactic measure. Improved sanitation, better hygiene, and the general advance of civilization, which have made such a marked impression upon typhus fever, relapsing fever, typhoid fever, and other “filth” diseases, have no influence whatever upon such infections as measles, smallpox or influenza.

Measles is such a common disease that parents are prone to take little pains to avoid the infection; they even sometimes purposely expose their children. This is a mistaken attitude. Special care should be exercised especially during the first five years of life, as over 90 per cent. of the fatal cases occur in this period. While it may be almost hopeless to lessen the morbidity in measles, it is quite possible materially to decrease the mortality by simply delaying the age incidence.

Clinical experience plainly indicates that few people die of measles if properly cared for. The mortality may, therefore, be decreased by careful nursing and protection, especially from streptococci and pneumococci, which are the cause of the most dangerous complications. Newman sums up the matter of prophylaxis when he states that “the prevention and control of measles, like that of whooping-cough and tuberculosis, is largely in the hands of the public themselves.”

In the present state of our knowledge the prophylaxis of measles rests almost entirely upon one measure—isolation. Koplik spots are valuable signs to detect cases early. They appear two or three days, and sometimes six days before the rash. Exposed persons may be quarantined or watched fourteen days. Chapin believes that isolation has been a failure in measles. This is because of the unrecognized but infectious preëruptive stage. “No amount of isolation after the disease is recognized can atone for the harm done before the diagnosis is made.” Isolation, however, accomplishes one worthy object, viz., the prevention of further damage. Isolation, as carried out in our large cities, has had no apparent effect upon the prevalence of the disease. In Aberdeen, restrictive measures apparently protected only 7 to 10 per cent. of the population.

Despite its limitations, isolation is quite worth while. Cases should be at once reported to the health officer, the house placarded, and visiting prohibited. Quarantine should not be raised nor should the child be permitted to return to school until the manifestations of the disease have disappeared. Home treatment with individual care gives the patient the best chance of recovery. Herman advises against sending chil-

dren having measles to the hospital on account of the danger of cross-infection. It is difficult under ordinary circumstances to prevent the spread of the disease to the other children in a household. If the case is treated at home, the children who have not had the disease may be sent away, but kept under observation and also under conditions that will not endanger other children in case the disease develops.

Measles patients must be carefully protected against common colds, diphtheria, pneumonia, streptococcal and other infections; also against exposure and other depressing influences.

Mild atypical and unrecognized cases of measles occur, but are far less numerous than such cases in scarlet fever, diphtheria, and typhoid. Clinical evidence points to the fact that "carriers" of measles do not occur. The disease is usually spread directly from person to person, rarely indirectly through a third person, or by fomites. When measles is conveyed by a third person or by fomites it is by means of contamination with the fresh buccal, nasal, or bronchial secretions upon the hands, handkerchief, or some other object that comes in contact with the mouth or nostrils of a susceptible child. Physicians may readily avoid this danger by wearing a gown and carefully washing the hands, face, and hair, and waiting a reasonable time before visiting healthy children.

Terminal fumigation is of no value in preventing the spread of measles. After the patient is released from isolation a general cleaning with boiling of fabrics should be practiced, especially if healthy children are soon to occupy the playroom or bedroom. However, if from 2 to 3 weeks have elapsed, there is practically no danger in a well-ventilated, sunny, and clean room. All bedding, towels, handkerchiefs, and other fabrics that have been exposed should be boiled or otherwise disinfected. Terminal fumigation for measles has been given up in New York and other cities as unnecessary.

Closing the schools has little effect in preventing the spread of measles. If the school is closed at the beginning of an outbreak and the disease continues to spread after two weeks, little more will be gained in keeping the school closed, for it must then be evident that other factors are at work in spreading the infection. As the disease is mainly spread in the preëruptive stage, it is sufficient to examine the children each morning *before* they enter school for symptoms of a cold, injection of the eyes, running at the nose, cough, sore throat, fever, but especially for Koplik spots. All such cases should be sent home to await further developments.

McVail suggests that when a child develops measles all the children exposed may be allowed to continue at school 8 or 10 days, and then excluded for a week to ten days, when those who do not develop the disease may be allowed to return. This is a rational plan used in certain



districts in England. When measles breaks out in an orphan asylum, a public institution, or an encampment, the only chance of checking the spread of the disease is through the early recognition of first symptom and isolation.

### GERMAN MEASLES

(*Rubella, Rötheln*)

German measles is a distinct disease. It is usually mild and without special complications. It is distinguished from measles by the absence of Koplik spots, the slightness of the prodromal symptoms, the mildness or absence of fever, the more diffuse character of the rash, its rose red color and the early enlargement of the cervical glands. The incubation period is longer than in measles—14 to 21 days, average 17. The two diseases do not protect against each other. German measles is very communicable and extensive epidemics occur.

The cause of German measles is not known. Prevention is the same as for measles.

Clement Dukes described two forms of German measles, one of which he considers a distinct disease somewhat resembling mild scarlet fever, rather than measles. It goes by the name of Dukes' disease, or "the fourth disease."

### SCARLET FEVER

Scarlet fever is an acute febrile infection characterized by a diffuse eruption which appears during the first day or two of the fever, and sore throat of variable intensity. The seasonal prevalence of scarlet fever resembles that of diphtheria. The disease increases in the fall of the year, and continues high until May; there is a sharp drop in June and the curve is low during the hot months of July and August. The period of incubation is from 2 to 7 days; usually 3 to 4. In a few instances, in which individuals have been inoculated with the blood of scarlet fever patients, 3 to 4 days elapsed before the onset of symptoms. For public health purposes the maximum period of incubation is placed at 8 days. Scarlet fever is rare in the tropics; when introduced it soon dies out. There is probably always more or less scarlet fever in every thickly settled district in the temperate zone. The infection is kept alive largely through the mild and unrecognized cases. Scarlet fever varies greatly in intensity in different outbreaks. In some epidemics the death rate is 30 per cent.; in others it is practically nil. In recent years the disease is distinctly milder than formerly.

Landsteiner, Levaditi and Prasek <sup>41</sup> apparently succeeded in transfer-

<sup>41</sup> *Ann. de l'Inst. Pasteur*, Oct., 1911, XXV, No. 10, p. 754.

ring scarlet fever to chimpanzees and also to monkeys. The animals were inoculated both by applying throat swabs from scarlet fever patients to the pharynx of the animals, and also by injecting the animals with blood from scarlet fever patients. While the nature of the virus is still unknown, it seems to be present in the tonsils, tongue, blood, lymph nodes, and pericardial fluid.

The cause of scarlet fever is not known. Mallory and Medlar<sup>42</sup> described a small bacillus (*B. scarlatinae*) in the mucous membrane of the tonsils and throat and upper respiratory passages in the early stages of the disease, which has since been identified as *B. bronchisepticus*. Streptococci are almost constantly found in the throat and blood of scarlet fever cases. Klein in 1885 was the first to advocate the *Streptococcus scarlatinae* as the specific cause of scarlet fever. Kurth assigns an etiological factor to the *Streptococcus conglomeratus*. It is said to produce a rash in animals and men who are injected with it. Streptococci of the beta type described by Theobald Smith are the pathogenic type frequently found in scarlet fever. The chief reasons for considering streptococci as the cause of scarlet fever are that they are constantly found in the throat of scarlet fever patients; that frequently they can be isolated from the blood of scarlet fever patients during life, and almost constantly after death; and that they are the cause of the complications and death in the majority of cases of scarlet fever. It is probable, however, that streptococci play a secondary rôle in scarlet fever as they do in smallpox; the disease itself may be due to a virus, which lowers resistance to streptococcal invasion.

It is clinically impossible to distinguish some cases of septic sore throat from scarlet fever.

**Modes of Transmission.**—It is taken for granted that the virus of scarlet fever is contained in the secretions from the nose, throat, and respiratory tract. The virus probably enters by the mouth and respiratory passages. It is commonly stated that scarlet fever is not contagious during the period of incubation; little, if any, during the period of invasion, and most contagious during the period of eruption. The contagiousness depends upon the discharge of the virus, which in turn depends upon the condition of the mucous membranes of the nose and throat. This varies in different cases, but as the catarrhal symptoms are usually most pronounced during the time of the rash this is therefore the time of greatest danger in the average case. Scarlet fever may be communicable from the beginning of mucous membrane lesions until long after convalescence. Scarlet fever is readily communicable, but less so than measles or smallpox; it ranks about with diphtheria.

Scarlet fever is mainly spread by contact, carriers and milk.

It has long been accepted and taught by the medical profession

<sup>42</sup> *Journal of Medical Research*, March, 1916, Vol. XXXIV, No. 1, pp. 127-130.

that the desquamation is the most infectious stage of scarlet fever, and it is now very difficult to unteach the public this erroneous view. It is now known that desquamating patients may, as a rule, be safely released from quarantine in the 6th week of their attack of scarlet fever, provided they have no mucous complications or other sequelae. Convalescents may be a source of danger to others even after desquamation has ceased. This fact has been emphasized from a study of the so-called "return cases." Thus convalescents are released from hospital and permitted to return home; soon another case appears in one of the members of the household, who in turn comes to the hospital. Neech in a study of 15,000 cases found that the percentage of return cases was 1.86 in those cases who submitted to an average period of isolation of 49 days or under. With an average period of 50 to 56 days the percentage was 1.12; where the isolation extended to between 57 and 65 days the percentage of return cases was 1. McCollom states that in the South Department of the City Hospital, Boston, the children are kept 50 days, and no patient is released who has a discharge from the nose or an abnormal condition of the throat; nevertheless of 3,000 patients discharged from the scarlet fever ward, 1.7 per cent. of return cases occurred.

There is no accurate means of determining just how long a child remains infective after scarlet fever. The period of detention varies very much. Fifty days may be taken as a working average. In New Haven and Seattle cases are dismissed after desquamation; in North Dakota 5 days after desquamation; in Ohio and South Dakota 10 days after desquamation. In various cities and states the period of isolation varies from 3 weeks to 8 weeks unless the physician certifies that desquamation has ceased. In Milwaukee, Paterson, and Pittsburgh it is never maintained longer than 30 days, even if desquamation continues. Owing to our lack of knowledge on the subject, the period of isolation must remain more or less guesswork. An unduly long detention is a hardship upon the patient and the family; on the other hand, a scant period is hazardous to the community. Cases with rhinorrhea, otorrhea, throat trouble, or discharging abscesses must receive special care, as the secretions from these parts are now known to remain infective for a long time. Any unhealed area of the body surface either cutaneous or mucous may discharge the virus.

Many cases of walking scarlet fever present little further evidence than a passing sore throat. These cases doubtless spread the disease by contact. Third persons may carry the virus perhaps on their person and perhaps also as carriers. Toys, cups, spoons, pencils, chewing gum, candy, drinking glasses, thermometers, handkerchiefs, and other objects contaminated by the secretions of the mouth play the same rôle here that they do in diphtheria. Scarlet fever is not air-borne; at least the radius of infection is limited to droplet infection.

Direct contact is the most important and most frequent method of transmitting scarlet fever.<sup>43</sup> The susceptibility is indicated by the fact that less than 3 per cent. of the nurses at the South Department (Boston City Hospital) contract the disease; and only a small fraction of a per cent. of medical students. Place believes that a large majority of people, probably 75 per cent., escape scarlet fever.

*Milk-borne Scarlet Fever.*—Milk is a rather frequent vehicle for scarlet fever infection. The milk is practically always contaminated from human sources. There is, however, some suspicion that streptococcal diseases of the cow may in some instances be identical with scarlet fever. This is doubtful. It is believed, however, that some diseases of the udders of the cows may cause outbreaks of an infection resembling scarlet fever. Trask collected 51 scarlet fever epidemics reported as spread by milk. Twenty-five of these occurred in the United States and 26 in Great Britain. In 35 of the epidemics a case of scarlet fever was found at the producing farm, the distributing dairy, or milkshop at such a time as to have been the possible source of infection; in 3 of the outbreaks the bottles returned from infected households and refilled without previous sterilization were given as the source of infection; in 3 of the outbreaks scarlet fever persons handled the milk or milk utensils, and in 12 of the outbreaks the cows were milked by persons having scarlet fever; in one epidemic the same person nursed the sick and handled the milk; in 2 of the outbreaks the source of infection was supposed to be due to disease of the cow. A milk-borne outbreak in Washington was traced to a convalescent with a discharging ulcer on the finger. Milk-borne outbreaks of scarlet fever are sometimes very extensive.

An unusually extensive milk-borne outbreak of scarlet fever occurred in Boston during April and May, 1910. A total of 842 cases were reported from Boston and the surrounding towns of Chelsea, Winthrop, Cambridge, Somerville, Malden, and Everett. Investigation showed that most of the cases occurred on the route of a large milk contractor. Of the 409 cases in Boston, 286, or nearly 70 per cent., were on the route of this dealer; while 123, or 30 per cent., used other milk. Of the 155 cases that occurred in Cambridge, 126, or over 80 per cent., were on the route of the same dealer. About the same proportion of the cases in the other cities used the milk of this dealer. The cases appeared suddenly April 25th, and the outbreak ceased May 7th. The epidemic reached its highest mark on April 29th, when 128 cases were reported. The indications were plain that the outbreak was the result of more than a single infection. The milk was pasteurized at 60° C. for 30 minutes on April 27th, and three days following there was a notable and sharp decline in the number of cases. The source of the infection could not be traced, although it probably consisted of a "missed" case on one of

<sup>43</sup> Kobrak, *Zeitschr. f. Kinderheilkunde*, Aug. 16, 1920, p. 137.

the 250 dairy farms from which the dealer obtained this particular supply of milk.

**Immunity.**—One attack of scarlet fever usually protects against subsequent attacks. In rare instances second attacks may occur after an interval of several years. Children under 10 are most susceptible. Sucklings are rarely attacked, though susceptible. After the 10th year the resistance to the disease increases. Ninety per cent. of the fatal cases occur in children under 10 years old. The reason why infants at the breast are less likely to take the disease may be on account of the diminished chances of the infection entering the mouth. The immunity acquired in later life may in part be due to previous unrecognized mild attacks. Family susceptibility occurs.

**Prophylaxis.**—Prophylaxis in scarlet fever must necessarily be in excess of the requirements, awaiting more precise knowledge of its cause and modes of transmission. The essential features of prevention consist in isolation and disinfection. It is important to recognize the mild cases in schools through an efficient medical inspection. The answer to the question whether schools should be closed when scarlet fever breaks out varies with the circumstances. In country districts this is advisable, as the children may be kept separate, but in the cities little is gained. Better results may often be achieved by daily inspection of all pupils than by closing the school. All members of the household, where a person is ill with scarlet fever, should be excluded from school until one week has expired from the last possible exposure, unless immunized by a previous attack of the disease. All other members of the household may be allowed to continue their usual occupations except those engaged in handling milk. Patients with scarlet fever should be cared for in hospital. There is no objection to treating a case of scarlet fever in the household, provided a suitable room and trained attendant may be had. The infection may be confined to the sick room, but it is preferable to take no chances and send the susceptible individuals out of the house. The nurse should use the precautions described for diphtheria, smallpox, or measles. The physician should wear a gown and thoroughly disinfect his hands and other exposed parts after the visit. Special care must be taken with the thermometer and other instruments. The physician may find the necessary precautions and disinfection to be irksome, but they should not be shirked in justice to his other patients and the community.

The discharges from the mouth, nose, and respiratory passages, etc., should be collected upon suitable fabrics and burned. Bed and body clothing, dishes, and other exposed objects must be disinfected. Care must be taken concerning remnants of food from the sick room.

Scarlet fever is not as highly contagious as measles, but the measures employed should be practically the same until at least we have more definite knowledge concerning the channels of entrance and exit

of the virus and its modes of transmission. The virus of scarlet fever is more resistant than that of measles. It clings persistently to clothing and various objects. A terminal fumigation with formaldehyde gas may be practiced, although little seems to be gained thereby. A thorough cleansing of all surfaces, with a good sunning and airing of the room, is always in order. All fabrics and other objects that have been exposed should be disinfected. The virus is killed with agents that destroy non-spore-bearing bacteria. In Glasgow a sanitary wash-house has been established, where the clothing of scarlet fever cases may be disinfected and washed. This is a commendable example that might be followed with advantage by other cities. The prevention of nephritis, which is a frequent and serious sequel of scarlet fever, consists in absolute rest in bed for four weeks even in the mildest cases, and a low protein diet—chiefly bread and milk.

*Specific Prophylaxis.*—Attempts at artificial immunity by inoculation have failed because the inoculated disease does not prove milder, as in the case of smallpox. Whether immunity may be secured through general hygiene is doubtful, although good care of the teeth and gums, normal tonsils and healthy mucous membranes of the throat may afford some protection.

Gabritschewsky first proposed the use of streptococcus vaccines as a prophylaxis against scarlet fever. The results of streptococcal vaccines in Russia indicate that vaccinated persons contract the disease in from 0 to 8.5 per cent. in different villages as contrasted with 13.3 per cent. to 70.6 per cent. in unvaccinated. Of ninety-one unvaccinated persons reported by Smirnoff, 37.3 per cent. developed scarlet fever as contrasted with 3.93 per cent. of 127 vaccinated. The value of these vaccines for scarlet fever needs confirmation and until more evidence is obtained we must remain skeptical as to their prophylactic value.

Moser's polyvalent antistreptococcus serum has been used in the treatment of the disease, but has not been advocated as a prophylactic.

## WHOOPIING-COUGH

(*Pertussis*)

Whooping-cough occurs in epidemics, which vary greatly in virulence, intensity, and mortality. The disease is more frequent and severe in cold climates; otherwise uninfluenced by season and weather.<sup>44</sup> The cause of whooping-cough is a small bacillus, described by Bordet and Gengou, recognized by agglutination and complement fixation tests.<sup>45</sup>

<sup>44</sup> In New York, most cases during the past 10 years occurred during the spring and summer.

<sup>45</sup> *Ann. de l'Inst. Pasteur*, Vol. XX, 1906, p. 731.

This bacillus is found most readily in the beginning of the disease, in the matter from the depths of the bronchi brought up during the paroxysms. In this exudate, which is white, thick, and rich in leukocytes, the bacilli exist in considerable numbers and sometimes in almost pure culture.

In the early catarrhal stages it is difficult to obtain sputum. The bacillus can be isolated by holding a Petri dish with suitable medium close to the child's mouth while coughing. It is rare to find the Bordet-Gengou bacillus after the fourth week.

**Mode of Transmission.**—Whooping-cough is usually transmitted directly from person to person in the same ways that diphtheria and other infections contained in the secretions of the mouth and nose are spread. Handkerchiefs, toys, drinking cups, roller towels, and other objects recently contaminated with the infective secretions may act as vectors. It is also transmitted by droplet infection, kissing and close contact. In 60 per cent. of the cases studied in New York, the source of infection was given as coming from a neighbor (Luttinger).<sup>46</sup> Parents are prone to contract the disease from their children.

Jahn and others called attention to the fact that domestic animals may be affected by whooping-cough, and that they may be the means of transmitting it to children. Coughs of a paroxysmal nature have been observed in dogs, and also in cats. Klimenco<sup>47</sup> and Fraenkel<sup>48</sup> were able to produce what seemed like typical pertussis in monkeys, and Inabo<sup>49</sup> showed that injection of the bacillus in an ape gave rise to a typical whooping-cough with an incubation period of 13 days. Kittens and puppies do not take the disease under ordinary circumstances and for practical purposes of prevention are usually disregarded. Mallory and Horner<sup>50</sup> have shown that masses of *B. bronchisepticus* are found in the superficial layer of the trachea, thereby mechanically paralyzing the cilia. Some of the whooping-cough of animals may be confused with this infection, for the two organisms resemble each other closely (Ferry and Noble).<sup>51</sup>

Whooping-cough is apparently not contagious during the period of incubation, but is communicable from the appearance of the first symptom, and is most contagious during the early stage before the whoop develops. It may be transmitted in the late stages and after convalescence. While the virus is known to be in the secretions from the respiratory tract, all secretions from the mouth and nose (including vomitus) must be regarded as infective.

<sup>46</sup> Bull. No. 49, Dept. of Health, N. Y. City, Sept., 1916.

<sup>47</sup> Centralbl. f. Bakteriol., 1908, XLVIII, 64.

<sup>48</sup> München. med. Wochenschr., 1908, LV, 1683.

<sup>49</sup> Ztschr. f. Kinderh., June 15, 1912.

<sup>50</sup> Jour. Med. Res., Nov., 1912, XXVII, 2, p. 115.

<sup>51</sup> Jour. Bact., May, 1918, p. 192

**Immunity.**—There is no natural immunity to whooping-cough; all are susceptible. Whooping-cough at one time or another affects almost every member of a community and causes 10,000 or more deaths yearly in this country alone. The greatest susceptibility is between 6 months to 5 years. After 5 years the susceptibility decreases with age. One attack confers a definite and prolonged immunity; second attacks are rare.

There is a higher incidence and mortality among girls (56 per cent.) than boys (44 per cent.). Whooping-cough is the only communicable disease of childhood that shows this peculiarity.

The death rate for whooping-cough in the United States in 1917 was 10.4 per 100,000.

**Prevention.**—The incubation is probably 2 to 3 weeks, but the time is indefinite, owing to vagueness of the onset of symptoms. If 16 days have passed without symptoms the danger may be considered as having passed. For practical purposes of prevention 14 days will cover most cases. The long-drawn-out nature of the disease, the difficulty of diagnosis in the early stages when it is most contagious, and the fact that patients sometimes continue to spread the infection for 4 to 6 weeks after apparent recovery, make the control of whooping-cough an exceedingly difficult problem. Hence, with whooping-cough we have the same difficult problem that confronts us in the prevention of measles. Effective measures must await specific prophylactic methods.

Whooping-cough should be reported, houses placarded, and the patient isolated, but the isolation in this case need not include strict confinement to a room. This, in fact, may be an unnecessary hardship to the patient, who does better out of doors. If the patient is permitted to take the air, he must avoid contact with his fellowmen and not go to school, theater, church, public assemblies, nor ride in street cars or public vehicles. Children should go out only when accompanied by an intelligent caretaker as a protection to others. It has been suggested that children with whooping-cough who are permitted their liberty should be plainly labeled with a red cross on their arm, or a yellow flag, or the word "whooping-cough" conspicuously displayed on their clothing, to serve as a warning to others. Children who have been exposed should be isolated as soon as they show catarrhal symptoms or begin to cough, not waiting for the characteristic spasmodic whoop. Each community should provide a hospital-farm for children with whooping-cough who lack proper care.

Early diagnosis and prompt reporting of cases are essential. Other catarrhal diseases may cause paroxysmal cough, hence a positive diagnosis can only be made from cultures. Luttinger states that only about 10 per cent. of the cases of whooping-cough in New York City are reported. The disease is most communicable during the catarrhal or early



stages, when the infection can be recognized only by bacteriological methods.

Patients should not be released from quarantine until at least 4 weeks have elapsed after the onset of symptoms. The duration of isolation varies in different cities; thus it is 6 weeks in Montclair, N. J.; on recovery in Providence; as long as the cough lasts in Boston. In Michigan the disease is considered infectious 3 weeks before the whoop and 4 to 6 weeks after apparent recovery. The Danish regulations permit release from quarantine after four weeks and two negative cultures.<sup>52</sup> The State Board of Health of Michigan requires disinfection of the clothing and premises before the patient is released, and forbids public funerals in deaths from whooping-cough.

Individual prophylaxis consists in avoiding the infection. The greatest care in this regard should be taken with children before the age of 5 years. Ninety-six per cent. of the 6,324 deaths from whooping-cough in the United States in 1906 were in children under 5 years of age. Dogs, cats, and other domestic animals should be kept away from the patient, and the possibility of conveying the disease in this way must be guarded against in the susceptible.

The Bordet-Gengou bacillus is frail and soon dies in the environment; therefore, terminal fumigation of the room is not necessary, although cleaning and airing of the premises are in order. Handkerchiefs, fabrics, toys, and other objects that have come in contact with the secretions from the mouth and nose should be boiled or saturated with a strong germicidal solution. The sputum and vomitus should be burned or disinfected as for tuberculosis.

Mild, abortive, and missed cases spread the infection. Most cases of whooping-cough, however, give a clear history of recent contact with another case.

Whooping-cough usually runs a favorable course in healthy children over five years old, and after puberty it is rarely fatal. The most important thing then is to keep babies and young children from having the disease. Delaying the age incidence will materially decrease the mortality. Particular care should be taken during and for several months following convalescence to prevent the development of tuberculosis.

Schools need not be closed on account of whooping-cough. Daily inspection of pupils may achieve better results. The well children of a household, where a person is ill with whooping-cough, should be excluded from schools unless they have had the disease or until two weeks have elapsed since the last exposure, and then only provided they are free from catarrhal symptoms. Other members of the household may be allowed to follow their usual occupations.

Hess and others have recently used vaccines of the Bordet-Gengou

<sup>52</sup> Chievitz and Meyer: *Ann. de l'Inst. Pasteur*, 1916, 30, p. 503.

bacillus as a prophylactic with seeming success. The evidence so far shows no striking protective power of these vaccines. The immunity produced is slight if any. The subject is being studied.

The control of whooping-cough is a matter which is largely in the hands of the public itself. The dangerous nature of this infection should be emphasized, and people taught that it is contagious both before and after the "whoop." Mild cases which do not have the characteristic whoop spread the disease; this is especially common in adults.

**Mortality.**—The dangerous nature of whooping-cough is not generally realized. Whooping-cough almost everywhere causes more deaths than scarlet fever. Many deaths registered as bronchitis and bronchopneumonia are secondary to whooping-cough; during the summer, gastro-intestinal complications are serious in young children. In the United States in 1910 the death rate per 100,000 was as follows: Whooping-cough 11.4; scarlet fever 11.6; measles 12.3; and diphtheria 21.4. In Glasgow the annual mortality from whooping-cough for 40 years, 1855-1894, was 13.5 per hundred thousand inhabitants, and exceeded that from any other acute communicable disease. In England and Wales in 1891 more deaths occurred from whooping-cough than from measles, diphtheria, scarlet fever, or typhoid fever. The mortality figures would be still higher if all the deaths directly or indirectly due to it were completely reported, for the fatal termination is usually due to complications and sequelae which occur in one-fourth to one-third of all cases. As a result of these complications the original disease is frequently lost sight of entirely in the vital statistics. According to Farr's law—that contagious diseases increase as density of population increases—the death rate from whooping-cough in our country will undoubtedly increase in our more sparsely settled states with increasing population and rapidly extending lines of railroad and other facilities, and with easy, frequent, and rapid movements of the people.

The gravity of whooping-cough is scarcely appreciated, either by the physician or the public, and there is much heedless neglect with reference to the prevention of this infection.

## MUMPS

*(Epidemic Parotitis)*

Mumps usually occurs between the ages of 5 to 15 years. There is decreased susceptibility both before and after this time. It is a disease of children and young adults. As a military problem, mumps frequently occurs in men between 21 and 31 years. In the soldier and sailor the infection is dreaded because it is disabling and unmanageable. In 1918, there were 5,756 cases of mumps among 18,000 men at Camp Wheeler,

an incidence of 32 per cent. One attack usually confers immunity, but second attacks occur, and third attacks are sometimes reported. The disease may occur as epidemics in civil institutions and military establishments, which usually develop slowly and last a long time. It is difficult to trace and eradicate. Orchitis is a frequent and painful complication and when both testicles are involved may cause sterility. Other complications are: great prostration; a tendency to develop mania, or wild delirium, or a comatose state resembling uremia; meningism, mastitis, otitis media, tonsillitis, and pneumonia also occur. Mumps is contagious before the symptoms appear, and for some time, even 6 weeks, after symptoms have disappeared. It is probably transmissible as long as the glands are swollen. The parotids are most frequently involved, next the submaxillary, and last the sublingual. The lachrymal glands escape. The disease is usually spread by direct contact; rarely by indirect contact or by a third person. It is not air-borne. The virus is contained in the secretions from the mouth and perhaps the nose. The incubation is variously stated at from 4 to 25 days; it is variable and sometimes prolonged. For public health purposes the maximum period of incubation is placed at 21 days.

Granata in 1908, and Nicolle and Conseil<sup>53</sup> in 1913 obtained indications that mumps may be due to a filterable virus; Martha Wollstein<sup>54</sup> in 1918 showed that the salivary secretion in mumps contains a virus, which when filtered and injected into the parotid glands and testicles of cats, causes pathological changes resembling mumps in human beings.

The virus is detected most readily in the saliva during the first three days of the disease, less easily on the 6th, and not at all on the 9th day. It is also present in the blood of patients showing marked constitutional symptoms, but not in the cerebrospinal fluid.

Mumps is required to be reported in Maryland, Grand Rapids, and Raleigh, and placarded in Cleveland. Prevention depends upon the usual practice of isolation and disinfection.

Hess<sup>55</sup> injected 6 to 8 c. c. of blood of convalescents intramuscularly into 17 children. None of these children developed mumps, although exposed to it in an institution where the disease was epidemic. If confirmed, this procedure could be made use of in the home as well as in institutions.

Orchitis occurs as a complication in as high as 25 per cent. of the cases. It is rare before puberty. There is some support for the old suggestion that the infection is conveyed to the testicles by hand-urethral inoculation, but more likely the virus is brought to the testicles by the blood stream. Traumatism of the testicles predisposes to orchitis, hence

<sup>53</sup> Compt. rend. Acad. d. Sc., 1913, CLVII, 340.

<sup>54</sup> *Journ. Exp. Med.*, March, 1916, pp. 265-429; Oct. 1, 1918, p. 337.

<sup>55</sup> *Proceed. Soc. f. Exp. Biol. and Med.*, Apr. 21, 1915, XII, 7, p. 144.

injurious palpation and injuries however slight should be avoided. Rest in bed is also a prevention.

### LOBAR PNEUMONIA

Lobar pneumonia is a communicable disease which should be classified with the infectious fevers. If pneumonia were a new disease it would be regarded as "contagious," and its spread would be guarded against by isolation and the application of antiseptic principles. Many different infections are caused by the pneumococcus, but here we will consider only the specific self-limiting disease associated with involvements of one or more lobes of the lung, known as fibrinous, lobar, or croupous pneumonia—also lung fever. The pneumonia considered in this article is an acute, self-limiting, febrile disease caused by one of the pneumococci. The pneumococcus is the common cause of pneumonia, but pneumonitis may also be caused by a long list of other pathogenic microorganisms, such as streptococci, influenza bacilli, Friedländer's bacilli, plague bacilli, typhoid bacilli, etc. A pneumonic condition of the lung is also a frequent terminal state, especially in the young and in the old. Owing to these facts, there is much confusion in the literature as well as in the morbidity and mortality records concerning pneumonia.

The pneumococcus is found not alone in the local lung lesions, but also invades the blood. When this happens in large numbers it increases the severity of the disease. The pneumococcus has a capsule and is soluble in bile. It also gives specific, immunity reactions, especially agglutination and precipitin tests.

Pneumonia is one of the most prevalent and fatal of all acute diseases. As a cause of death it rivals and sometimes exceeds tuberculosis. According to the U. S. Census of 1890, over 9 per cent. of all deaths were due to pneumonia, 10.2 per cent. in 1900, 9.8 per cent. in 1910, and 9.7 per cent. in 1915. The death rate varies. In the United States it was 127 per 100,000 in 1914, and 149.8 in 1917 and still higher during the influenza pandemic of 1918-19. Pneumonia is probably on the increase, owing to factors favoring the spread of the infection, especially crowding; and also to certain devitalizing influences of modern life which heighten susceptibility to the disease; further, more persons are now saved from the acute and fatal infections of childhood and adolescence to become victims of pneumonia later in life.

Pneumonia occurs in all *climates*: it is prevalent in tropical as well as in cold countries. Like other communicable infections, it shows geographic differences: thus, it is more virulent in the United States than in England. This is said to be due to the dry, overheated air of our homes, offices and work rooms.

Pneumonia shows a distinct *seasonal prevalence*: it is most frequent in the winter and spring months. This is not necessarily accounted for by the chilling effects of cold moist air, for Greenberg has shown that a low relative humidity is conducive to a high death rate.<sup>56</sup> Cold, wetting and chilling are generally regarded as important predisposing causes. They may favor autoinfection through inspiration, or may lower the resistance of the bronchial and pulmonary tissues. Fatigue, or some unusual exertion, also plays a part here. Pneumonia is often preceded by an ordinary catarrhal inflammation. Cold and crowding also favors the spread of other respiratory infections, such as pneumonic plague, common colds, sore throats, etc.

Pneumonia is fatal among negroes to a greater extent than among whites; and is more frequent in males. It attacks all ages. The incidence is marked at both extremes of life. It is common in children under six years; between the sixth and fifteenth year the predisposition is less marked, but for each subsequent decade it increases. The relation to age is well shown in the United States Census Report for 1900. The death rate from pneumonia in persons from 15 to 45 years was 100.5 per 100,000 population; from 45 to 65 years, it was 263.12; and in persons 65 years and over it was 733.77! Osler says, "Pneumonia may well be called the friend of the aged. Taken off by it in an acute, short, not often painful illness, the old escape those 'cold gradations of decay' that make the last stage of all so distressing." Pneumonia often attacks the strong and robust in early adult life, but under these circumstances the chances of recovery are good.

**Types of Pneumococci.**—Four groups or types of pneumococci are now recognized, based upon immunological reactions. In three of the groups these reactions are fixed and specific. This grouping is important both from the standpoint of treatment and prevention.

- *Group I* is found in about 33 per cent. of all cases of pneumonia, and has a mortality of about 25 to 30 per cent. of cases caused by it. With the use of specific serum the mortality has been reduced to about 6 or 8 per cent. This type of pneumococcus is rarely found except in cases of pneumonia, or in healthy carriers closely associated with cases. Carriers of this type are temporary.

*Group II* is indistinguishable from Group I save by the agglutination reaction. It is found in about 33 per cent. of all cases of pneumonia, and has a mortality of about 25 to 30 per cent. An immune serum has been produced for this group, but it has feeble therapeutic power. Healthy carriers are temporary and infrequent, and only found in persons who have been in contact with cases of Type II pneumonia.

• A number of atypical members of this group are now classified as sub-group II.

<sup>56</sup>J. A. M., Jan. 25, 1919.

*Group III* is the *pneumococcus mucosus*, formerly confused with the *streptococcus mucosus*. These pneumococci are distinguished not only by specific immunological reactions, but by the fact that they have a large capsule, and colonies on solid media form an abundant, sticky, mucoid growth. This type is the cause of about 10 to 15 per cent. of all pneumonia, and is fatal in about 50 to 60 per cent. of cases. While infrequent it is malignant. No therapeutic serum of practical value has been obtained against this type of infection. Healthy carriers occur, but do not give a history of close association with pneumonia.

*Group IV* comprises all pneumococci that do not belong to groups I, II or III. The strains in this group are not specific. They are frequently found in normal mouths. These organisms have a comparatively lower virulence, causing about 20 per cent. of cases, but under certain conditions strains of Group IV may have an exalted virulence as in the Rand miners in South Africa.

These four groups seem quite stable and show no tendency to mutation. The percentage of incidence and death rates naturally varies with time and place; however, the Rockefeller figures given above have been fairly consistent from year to year, and the figures obtained by others have not varied widely from those stated.

The pneumococci of the first two groups caused about 65 per cent. of all cases of pneumonia in the United States, during the years studied. They occurred only in the mouths of people recovering from the disease or of those in direct contact with such cases. From these results, pneumonia was a contact disease in at least 65 per cent. of cases, the infection being obtained from a patient or carrier.

**Resistance of the Virus.**—The pneumococcus is a frail organism; it does not multiply in nature outside of the body and indirect transmission is not likely except with fresh infectious material. Even upon artificial culture media the life of the pneumococcus is brief; it must be transplanted frequently in order to keep it alive; it is customary in laboratories to pass it through a susceptible animal, such as a mouse or rabbit, from time to time, in order to maintain its virulence.

The pneumococcus is readily destroyed by heat; 52° C. for 10 minutes is sufficient. On the other hand, it withstands low temperatures very well. The ordinary germicidal agents destroy it quickly and with certainty. It may live for months in dried sputum, in which it also maintains its virulence. It has been found in the dust of rooms occupied by cases or carriers, and may persist for weeks.

**Modes of Transmission.**—The pneumococcus leaves the body mainly in the discharges from the mouth and nose, and enters the system through the same channels. The infection is spread directly by close personal contact, also indirectly through the great variety of ways discussed under diphtheria and tuberculosis. Indirect transmissions through

cups, fingers, handkerchiefs, and other objects contaminated with fresh discharges may occur; hand-to-mouth and droplet infection also come into consideration.

Pneumonia is spread chiefly by close personal contact with cases or carriers. Carriers of the pneumococci may infect themselves by inspiration. The effect of crowding is well shown by the fact that the disease is more prevalent in cities than in country districts.

Pneumonia occurs in well-marked epidemics. Wells gives an exhaustive tabulation of the epidemics of pneumonia extending back to 1440.<sup>57</sup> Epidemics of pneumonia have occurred in all parts of the world: in Alaska, at Erlangen, Boston, Ireland, Italy, France, Switzerland, and on board ships. The disease has also been observed to spread in hospitals and in houses. The excessive prevalence of pneumonia often found in camps, barracks and among working people, as at Panama and at the African mines, is due to contact infection resulting from crowding of susceptible people.

Pneumonia as a complication of influenza became one of the chief causes of death in our army in the World War. It is quite proper to regard pneumonia as endemic everywhere, with occasional epidemic outbreaks.

The workers of the Rockefeller Institute examined 175 specimens of *dust* from houses with cases of pneumonia due to Type I or Type II. In 75 of these specimens, pneumococci were found, and in 47 they were Type I or Type II, and in all these cases, but two, the type of pneumococcus found in the dust corresponded in type to that isolated from the patient. On the other hand, in 62 specimens of dust obtained from houses in which no cases of pneumonia were known to exist, pneumococci were isolated 18 times, but in only one instance were pneumococci of the fixed Types I or II present, and in this one instance a known carrier of the corresponding fixed type was found to be visiting at the time. Dust transmission is therefore to be feared and measures taken accordingly.

**Carriers.**—Pneumococci are frequently found in the mouths and throats of healthy persons. Sternberg in 1880 first demonstrated a pneumococcus in his own saliva. Netter found it in 20 per cent. of the persons whom he examined, and the New York Commission reported its presence in from 48 to 85 per cent. In other words, the majority of persons seem to be pneumococcus carriers. One fortunate feature of this situation is the fact that practically all the common mouth pneumococci belong to Group IV, which has a low virulence. Pneumococci of Types I and II usually disappear from the mouth within a few weeks after convalescence is established, the longest time so far observed being 83 days. Practically the same facts apply to the persistence of these types

<sup>57</sup> *J. A. M. A.*, Feb. 23, 1889. *Med. News*, May 20, 1905.

of pneumococci in the mouths of healthy carriers. In other words, carriers of these types are temporary, not very numerous, and almost always give a history of recent association with a case of pneumonia.

On the other hand, carriers of Type III and Type IV are very numerous and persistent. Type III is our most severe type of pneumonia, although it occurs only relatively infrequently. Cole found pneumococci of Type III 85 times among 450 healthy carriers. Practically none of these was associated with cases of pneumonia. Moreover, this type may be carried for years.

Stillman<sup>58</sup> found that Type IV predominates in the mouths of healthy individuals, that Type III is fairly frequent, and that atypical organisms of Type II are usually associated with cases of pneumonia, although occasionally it is impossible to trace any such connection. In these cases, it is probable that the pneumococcus was contracted from a carrier or indirectly through cups, spoons, glasses or dust from a case of the disease.

These facts suggest the following conclusions concerning the epidemiology of lobar pneumonia. Infection with pneumococcus of Types I and II must be regarded as dependent upon either direct or indirect contact with a previous case of lobar pneumonia due to the same type of organism. These types of infection are either acquired by direct contact with a previous case of pneumonia, by association with a healthy carrier of one of these types of pneumococcus, or possibly by infection from dust or objects smeared with saliva. Infection with the common sputum-types of pneumococcus, namely Types III and IV, and the atypical strains of Type II, may be autogenic, or brought about by a special susceptible. No known measures will relieve pneumococcus carriers.

Ethylhydrocuprein hydrochlorid has special pneumococcidal activity,<sup>59</sup> and has been recommended to disinfect carriers. Kolmer and Steinfeld<sup>60</sup> recommend a mouth wash and gargle of the following formula:

Ethylhydrocuprein hydrochlorid (or quinin bisulphid)	.005 gm.
Liquor thymolis	5.0 c. c.
Distilled water sufficient to make	50.0 c. c.

**Immunity.**—One attack of pneumonia does not leave an immunity. In fact, one attack predisposes to subsequent attacks, as is the case with erysipelas and rheumatic fever. Man, however, must possess a certain degree of resistance to the pneumococcus, else the disease would be even more prevalent than it is, and recovery would probably be less fre-

<sup>58</sup> *Journ. Exp. Med.*, Dec., 1916, XXIV, 6, 651; also a study of 100 normal individuals by Jacob Myer, *J. A. M. A.*, Nov. 6, 1920, Vol. LXXV, No. 19, p. 1268.

<sup>59</sup> Morgenroth and Levy, *Berlin. klin. Wochenschr.*, 1911, 48.

<sup>60</sup> *J. A. M. A.*, Jan. 5, 1918, Vol. 70, No. 1, p. 14.



quent. Recurrence is more common in pneumonia than in any other acute disease. Instances are on record of individuals who have had 10 or more attacks. Rush gives an instance in which there were 28 attacks.

All kinds of animals, even the most susceptible, may be rendered actively immune to pneumococcus infection by the previous injection of non-lethal doses of living pneumococci, or even by the injection of the dead cocci. The serum of such actively immunized animals, in many cases, possesses protective and even curative power. The chief antibodies which can be demonstrated in this immune serum are agglutinins and opsonins or bacteriotrophins.

The mechanism of the immunity to this infection is not at all understood. Phagocytosis may play a prominent, perhaps a dominant, rôle. Protective antibodies, rather feeble, have been found in the blood serum of immunized animals, and also in the blood serum of persons who have recovered from pneumonia. The pneumococcic attack, especially the crisis, resembles an anaphylactic reaction, and, while the mechanism of immunity in this infection is probably complex, the best explanation of it at present is in terms of anaphylaxis. The immunity is quite specific.

Many weakening diseases diminish resistance to the pneumococcus. Pneumonia is frequent in alcoholics and is commonly brought on by exposure to cold, to trauma, or to local irritation. It is a frequent complication of influenza, measles, whooping-cough, typhoid fever and other infections. Pneumonia often closes the scene in chronic heart disease, pulmonary phthisis, Bright's disease, diabetes and other debilitating affections.

Immaturity and old age, as well as other enfeebling conditions, may act as a predisposing cause by lowering immunity. Other factors which predispose to pneumonia are sudden changes in temperature, trauma, irritation caused by aspiration of foreign substances, or the inhalation of dust or irritating vapors.

It should be remembered that pneumonia, like other communicable infections, frequently attacks the strong and robust.

Fatigue, exposure and overexertion have long been recognized as contributing causes of pneumonia. Fatigue and overexertion favor the inspiration of infectious material into the trachea. Blake and Cecil<sup>61</sup> have produced pneumonia in monkeys simply by injecting small amounts of a pure culture by means of a fine needle into the trachea. Kinyoun and Rosenau, also Meltzer and his colleagues have produced pneumonia by intratracheal insufflation of large amounts into dogs.

The pneumococcus is particularly virulent when it attacks races in

<sup>61</sup> *Jour. Exp. Med.*, Apr. 1, 1920, Vol. XXXI, No. 4, pp. 403, 445; May 1, 1920, No. 5, pp. 499, 519; June 1, 1920, No. 6, pp. 657, 685; July 1, 1920, Vol. XXXII, No. 1, p. 1; Oct. 1, 1920, No. 4, p. 401; Dec. 1, 1920, No. 6, pp. 691, 719.

which the disease has not been prevalent. This was the case with the laborers on the Panama Canal and the miners on the Rand. Such circumstances indicate that a certain amount of racial resistance is acquired through long conflict with the pneumococcus.

**Prevention.**—*Vaccines* are now being tried as a prophylactic against pneumonia. Theoretically, we might expect it to be a hopeless task to produce by artificial methods a useful immunity to a disease which leaves little or no natural immunity; in fact one attack predisposes to recurrences. On the other hand, a high degree of protection can easily be induced in susceptible animals to virulent cultures of pneumococci when injected into the peritoneal cavity, the blood stream, or subcutaneously. The results of preventive inoculation upon man are encouraging, but must await some years of careful observation, with controls, before we know the quality of the protection afforded and the proper vaccine to use.

Following the promising but inexact experiments of Wright in South Africa, Lister<sup>62</sup> carried out prophylactic immunization in a large number of Rand mine workers, using a composite vaccine made from pneumococcus types prevalent in that region. He found that subcutaneous injections protected against the types used in the vaccines.

Cecil and Austin<sup>63</sup> inoculated some 12,000 seasoned troops (20 per cent. of the command) at Camp Upton, with a saline pneumococcus vaccine containing Types I, II and III. Three or four doses were given at weekly intervals, the first containing three billion organisms, and the final doses from six to seven and one-half billions. While the period of observation after the inoculation was only ten weeks, evidence of protection was made apparent by the fact that no cases of pneumonia of Types I, II or III occurred in the vaccinated groups, while 26 cases due to these types originated in the unvaccinated groups. Only 17 cases of pneumonia of all types developed among the vaccinated as contrasted with 172 cases among the unvaccinated men.

Cecil and Vaughan<sup>64</sup> immunized 80 per cent. of the command at Camp Wheeler. The conditions here differed materially from those at Camp Upton in several respects: (1) a larger number of the troops were recruits, and hence more susceptible;<sup>65</sup> (2) the work was complicated by the influenza epidemic; (3) a lipovaccine was substituted for the saline vaccine. This vaccine contained the 3 types of pneumococci in a dosage of 10 billion organisms, and only one injection was required. During a period of three months, 363 cases of pneumonia of all varieties occurred among the men vaccinated (80 per cent. of the command), and 327 cases among the unvaccinated troops (20 per cent. of the command).

<sup>62</sup> So. African Inst. for Med. Research, 10, 1917.

<sup>63</sup> *J. Exper. Med.*, XXVIII, 19, July, 1918.

<sup>64</sup> *Ibid.*, XXIX, 457, 1919.

<sup>65</sup> Opie, E. L., *et al.*: *J. A. M. A.*, 72, 108, Jan. 11, 1919; 72, 556, Feb. 22, 1919.

Only 8 cases of Types I, II, and III developed among the vaccinated men, and these were all secondary to severe cases of influenza. This excellent work in the army could not be followed up, was in a complicated situation, and is therefore not conclusive.

Pneumococcic immunity is strictly specific. Vaccines protect only against the pneumonia caused by those groups represented in the vaccine. Much more work will have to be done before a statement can be made concerning the prophylactic value of these measures. Studies are now being made by a Commission<sup>66</sup> upon groups involving many thousands with equal numbers of controls. The results of this work will not be known for several years. Antipneumococcus serum is useful in the treatment of Type I pneumonia if given early and in sufficient amount, but has no preventive virtues.

**Preventive Measures.**—The prevention of pneumonia is rapidly becoming more definite through a better understanding of the causes of the infection, and the factors which contribute to its spread. We must keep in mind that the disease called pneumonia is a group of closely related infections which may require somewhat different methods of control. In Types I and II, the emphasis must be placed upon direct contact with cases and carriers, and also dust; in Types III and IV, these factors also obtain, but personal prophylaxis to prevent auto-infection may be especially important. Until we have more precise knowledge, our measures should be general enough to include all members of the group.

Man is the source and fountain head of the infection. Each case of pneumonia is a focus for the spread of virulent pneumococci. Isolation and disinfection of discharges are the first indications. Limiting the number of persons who come in contact with the patient will lessen the number of carriers.

Pneumonia should be added to the list of diseases requiring compulsory notification. Cases should be isolated at least in the same sense that diphtheria is isolated—the discharges from the nose and throat should be burned or disinfected. If the patient is treated at home, the house should be placarded in order to discourage visiting and as an educational measure.

Isolation in hospitals may be accomplished by proper nursing technic, including the disinfection of discharges and all objects soiled with the infectious materials, especially fabrics, hands, spoons, cups, thermometers, etc. Sanitary isolation may be favored by the use of cubicles or screens between beds, and also by the use of masks by patient, doctor, nurse and attendants. Hospitals should take active measures to pre-

<sup>66</sup>The Commission for the Study of the Cause and Prevention of Influenza and Pneumonia of the Metropolitan Life Insurance Company, consisting of: Dr. Lee K. Frankel, Dr. A. S. Knight, Dr. W. H. Park, Dr. W. H. Frost, Dr. G. W. McCoy, Dr. E. O. Jordan, and Dr. M. J. Rosenau, Chairman.

vent cross infection and institutional outbreaks. It appears that pneumonia complicating measles, influenza and other diseases is apt to spread in hospitals, unless cases are isolated and guarded with special care.

Crowding, especially of the kind that favors the spread of the buccal flora from mouth to mouth, must be discouraged. Persons who sleep, work and play together, wash from the same bowl and eat with the same tableware, have every opportunity of spreading infections of the upper respiratory tract. This is why pneumonia and other acute infections of the mucous membrane of the upper respiratory tract are common and often epidemic in camps, schools, prisons, institutions, ships and industrial establishments. The factor of crowding and close personal contact needs emphasis and attention.

Upon the Isthmus of Panama pneumonia was unduly prevalent owing to overcrowding, which favors contact infection. The same was found by General Gorgas among the workmen of the African mines. The prevention consisted in scattering the workmen, giving them separate homes in place of barracks. Allaying street dust and house dust removes one of the predisposing causes of pneumonia and other respiratory infections.

As carriers doubtless play an important rôle in disseminating this infection, the education of the public concerning certain sanitary habits should be actively continued. These include the danger of spitting promiscuously and of kissing; the proper care to be exercised in sneezing and coughing; the peril in the common drinking cup, the roller towel; and the habit of placing unnecessary things in the mouth, especially the fingers. Restaurants, hotels and soda fountains should be required to scald all glasses, cups, spoons, etc., every time they are used. Lynch and Cumming<sup>67</sup> emphasize the importance of the sputum-borne diseases through hand to mouth infection and the warm water used to wash mess-kits, and dishes in hotels, restaurants, etc.

It should become common knowledge that anything which tends to reduce vitality predisposes to pneumonia, such as dissipation, loss of sleep, overwork, worry, poor or insufficient food, lack of exercise, alcohol, colds, or excesses of all kinds; the atonic effect of living in overheated rooms, and the injurious effect of excessively dried and warmed air, and sleeping in warmed rooms. Cold baths, regulation of temperature and ventilation, sleeping with open windows or in the open air, as well as oral hygiene, are useful prophylactic measures for pneumonia as well as tuberculosis, "colds," and a large group of diseases.

<sup>67</sup> Lynch, C. C., and Cumming, J. G.: *Military Surgeon*, Dec., 1918; *Am. Jour. Public Health*, Jan., 1919, Vol. IX, No. 1, p. 25; *Jour. Lab. and Clin. Med.*, Vol. V, No. 6; *Military Surgeon*, Oct., 1919.

Cumming, J. G.: *Am. Jour. Public Health*, Nov., 1919, Vol. IX, No. 11, p. 849; *Military Surgeon*, Feb., 1920; *Am. Jour. Public Health*, Nov., 1920, Vol. X, No. 11, p. 849.

A case of pneumonia due to Type I or II should not be released from quarantine until these fixed types have disappeared from the mouth. This is usually only a matter of a few weeks. After the patient is discharged, the room should be given a thorough cleaning with soap and water, and disinfected with one of the germicidal solutions.

Close supervision is needed of the acute respiratory infections such as ordinary "colds," so-called influenza, bronchitis, and sore throats. These catarrhal inflammations are often associated with pneumococci and predispose to pneumonia. Persons suffering with these "minor" infections should be isolated in bed during the acute stage and at least as long as there is fever. Exposure, overexertion, and fatigue under these circumstances may be hazardous.

Health officers may assist by disseminating knowledge concerning the disease, by enforcing antisputting regulations, by proper cleansing and oiling of streets, by requiring a stricter compliance with building and housing laws, and by the regulation of the ventilation and conditions of the air in theaters, schools, street cars, and public buildings, as well as the crowding of such places; also by providing free facilities for laboratory diagnosis, to aid in the search for carriers, to assist diagnosis and serum therapy, and to trace epidemics.

The virulent pneumococcus should not be lightly regarded as a normal inhabitant of the mouth, throat, and nose. Because the pneumococcus is very widely spread and the disease is ubiquitous, and because the associated factors which determine infection seem complicated and not well understood, are not sufficient excuses for a supine and hopeless attitude. The problem of tuberculosis has been attacked with vigor with scarcely better understanding of the fundamental problems at issue. Each case of pneumonia should be regarded as a focus for the spread of the infection. We should think of pneumonia very much as we think of whooping-cough and influenza,—as an infection which is spread from man to man through the secretions of the mouth and nose.

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#### INFLUENZA

(*La Grippe—Grip*)

Influenza is an acute, highly communicable, febrile disease, characterized by great pandemic outbreaks. The fever lasts three days and shows a special tendency to bronchial and pneumonic complications. When influenza sweeps over the world in pandemic form, it becomes the

most serious and furious of epidemics on account of the large numbers of people attacked in a short time. There is a high incidence, but a comparatively low case fatality rate, but the mortality is high on account of the great number of cases. Influenza itself probably never kills. Death is always due to some complication, usually pneumonia. Pandemic influenza acts very much like measles in a virgin population.

In the world wide pandemic of 1918-19, it is estimated that there were over 200,000,000 cases and that upwards of 10,000,000 deaths occurred in less than 12 months; in the United States alone there were more than 20,000,000 cases and about 450,000 deaths in less than 6 months. In India, 4,933,132 deaths from influenza were reported from June to November, 1918.

The term influenza has become both popular and vague. It is applied to common colds, acute bronchitis, catarrhal inflammations, nervous indispositions, and brief febrile attacks of unknown origin. Account of an epidemic, probably influenza, was recorded in 1173. Many outbreaks of "plagues," some of them doubtless influenza, occurred long before this. The first authentic outbreak was described in 1510 by the famous physicians Willis and Sydenham. There have been about 80 epidemics, more or less authentic, since 1173. Fourteen pandemics have been recorded since 1510; they are those of 1510, 1557, 1580, 1593, 1729, 1732, 1762, 1788, 1830, 1833, 1836, 1847, 1889 and 1918. The disease appears to have been epidemic in North America in the years 1627, 1647, 1729, 1732, 1737, 1762, 1782, 1789, 1811, 1832, 1850, 1857, 1860, 1874, 1879, 1889-90, 1916 and 1918. The relation of sporadic and inter-epidemic outbreaks to pandemics of influenza is not clear. Scarcely a year passes, particularly during the past century, without news of the epidemic occurrence of influenza at some point or other of the earth's surface.

The cause of influenza is not determined. Filterable viruses have been described<sup>68</sup> and denied.<sup>69</sup> In 1892, Pfeiffer<sup>70</sup> discovered the *Bacillus influenzae*—a small, Gram negative, hemoglobinphilic, frail bacillus. This organism is found in about 30 per cent. of normal throats and is practically always present in measles and whooping-cough. The percentage of times it is found in influenza varies with the observer, many bacteriologists finding it almost constantly in the recent outbreak. The

<sup>68</sup> Nicolle and LeBailly, *Compt. rend. Acad. d. Sc.*, 1918, 167, p. 607. Dugaric de la Rivière, *Compt. rend. Acad. d. Sc.*, 1918, 167, p. 606. Olitsky, P. K., and Gates, F. L., *Jour. Exp. Med.*, Feb. 1, 1921, Vol. XXXIII, 2, p. 125, and others.

<sup>69</sup> Rosenau, M. J., *et al.*: Some Interesting though Unsuccessful Attempts to Transmit Influenza Experimentally. *Public Health Reports*, 34, No. 2, Jan. 10, 1919; also *Hyg. Lab. Bull.* No. 123, Feb., 1921. Williams, A. W., Nevin, M., and Gurley, C. R., *Jour. Immunology*, Jan., 1921, Vol. VI, 1, p. 5. Branham S. E., and Hall, I. C., *Jour. Inf. Dis.*, Feb., 1921, Vol. XXVIII, No. 2, p. 143.

<sup>70</sup> *Deutsch. med. Wochenschr.*, 2, 1892, p. 28. *Zeitschr. f. Hyg.*, XIII, 1893,

etiological relation to the disease is doubtful<sup>71</sup>—however, the recent experience has greatly raised our respect for Pfeiffer's bacillus, for if it is not the cause of influenza, it may become a virulent secondary invader, and the cause of serious complications. Olitsky and Gates recently cultivated filterable bodies as the cause of influenza.<sup>71a</sup>

**Etiology.**—Influenza is not a clean-cut clinical entity. The manifestations are extraordinarily complex. The fever lasts three days; if prolonged, some complication should be suspected, especially bronchitis or pneumonia. The attack often starts abruptly: hence the term "grip." The prostration is out of all proportion to the fever and lesions. Cough and pains in the head, back and limbs are almost always present. There is a leukopenia. The disease itself is rarely, if every, fatal, death being due almost always to pneumonia. The clinical features of each outbreak vary,—usually the respiratory form predominates. In the 1889-90 epidemic, neuritis and the "nervous form" were common. A gastrointestinal form is described. In the recent pandemic, pneumonic complications were conspicuous and the disease was unusually virulent in pregnant women. The diagnosis of influenza from the clinical standpoint is not trustworthy. There is no criterion by which the infection may be recognized. Until the cause is established, we cannot know the relationship between influenza and the ordinary cases of "catarrhal fever," "grip," common colds, and "influenza colds."

**Mode of Infection.**—It is assumed that the virus leaves the body in the secretions from the mouth and nose, and enters through the same channel. Therefore, it is probable that the infection is contracted through direct and indirect contact and droplet infection. Lynch and Cumming<sup>72</sup> believe that indirect contact and hand to mouth infection are the chief modes of spread. Water, milk, and food are not known to carry the virus. Rosenau, Goldberger and McCoy<sup>73</sup> were not able to transmit the disease to volunteers.

**Epidemiology.**—Influenza attacks all ages and both sexes. During the 1919 pandemic it was most fatal during the age period 20 to 30, and seemed to have a predilection for strong, sturdy, robust young men. More females than males were affected, but the death rate was higher among males. It spares neither class nor race; it takes the rich and poor alike, the strong and the weak, the clean and the dirty. Hygiene and sanitation therefore have practically no effect in controlling diseases like influenza, measles and smallpox.

Influenza occurs as great pandemic waves at irregular intervals of a generation or two. These are followed by years of epidemic and sporadic

<sup>71</sup> *Journ. of Immunology*, Jan., 1921, Vol. VI, No. 1.

<sup>71a</sup> *J. A. M. A.*, March 5, 1921; *Jour. Exp. Med.*, March, 1921, XXXIII, 3.

<sup>72</sup> *Military Surgeon*, Dec., 1918; other references, page 238.

<sup>73</sup> Public Health Rpts., 34, No. 2, Jan. 10, 1919; also *Hyg. Lab. Bul.*, U. S. P. H. S., No. 123, Feb., 1921.

prevalence—the etiologic relationship is not established. A pandemic occurs in succeeding waves; the secondary waves are at intervals of 8 months.<sup>74</sup> The entire cycle of a pandemic lasts 4 to 6 years. Epidemics are intermittent and tend to develop periodicity.

When pandemic, the disease attacks 13 to 53 per cent. of the population, averaging about 30 per cent. The incidence on board ship or other limited localities runs as high as 84 per cent.<sup>75</sup> The disease spreads with amazing rapidity. It travels ordinarily from east to west: the 1889-90 pandemic was supposed to start in Russia. Other world-wide epidemics have been traced to the far East. The last pandemic was called Spanish Influenza because it first came to notice in Spain, but probably did not originate there. It started in malignant form in this country in Boston on Commonwealth Pier, then used as a Naval Receiving Ship, in September, 1918, and rapidly spread over the entire country. By November it was difficult to find a community anywhere that was not affected. By January it was on the wane, and by March it had subsided. The duration of an epidemic in any one locality is from 6 to 8 weeks. In compact communities, such as camps, it may run its course in from 4 to 6 weeks. No other disease, except perhaps dengue, attacks such a large proportion of the people in so short a time. Dengue, however, is limited geographically to mosquito centers of warm countries.

Influenza occurs at all *seasons* of the year, with a preference for cold weather. Del Pont, from an historical review of 125 pandemics, shows that 50 occurred in the winter, 35 in the spring, 16 in the summer, and 24 in the fall. It is conveyed by human contact, independent of climate, wind, or weather, except that secondary waves avoid the summer. Epidemics break out with *explosive violence*. This is one of its chief characteristics. The curve is steep-le-like (see chart). Epidemic outbursts of this character usually mean that some common medium is spreading the virus which is infecting a large number of people about the same time. The explosive character of epidemics is explained by the short period of incubation, high degree of communicability of the disease and susceptibility of the population. The rapid spread is further assisted by the fact that many who have the disease do not go to bed, but continue to mingle with their fellow men. Secondary waves in a pandemic cycle are less explosive and the curve is apt to be longer and less symmetrical than the first onrush of a new pandemic. The curve of a primary outbreak is uniform, while secondary waves may be variable. The disease is apt to be mild and uncomplicated in the beginning of a pandemic cycle. It increases in virulence to the peak of the wave and again decreases as the epidemic wanes.

<sup>74</sup> Brownlee. *Lancet*, Nov. 8, 1919.

<sup>75</sup> U. S. S. "Yacona" in 1919: 80 of 95 persons stricken within about one week.



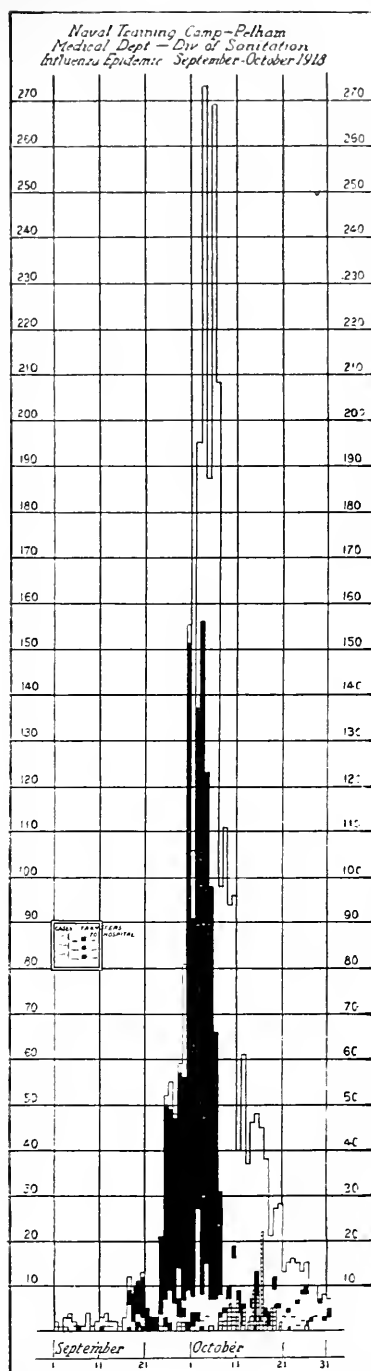
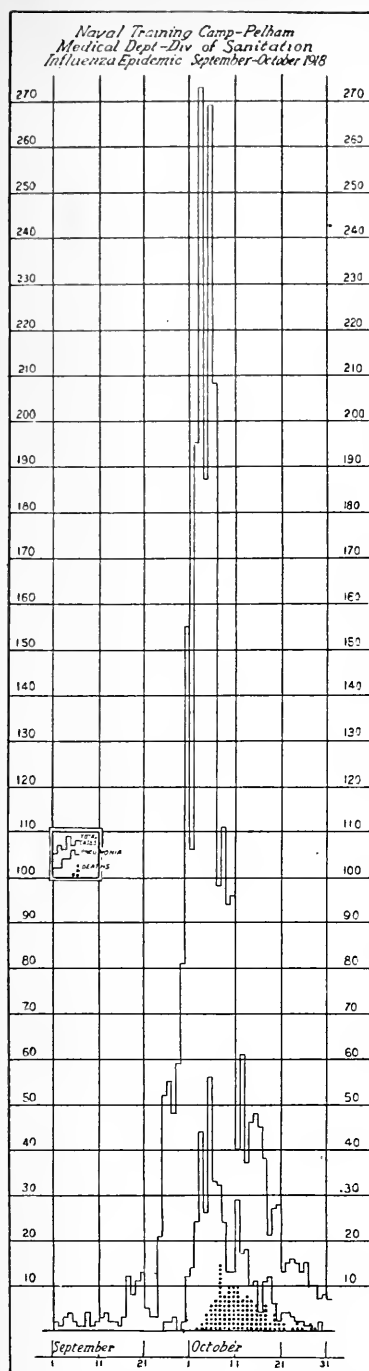


FIG. 17.—CURVE OF THE INFLUENZA EPIDEMIC IN THE NAVAL TRAINING CAMP AT PELHAM PARK, NEW YORK, SEPTEMBER AND OCTOBER, 1918; SHOWING (1) CASES OF INFLUENZA, (2) CASES OF PNEUMONIA, AND (3) DEATHS. Note the steeple-like appearance of the curve, its symmetrical character, the short duration and explosive nature of the outbreak.

Although influenza spreads with amazing rapidity, it is not known to outstrip human travel. It moves from place to place in a pair of shoes. It sometimes seems to outrun travel; at least it is reported to break out simultaneously in widely separated parts of the globe. The vagaries of epidemics have given point to the name influenza, referring to some hidden influence.

No other disease is more *disabling* to community life, for the reason that so many are placed upon the non-effective list at the same time. Trade and travel become temporarily paralyzed; there is a shortage of doctors and nurses; hospital facilities are inadequate. The lesson of the past pandemic should teach us to mobilize the medical, nursing, hospital, and social service facilities in anticipation of such emergencies.

The *incubation period* is usually short—20 to 48 hours. The disease is presumably most communicable during the early stages. *Carriers* may spread the infection and are suspected. If the *Bacillus influenzae* is the cause of the disease, then bacillus carrying is exceedingly common. We do not know how long a person remains infective and little is known concerning carriers.

The question of *immunity* is not settled; it does not last a year. Second and third attacks were said to occur in 1889-90, but were uncommon in 1919. Some persons have recurring "influenza-like" attacks yearly.

During epidemics of influenza, other diseases do not prevail to the same extent. On the other hand, influenza is supposed to depress resistance so as to favor or hasten certain infections such as tuberculosis; of this, however, we lack proof. There seems to be an epidemiological relationship between influenza and cerebrospinal fever. The influenza bacillus is sometimes found in pure culture in meningitis, which may also occur as a complication of influenza. *Encephalitis lethargica* also bears an epidemiologic relation to epidemics of influenza.

Influenza was prevalent and fatal among horses in 1919, and the cause of much trouble to the army supply service. It also prevailed as an epizootic in this country in 1889-90. Other distempers among animals resemble influenza. The relationship to man is not known.

Crowding and human contact seem to favor its spread, although it travels with surprising rapidity through rural communities.

**Vaccines.**—Two classes of vaccines are used to protect against influenza: (1) influenza bacilli, (2) mixtures of pneumococci (Types I, II, III and IV), hemolytic streptococci, staphylococci aurei, influenza bacilli,<sup>76</sup> and other microorganisms.

Contradictory results have been reported with both types of vaccines. My own observations at Monson, Pelham Park Naval Training Station,

<sup>76</sup> Rosenow: *J. A. M. A.*, Jan. 14, 1919, Vol. LXXII, p. 31.

and elsewhere lead me to conclude that vaccines made with dead cultures of Pfeiffer's bacillus have no protective value whatever. Whether the polyvalent vaccines prevent pneumonic complications has not been established.

### ADMINISTRATIVE MEASURES

*Isolation* is possible, but not very practical during epidemics. In 1889-90 some large institutions were saved through a strict quarantine. Once within the walls, it is exceedingly difficult to control. In 1918-19, the infection was kept out of Goat Island in San Francisco Harbor, but finally got in. Several other localities had a similar experience. Australia established a quarantine which probably delayed the epidemic six months, when it was milder than elsewhere.

Patients for their own good should remain in bed during the febrile stage. This one measure would help control the spread of influenza as well as common colds. It is quite worth while to isolate the first case in a household in order to prevent a house epidemic. This may be done on lines precisely parallel to those described for diphtheria.

*Masks*.—During the 1919 outbreak, face masks were compulsory in San Francisco, Sacramento, and a few other cities. They did not lessen the incidence nor shorten the course of the epidemic.

*Closing* of schools, theaters, and other places of assembly, and regulations to prevent crowding were enforced in many cities during the epidemic of 1918-19, but so far as can be judged had no favorable effect whatever.

*Hospitalization* is not always advisable, for the condensation of many cases seems to favor the number and severity of complications. This same phenomenon is seen with measles. It is believed that pneumonic complications are sometimes contracted in large hospitals.

*Personal prophylaxis* follows the lines laid down for other infections transferred by the secretions from the mouth and nose. During epidemics individuals should avoid theaters, mass meetings, closed and crowded cars, and close contact with their fellow men, especially those who have catarrhal symptoms or fever. The danger from kissing, droplet infection, the use of the common drinking cup, the roller towel, handkerchiefs, pipes, toys, soda water glasses, spoons, and other objects recently mouthed should be emphasized; spitting ordinances enforced, ventilation and overcrowding of street cars corrected, and dust allayed. Hand to mouth infection should be remembered, and the hands washed before eating and the fingers kept away from the mouth and nostrils. Convalescence is often protracted, and subject to complications. Ample time should therefore be given to full return to health.

There may be unknown factors in the spread of influenza so that

our preventive measures lack precision and confidence. We have no specific prophylactic. So far as can be judged, the measures taken during the epidemic of 1918-19 did not control the disease to any appreciable degree.

## COMMON COLDS

(*Acute Coryza*)

More people probably suffer from common colds than from any other single ailment. Vital statistics give no hint of the prevalence and importance of these minor affections because the mortality is nil and the morbidity records are notoriously imperfect and difficult to collect. Could the sum total of suffering, inconveniences, sequelae, and economic loss resulting from common colds be obtained, it would at once promote these infections from the trivial into the rank of the serious diseases.

The common colds here considered are a group of acute infections of the mucous membranes of the nose, often extending into the throat; the larynx, trachea, or larger bronchi may be also involved. A common cold is not merely a congestion, it is an acute infectious disease.

Congestion and inflammation of the mucous membrane of the upper respiratory tract frequently occur as a result of irritants other than bacteria. Thus, chemical and mechanical irritants will produce a congestion or inflammation; an increased acidity causes a flaring up of the mucous membranes, especially of the nose; and many other local and reflex causes lead to acute or chronic catarrhal conditions of these membranes, which may become exquisitely sensitive and sometimes hypersusceptible. In the absence of the proper microorganism, however, these conditions do not develop into infectious colds, and are, therefore, not communicable.

The popular fallacy of colds being due to exposure to drafts, sudden changes of temperature, and chilling of the body clings persistently in both the professional and lay mind. These are predisposing causes and will not produce a cold without the presence of the specific cause. The bacteria usually found associated with these catarrhal infections are: staphylococci, streptococci (*viridens* and *hemolyticus*), pneumococci, influenza bacilli, the Gram negative cocci classed together as members of the *micrococcus catarrhalis* group, diphtheroid bacilli, and other microorganisms. The etiological relationship between these organisms and the disease is not always clear. Many of the above-mentioned bacteria are also found normally upon the mucous membranes of the nose, mouth, throat, and upper respiratory passages; auto-infections must, therefore, be common, and predisposing factors which diminish resistance have a special importance.

Tunnickliff<sup>77</sup> described a *Bacillus rhinitis* associated with acute and chronic rhinitis. Experimental inoculations of pure cultures produced colds.

Foster, working in my laboratory, has just confirmed and extended Kruse's<sup>78</sup> observations, showing the presence of a filterable virus in the secretions from the nose in common colds. This filtrate, as well as subcultures grown in selective media, when dropped into the nostril of healthy persons, produces a cold.<sup>78a</sup> There are different types of colds, due to different viruses, or to the associated bacteria. A number of negative results have also been recorded.<sup>79</sup>

Colds are contracted from other persons having colds, just as diphtheria is contracted from diphtheria. Arctic explorers exposed to all the conditions ordinarily supposed to produce colds do not suffer from these ailments until they return to civilization and become reinfected by contact with their fellowmen. A campaign to prevent the spread of the common cold would have much collateral good in aiding the suppression of tuberculosis and causing a diminution of pneumonia and other infections. Common colds occur in epidemics and have all the earmarks of a contagious disease. Colds are apt to go through all the members of a household, and outbreaks in schools, factories, and other places where people are closely associated, frequently occur and result in considerable loss of time and money.

While common colds are never fatal, the complications and sequelae are serious. These are: rheumatic fever, pneumonia, sinusitis, nephritis, and a depressed vitality which favors other infections and hastens the progress of organic diseases.

Common colds are perhaps most contagious during the early stages. If persons would isolate themselves by remaining in bed during the first three days of a cold, they would not only benefit themselves, but would largely prevent the spread of the infection. The contagiousness and severity of colds vary greatly in different epidemics and in different seasons of the year, depending upon the particular microorganism involved and other factors not well understood.

**Prevention.**—The prevention of colds consists, first, in avoiding the infection, and, secondly, in guarding against the predisposing causes. Contact should be avoided with persons who have colds, especially in street cars, offices, and other poorly ventilated spaces where the risk of persons coughing or sneezing directly in one's face is imminent. Contact with the infection may further be guarded against by a careful

<sup>77</sup> *Journ. Inf. Dis.*, 1913, XIII, 283.

<sup>78</sup> *Münch. med. Wochenschr.*, 1914, LXI, 1547.

<sup>78a</sup> *J. A. M. A.*, April 8, 1916, Vol. LXVI, No. 14.

<sup>79</sup> Park, W. H., Williams, A. W., and Krumwiede, C., *Jour. of Immunology*, Jan., 1921, Vol. VI, No. 1, p. 1., and others.

self-education in sanitary habits and cleanliness based upon the modern conception of contact infection.

Colds, like other diseases conveyed in the secretions from the nose and mouth, are often transferred by direct and indirect contact through lack of hygienic cleanliness and a disregard of sanitary habits. Kissing, the common drinking cup, the roller towel, pipes, toys, pencils, fingers, food, and other objects contaminated with the fresh secretions will transmit the disease.

The predisposing causes of colds include a number of conditions that depress vitality and thereby diminish resistance. The mechanism by which immunity is lessened is discussed on page 542. The principal predisposing factors in "catching" cold are: vitiated air, dust, drafts, sudden changes of temperature, exposure to cold and wet, overwork, loss of sleep or insufficient rest, improper food, and other conditions that lower the general vitality of the body. On the other hand, it must be clearly kept in mind that vigorous persons in prime health will contract a cold if they receive the infection.

Other important predisposing factors to colds are mechanical defects in breathing, or the filtering power of the upper respiratory passages, also local pathological conditions, such as adenoids, polypus, enlarged tonsils, deviation of the septum, chronic catarrhal conditions, all of which should receive appropriate treatment.

One of the most important predisposing factors to cold is breathing vitiated and dusty air. Good ventilation, therefore, with air not too dry nor too warm, and the allaying of dust would prevent many a cold. The bacteria accompanying colds are frequently found in the mouth, nose, throat and teeth of persons in good health. Cleanliness and care of these parts is, therefore, an important consideration in the prevention of the complications of common colds.

**Drafts and Chilling.**—Drafts in themselves cannot produce an infectious cold. The first symptom of the disease is a chill, which is not the cause, but the effect, of the infection. It is a common belief that the cold is caught when the chill occurs. The rigor frequently consists of only a transient chilliness, and it is during this time that the individual is sensitive to drafts which he thinks are producing his cold. See page 891.

A large number of investigators, including Lipardi,<sup>80</sup> Lode,<sup>81</sup> Pasteur,<sup>82</sup> Kline and Winternitz,<sup>83</sup> the New York State Commission on Ventilation,<sup>84</sup> Miller and Noble,<sup>85</sup> and others, have experienced variously

<sup>80</sup> Morgagni, 1888, XXX, 523, 575, 651.

<sup>81</sup> *Arch. Hyg.*, XXVIII, 344.

<sup>82</sup> "Life of Pasteur," R. Vallery-Radot, N. Y., 1902, II, 61.

<sup>83</sup> *Journ. Exp. Med.*, 1915, XXI, 304.

<sup>84</sup> *J. A. M. A.*, Apr. 15, 1916, p. 1201.

<sup>85</sup> *Journ. Exp. Med.*, Sept. 1, 1916, p. 223.

with animals and man, and all are in accord with the general conclusion that exposures to sudden changes of temperature lessen the resistance of animals to infection. Negative results are also found in the literature. It seems evident that the exposure of a portion of the body to cold is more likely to be followed by acute respiratory infections than when the entire body surface is subjected to the same low temperature, and the popular idea that drafts predispose to respiratory infections in some individuals is therefore not without foundation.

Chilling causes vasomotor contraction of the capillaries of the skin, which is doubtless designed to conserve body temperature; coincidentally there is turgidity of the erectile tissue of the mucous membrane of the turbinates, which is probably a defensive action. This congestion partly closes the nose and causes snuffling and increased secretion, which is ordinarily called a cold. A great variety of mechanical, chemical and even psychic stimuli will produce congestion of the cavernous tissue over the turbinate, in fact, the mucous membrane of the nose may become very sensitive, even hypersusceptible. Anaphylactic reactions to pollen and proteins are common manifestations of the nasal mucosa.

It has always been assumed that the contraction of the capillaries of the skin caused by chilling is attended with congestion of the internal organs, but Mudd and Grant<sup>86</sup> have shown that chilling of the skin causes vasomotor contraction and ischemia of the mucous membrane of the tonsils, palate, and pharynx, as well as the skin, with a drop in temperature and a subsequent increase in the bacteria on these parts. On rewarming the subject, the tonsils tend quickly to recover their blood supply, in some instances actually becoming hyperemic; the skin returns to about its normal condition, but the palate and pharynx remain somewhat ischemic. This may explain why chilling so often seems responsible for sore throat, which in this case would be an auto-infection.

Chilling has a great variety of effects. In some persons it causes diarrhea, in others neuralgic or muscular pain, sometimes it seems to be responsible for nephritis, bronchitis, pneumonia, etc. It brings out a latent malaria (page 290). Chilling is much less apt to cause harm if accompanied with active muscular exercise, which probably helps by keeping up the body temperature and vasomotor tone.

Drafts are much less apt to injure persons in good physical tone. They are, however, injurious to infants, the aged, and to susceptible individuals. Drafts are particularly apt to harm persons accustomed only to still, warm air. "It is not the engine drivers and firemen of trains that catch colds, but the passengers in the stuffy carriages." Coddling renders one susceptible to drafts, partly for the reason that the vasomotor impulses which contract the blood vessels of the skin are

<sup>86</sup> *Journ. Med. Research*, XL, 1, p. 53, May, 1919. *Jour. Exp. Med.*, 1920, XXXII, p. 87.

not sent out by the nervous mechanism, and consequently undue cooling of the part blown upon, and perhaps of the blood itself, takes place. Normally, when the wind blows upon the skin the vasomotor contraction reduces the supply of blood and the tendency to cooling is further met by a stimulus which increases heat production. While it is true that a draft can no more cause an infectious cold than it can cause diphtheria, nevertheless, it is true that a draft may increase the severity of a cold or be the predisposing cause by which immunity is lowered, thus favoring auto-infection. It is noteworthy that colds so contracted have little or no contagious tendency.

It is a mistake to think that the skin alone is involved in the question of drafts. The "hardening" of the skin as a prevention of colds is, therefore, a misnomer. The good effects of cold baths, exercise, fresh air, sunlight, and wholesome food do not consist in "hardening" the skin, but in improving the nutrition, stimulating the metabolism, helping the control of the nervous system, improving the tone of the vasomotor system, strengthening the musculature, and enriching the blood. In preventing the ill effects of drafts, therefore, the entire organization of the body must be considered, and not the skin alone.

### CEREBROSPINAL FEVER

Cerebrospinal fever is an infection with the meningococcus (*Diplococcus intracellularis meningitidis*, Weichselbaum). The essential lesions of the disease are chiefly focused upon the meninges of the brain and cord. The disease occurs both in localized epidemics and sporadically.

It is characterized by a clinical course of great irregularity, and before the use of specific serum had a very high case fatality rate. On account of the eruption which is often present, cerebrospinal fever was formerly called spotted fever, petechial fever, and malignant purpuric fever.

A clear distinction should be drawn between cerebrospinal fever and cerebrospinal meningitis: the former is caused by the meningococcus, the latter by a great variety of organisms, such as the tubercle bacillus, the pneumococcus, streptococcus, influenza bacillus, the colon bacillus, the typhoid bacillus, the bacillus of bubonic plague, and of glanders. The gonococcus may also cause meningitis as a secondary complication. The epidemic form, or cerebrospinal fever, is always due to the meningococcus.

The first epidemic outbreak of cerebrospinal fever was reported by Vieuxseux in Geneva in 1805. The next year James Jackson, Thomas Welch, and J. C. Warren investigated an outbreak in Massachusetts.



Since then numerous epidemics have occurred. In the New York epidemic of 1904-05 there were 6,755 cases and 3,455 deaths. This was part of a pandemic that started in Europe and within 5 or 6 years spread over the entire globe and then became quiescent, but was again stirred to renewed activity by the war.

Cerebrospinal meningitis is spread chiefly by carriers. The period of incubation is difficult to determine; it is stated to be from two to ten days, commonly seven. It may be one day in the young. It is extremely variable in some instances, as when carriers infect themselves.

**Epidemiology.**—Epidemics of cerebrospinal fever are usually localized, and rarely widespread. They almost always occur under crowded conditions, as in camps and on shipboard. Mining districts and sea-ports have suffered most severely. On the other hand, rural districts have also suffered severely, and widespread outbreaks have occurred in the tropics.

Cerebrospinal fever shows a distinct *seasonal prevalence* for the colder months of the fall and winter. In this respect it resembles other infections spread by the secretions of the mouth and nose, as pneumonia, scarlet fever, measles, diphtheria, etc. This is in sharp contrast to the seasonal prevalence of infantile paralysis which follows the curve of the summer diarrheas.

Children and young adults are most susceptible. Cerebrospinal fever is called a disease of children and soldiers. The soldiers who suffer most are those living in barracks, garrisons, towns and camps, rather than those on the march or in the field. The recruit and the young soldier are especially liable. Crowding, which favors contact infection, and fatigue which predisposes to this disease, explain the special liability under these conditions. Seasoned troops rarely suffer from the disease.

Predisposing factors play an important rôle in depressing immunity and facilitating infection with the meningococcus. Over-exertion, long marches in the heat, depressing mental and bodily surroundings, catarrhal inflammations, the misery and squalor of tenement life, and the sad conditions of some mining and laboring camps have long been recognized as predisposing causes. It is not the hardened soldier but the recruit in the making who is susceptible. The emergencies of the war again showed the hazard of haste in training the soldier and the sailor.

Weed has shown by experiments on animals that diminution of the pressure of the cerebrospinal fluid facilitates infection of the meninges with meningococci or any other microorganism that may be in the blood stream. The pressure of the cerebrospinal fluid may be decreased by puncture, by pressure on the vessels of the neck, and other ways. This may prove an important predisposing factor.

Cerebrospinal fever has long been recognized as a war disease. No

great epidemics of the disease occur among troops, but the affection prevails more or less in all armies. Sharp localized outbreaks occurred here and there. Between 1837 and 1850 a very widespread epidemic occurred in France, the disease being carried from place to place by the movements of the 18th Regiment of Infantry, in which the infection had established itself.

Cerebrospinal fever is not highly communicable, but spreads slowly and irregularly. It is usually difficult to trace connection between one case and the next—its movement shows curious pranks. This is now explained through carriers. Except in sharply localized outbreaks, it is rare to have more than one or two cases in a home, even where precautions are not taken. Sporadic cases are apt to crop out almost anywhere, at any time of the year. Only a small proportion of those who receive the infection develop the disease; the meningococcus is passed on from one to another until a susceptible individual is reached who develops meningitis.

The case fatality rate is usually high, about 75 per cent., occasionally being as low as 20 per cent. in some epidemics. The use of serum has reduced the death rate to about 25 per cent.

The immunity produced by one attack is not lasting. Councilman reports five instances in which the same individual is reported to have had the disease twice.

**Modes of Transmission.**—It is probable that the meningococcus enters the system through the mucous membrane of the nasopharynx. From this position it may reach the meninges directly through the lymph channels, but usually indirectly through the circulation. The experiments of Flexner in the monkey indicate that when the meningococcus is introduced into the cerebral cavity it escapes by a reversed lymphatic current, so that under these circumstances it may be found in the mucous membrane of the nasopharynx. Cerebrospinal fever is therefore spread through the discharges from the nose and mouth. It is a contact infection, due in the great majority of cases to rather direct association with cases or carriers. Indirect transfer is quite possible through fingers, dishes, pipes, handkerchiefs, toys, and other objects contaminated with fresh discharges. Droplet infection also plays its rôle. Crowding and close personal contact favor the spread of the infection. The meningococcus is so frail that our environment does not remain infective very long.

While carriers are chiefly responsible for the spread of cerebrospinal fever, it has recently been recognized that there are mild and abortive cases of the disease. These "missed" cases spread the virulent infection quite as actively as carriers. Cases of pharyngitis associated with and perhaps due to the meningococcus have been observed to occur frequently in endemic centers and in epidemic times. The theory of the

disease is that it is ordinarily mild and prevalent, and that only occasionally does it cause meningitis.

The meningococcus may pass through the cribriform plate of the ethmoid bone, but probably reaches the meninges in almost all instances by the blood stream. The disease is primarily a bacteremia.

The *meningococcus* is a strict parasite and is unknown in nature outside of the human host. It is a frail, Gram negative microorganism, resembling the gonococcus. Both are biscuit-shaped cocci; both grow feebly on artificial media. They are readily killed by drying, sunlight, heat, and other unfavorable conditions. They live a strict parasitic existence and cause diseases peculiar to man, with lesions which resemble each other, both as far as the character of the inflammation and the distribution of the cocci within the cells are concerned. As a rule, these two microorganisms are usually distinguished by the source from which they are obtained. Otherwise the differentiation depends upon their relation to the fermentation of sugars, agglutination, and complement fixation. The medium for the growth of the meningococcus must contain hemoglobin. Blood agar or liver agar is suitable. Involution, or "ghost" forms, appear in young cultures and after 24 hours autolysis is very active.

All bacteriologists now recognize the fact that there are very many different strains of meningococci, distinguished mainly by their reaction towards specific agglutinins. As many as 52 different strains were used to inject a horse for the purpose of preparing a polyvalent serum. Gordon recognized 4 groups; French observers<sup>87</sup> speak of meningococci and parameningococci, the latter being commonly associated with the disease in the United States. A classification around definite types, as in the case of pneumococci, has been attempted, but is not yet definite. The Hygienic Laboratory of the United States Public Health Service recognizes 12 strains, which comprise 4 agglutinating and 5 tropin groups, including all known types.

The meningococcus has been found in the blood almost constantly in the early stages of the disease. The modern notion of cerebrospinal fever is that it is primarily a septicemia with a predilection to localize in the meninges. Other structures are often attacked, especially the joints and the heart valves. In fulminating cases the septicemia may overshadow the meningitis. Death may occur in 24 hours, or less.

The effect of sunlight on the meningococcus is rather surprising, the organism being very resistant to it. Elser and Huntoon<sup>88</sup> found that some strains survived eight or nine hours' exposure; Foster and Gaskell,<sup>89</sup> seven hours' exposure. All strains tested survived one or two

<sup>87</sup> Dopter: *Compt. Rend. Soc. de Biol.*, 1909, 67, p. 74.

<sup>88</sup> *Journ. Med. Research*, XX, 1909, p. 494.

<sup>89</sup> *Cerebrospinal Fever*. Cambridge Univ. Press, 1916.

hours' exposure to full sunlight. Drying, on the other hand, has a marked effect in killing meningococci. No growth could be obtained from cover slips with meningococcus cultures after five or ten minutes' drying in a sulphuric acid desiccator. When dried on glass in ordinary air, twenty-four hours' exposure has been found by various observers to destroy the organism. Elser and Huntoon found that under certain circumstances the meningococci can survive somewhat longer. It is very sensitive to germicides and heat.

**Carriers.**—Healthy passive carriers outnumber the cases of cerebrospinal fever 10 or 30 to 1. Persons directly associated with the patient rarely take the disease, but often become carriers and thus transmit the infection to others, and these to others and so on indefinitely. Only a small percentage of carriers is susceptible and develops the disease. Cerebrospinal fever is disseminated almost wholly by carriers.

The meningococcus is found quite constantly in the nasopharynx during the first five days of the disease. It then begins to disappear and is gone after four weeks or a few months of convalescence. Only rarely are chronic active carriers found. On the other hand, a large proportion of the healthy persons who come in immediate contact with a case or a carrier become carriers. The healthy passive carrier therefore is the chief factor in disseminating the infection.

The number of carriers varies with circumstances. In Boston in 1917, we found from 1 per cent. among persons who had no known contact with the disease, up to 80 per cent. among intimate contacts under military conditions. On account of the carrier state in this infection, Gordon considers all persons who have come within 3 yards of a case under conditions favorable for infection as "contacts."

A mother who nurses a meningococcic infant is sure to become a carrier, and vice versa. Of 16 room-mates of a soldier stricken with meningitis, 10 were carriers. The meningococcus has been found in as many as 100 per cent. of those in the immediate entourage of a case. It was a common experience during the World War to find 20, 30 and 40 per cent. of a command, in the army or navy, to be carriers. The percentage increases with the degree of crowding and the intimacy of contact. Where people eat, sleep, work, and wash together as in camps and on shipboard, there is every facility for interchange of the flora of the mouth and nose.

The number of carriers varies with factors other than crowding. There are more in the cold months than in summer, more when an epidemic is fully developed than during the waxing and waning stages, and more in severe epidemics than in mild.

Most carriers are temporary, at least, the meningococci cannot be found after a month or two. Hundreds of carriers observed in Boston

during the World War cleared up promptly with the coming of warm weather. This is a common experience.

Almost pure cultures of meningococci are obtained from the nasopharynx of many carriers; in others only an occasional colony. All intermediate grades occur. Only a very small percentage of the carriers develops the disease. This may be due to an immunity or to lack of facilitating factors which determine infection of the meninges. Most carriers are adults, whereas the disease has a special predilection for children. Differences in the anatomical structure of the lymphatic structure may account for the resistance of adults. The quantity of carriers does not seem to influence the incidence of the disease. During the World War the number of carriers discovered was so great that it became impractical from a military standpoint to isolate them. In some places separate training camps for meningitis carriers were established.

There is no evidence that chronic carriers develop the disease. I cannot escape the conviction that many of the carriers of meningococci are not dangerous, either to themselves or their fellow men. This may be on account of the lack of virulence of the organism. Perhaps we have a similar situation with meningococcus carriers that we have in diphtheria carriers, but we have no method at present of distinguishing true or virulent carriers of cerebrospinal fever from the harmless varieties.<sup>90</sup>

Many measures have been tried to cure carriers. Local applications of germicidal substances such as chloramin in 0.5 to 1.0 solutions (Gordon), peroxid of hydrogen, various cresol preparations, permanganate of potash, and zinc sulphate have been tried. The difficulty is in reaching the meningococci. Warm, moist rooms, with and without germicides added to the air, have been tried. Vaccines do not relieve carriers. Those with tonsillitis and catarrhal inflammation of the nasopharynx lose the meningococcus more slowly than those with normal mucous membranes. No measures so far are effective.

*The Recognition of Meningococcus Carriers.*—The specimen should be taken from the roof of the nasopharynx, with a sterile cotton swab, guarded by a glass tube, as shown in the illustration (Fig. 18). It is important to prevent contaminations by organisms in the mouth and saliva.

Proper technic in obtaining the specimen and in seeding the plates can only be gained by practice.

The meningococcus is very frail, and therefore the plates should be made immediately. It is very sensitive to acid and is soon destroyed by the acidity of contaminating organisms. Sodium chlorid is also toxic to the meningococcus, and therefore salt solution should not be used as a diluent, and salt is commonly omitted from the culture media.

<sup>90</sup> Ponder, *Brit. Med. Journ.*, Sept. 18, 1920, p. 427.

The meningococcus may be grown upon sheep-serum dextrose agar, ascitic agar, blood-serum agar, pea-extract trypsin agar, or liver agar.

The sheep-serum agar is made with one part of sheep serum and three parts of double distilled water. The sheep serum is obtained by clotting and centrifuging. This diluted serum is then sterilized fractionally in the Arnold for thirty minutes on three successive days. The agar is prepared separately with 2 per cent. agar and 1 per cent. peptone,



FIG. 18.—WEST SWAB TUBE.

reaction 0.2 to phenolphthalein. The plates are made by adding 1 c. c. of the diluted sheep serum to 5 c. c. of the liquefied agar at 40° C.

The Petri plate is seeded with the swab by simply touching the tip to one place on the plate. From this spot the material is spread by means of a loop or flat wire. The plate is then incubated over night, at 37° C. Watch for small moist colonies with regular outline; then let the plates stand at room temperature (about 25° C.) for several hours. This per-



FIG. 19.—DIAGRAM ILLUSTRATING THE METHOD OF TAKING MATERIAL FROM THE NASOPHARYNX BY MEANS OF A SPECIAL SWAB. W—wire holder of S—swab; P—soft palate; D—tongue depressor. (After Dopter.)

mits the colonies of *Micrococcus catarrhalis* to grow and affords a ready method of differentiation, for the meningococcus does not multiply at room temperature.

Young meningococcus colonies are colorless, translucent, have a regular contour (lens effect), uniform granular structure, mix easily in salt solution, and make an homogeneous suspension. Suspicious colonies may be tested directly by the drop method on a microscopic slide, fished to sheep-serum dextrose agar slants or other suitable media, incubated over night, and tested for macroscopic agglutination. The cultures for the

agglutination test should be less than twenty-four hours old, for by that time involution forms appear, and the older colonies make less satisfactory suspensions.

The agglutination is best done macroscopically at 56° C. and the tubes are allowed to stand at this temperature for 12 to 20 hours before taking the final reading.

Cultures that are agglutinated with a dilution of 1:100 with a polyvalent serum, but that fail to agglutinate in normal control serum in half this titer, may be regarded as presumptively positive. After the presumptive test, careful study of the culture must be made in order to identify it.

The meningococcus must be carefully distinguished from *Micrococcus flavus*, *Micrococcus crassus*, *Micrococcus pharyngis siccus*, *Micrococcus catarrhalis*, and other confusing organisms. For details see Olitsky's method<sup>91</sup> and Krumwiede's macroscopic slide agglutination test.<sup>92</sup>

**Prevention.**—A better knowledge of the facts concerning cerebrospinal fever has shaken our confidence in the practical value of preventive measures. Theoretically the case is plain; practically, very difficult. The wide prevalence of the infection, the large number of carriers, the existence of mild and abortive cases, all add to the complexity of the administrative control of the disease. It is not clear that any of the measures so far taken have either materially influenced the course of epidemics or prevented the spread of the disease.

The first problem is the recognition of cases and strict isolation with a view of diminishing the number of carriers. Cerebrospinal fever is a disease which requires skilled laboratory facilities, and these should be provided by health authorities in all communities.

Individual prophylaxis consists in guarding against the well known predisposing causes such as over-exertion, fatigue, exposure, depressing influences of all kinds, and catarrhal inflammation of the nasopharynx. Coryzas and catarrhas should receive attention, because they are not only facilitating factors of infection, but are sometimes associated with meningococci. Crowding must be avoided. Sprays and douches have no protective value, and injudiciously used may be mischievous. They should be used only under skilled medical advice. Sanitary habits of the sort that discourage the carrying of infection to the mouth and nose should be taught and learned. General health and the tone of the machine should be maintained.

In military practice, the isolation of meningitis carriers is not only extravagant and against military efficiency, but also impractical and non-effective. The search for carriers and their care should not cause neglect of the more general measures, such as prevention of crowding,

<sup>91</sup> *J. A. M. A.*, LXX, 3, Jan. 19, 1918, p. 153.

<sup>92</sup> *Ibid.*, LXIX, 1917, P. 359.

control of hand to mouth infection, the allowance of ample time for the "hardening and seasoning" of recruits, protection from weather, overwork, and fatigue, and the use of all measures that will promote the general health of the command.

We must frankly admit that when cerebrospinal meningitis has once become epidemic it cannot be stamped out by any known means of practical application.

This does not mean that we should assume a supine attitude, for, even though the disease cannot be satisfactorily controlled, a certain number of secondary cases can be prevented. Vaccines have been tried, but their usefulness has not been established. The procedure is logical and deserves extended observation. Agglutinins develop in the blood of those vaccinated.

Antimeningitis serum is useful in the treatment of the disease; it is not practical as a preventive. It must be introduced into the subdural space by lumbar puncture. Intravenous injections to counteract blood infection are also indicated. The serum should always be matched with the particular strain of meningococcus to obtain specific results. The serum should be provided free of cost or at a minimum price by health authorities. Further, boards of health should provide laboratory facilities for the bacteriological diagnosis of the disease, and the recognition of carriers.

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## CHAPTER IV

### INSECT-BORNE DISEASES

#### GENERAL CONSIDERATIONS

The fact that disease may be transmitted through the bites of insects was suspected for years, but it was not until 1893 that it was demonstrated as a new principle by Theobald Smith in the case of Texas fever of cattle and the tick.<sup>1</sup> Since then many diseases have been added to the list, which is constantly growing. We now know that some diseases are always transmitted through insects and others occasionally. A thorough comprehension of the subject is necessary for sanitarians and others in the fight against disease in all climates and in all countries.

It may be stated as a general law that, if a period of incubation in the insect is necessary, it indicates that the parasite probably belongs to the animal kingdom and passes part of its life cycle within the insect. This constitutes the so-called *extrinsic period of incubation*. Malaria and yellow fever are examples of this class, which is spoken of as *biological* transmission. If, on the other hand, insects convey infection at once without a period of incubation in the insect, the transfer is a *mechanical* one; in this case the insect does not play the part of an intermediate host in the true biological sense, and there is no cycle of development of the parasite within the insect. These cases are almost all bacterial infections.

It may be stated as a general rule that the insect hosts are not harmed by the parasites which they harbor and which are pathogenic for man. Thus, the malarial protozoön is pathogenic for man, but apparently harmless for the mosquito. The same is true of yellow fever and the *Stegomyia*, Texas fever and the tick, plague and the flea, sleeping sickness and the tsetse fly, typhoid and the house fly, typhus fever and the louse, etc.

The *intermediate* host in the zoölogical sense is that animal which harbors the asexual phase of the life cycle of the parasite; the *definitive* host is the animal which harbors the sexual phase. Thus, in malaria man

<sup>1</sup> The other names associated with the early work upon insects and their relation to disease are: Manson, Finlay, Ross, Grassi, and the U. S. Army Commission—Reed, Carroll, Lazear, and Agramonte.

is the intermediate host, the mosquito the definitive host. In popular parlance, the insects are spoken of as the intermediate hosts in all cases.

Insects transfer infections mechanically in a variety of ways. The mouth parts, legs, or outer surfaces of the body may be smeared with the virus, which is then simply carried to the lips, fingers or food, and thus enters the susceptible individual; or the virus may remain attached to the proboscis of a biting insect, thus transferring the infection very much as a hypodermic needle would; or the virus may be contained in the dejecta of the insect and be scratched or rubbed into the wound made by the bite; or the virus may be contained in the digestive tube or the body cavity and be released when the insect bites or is crushed.

Insect-borne infections are types of true endemic diseases, and they are necessarily limited in geographical distribution to the habitat of the insect host. They prevail especially in tropical and warm, moist regions, where insect life abounds. The seasonal prevalence of insect-borne diseases is therefore distinctive.

As a rule, only one species, or at most a single genus, acts the part of a host for any particular infection, excepting in the mechanical transference of infection by insects. Malaria is confined to *Anopheles*, yellow fever to *Stegomyia*, Texas fever to the *Margaropus annulatus*, sleeping sickness to the *Glossina palpalis*, etc. This is a question of specificity. The specific nature of some of these diseases may be due to the fact that the parasite is not pathogenic for other hosts. Thus, most of the insect-borne diseases do not occur naturally in the lower animals and cannot as a rule be transferred even though large amounts of the infected blood be inoculated. The disease may be specific, in the sense that it is confined to one species, because the insect conveying the infection refuses to bite other than its own host. True specificity is found in all the cases of biological transference, whereas mechanical transference of infection may take place through widely separated genera.

In some instances the virus is transmitted "hereditarily" through the insect from one molt to another, and even from one generation to the next. So far as known, however, hereditary transmission takes place only in those "insects" having an incomplete metamorphosis, such as the ticks. Brues suggests that the hereditary transmission of a virus is practically impossible in insects passing through complete metamorphosis, owing to the active phagocytosis during the pupal stage.

Protozoa, bacteria, and even parasitic worms may be transferred by insects. The character of the disease cannot be predicated from the nature of the insect host. Thus, ticks convey *Piroplasma* and also spirochetes; flies convey trypanosomes, bacteria, the eggs of worms, and a variety of other infections; mosquitoes are concerned in the transmission of the plasmodium (a protozoön, filaria (a round worm), and spirochetes (a filtrable virus).

Insect-borne diseases may occur in great epidemics, as yellow fever, malaria, dengue, typhus, relapsing fever, etc. When this occurs it means that the particular insect involved prevails in enormous numbers in the epidemic area.

Ticks and mites belong to the lower class of the Arachnida and are not, strictly speaking, insects (insecta), but are here considered in the same group for practical convenience.

All the parasitic animals which live upon man and other animals may act as go-betweens in the transportation of the microörganisms of disease. Parasites which live upon the skin are known as *ectoparasites*, in contradistinction to *endoparasites*, which live within the body. The ectoparasites may be temporary parasites, as the mosquito; or permanent, as the tick, which spends all but its earliest and last days attached to the skin of its host. Between these extremes there are parasites spending more or less of their life attached to the host; thus, the bedbug and flea are temporary, whereas lice are more permanent parasites.

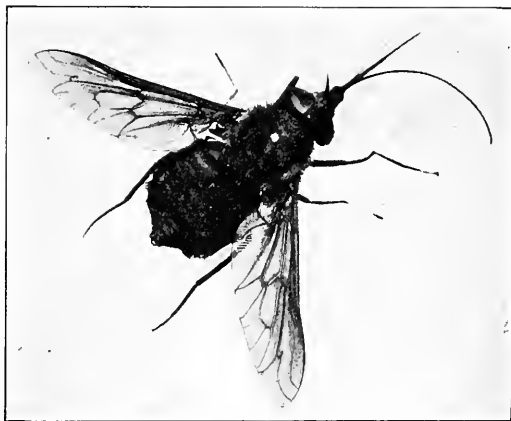


FIG. 20.—A SOUTH AFRICAN BLOOD-SUCKING FLY (*Pangonia*), ILLUSTRATING LONG PROBOSCIS TO PIERCE HEAVY FUR OF CERTAIN ANIMALS. (Brues.)

Many of the insect-borne diseases were formerly known as "place diseases." Thus, in yellow fever it was realized that the infection was not conveyed directly from man to man, but it was believed that the house or place became infected, and it was thought that the virus lived in the soil, upon the bedding, or on the clothing. This led to the notion that *fomites* or inanimate objects played an important rôle in the transference of disease. The early studies in bacteriology gave countenance to this view until our knowledge of the part played by insects and the importance of "contacts" and "carriers" has placed fomites in a subordinate and oftentimes negligible position in public health work.

The prevention of the insect-borne diseases depends upon a knowledge and thorough comprehension of three factors: (1) the disease, (2) the parasite, and (3) the insect. The suppression or control of the insect depends upon a precise knowledge of its biology. Entomology, therefore, has become a vitally important subject so far as preventive medicine is concerned. Without an acquaintance of the life history and habits of

the insect host there will be economic loss, wasted energy, and disappointing results. The malarial mosquito is active at night and breeds in the swamps; the yellow fever mosquito is active by day and breeds about houses. Other mosquitoes have their own particular breeding and hiding places. The suppression of lice depends largely upon bodily cleanliness, the suppression of the bedbug upon house cleanliness, the dangerous fleas come largely from association with other animals, the flies from manure and decomposing organic filth, the ticks from other animals and from the infested ground and woods.

For the control of the insect-borne diseases it is not always necessary to exterminate the particular insect host. In fact, the extermination of a particular species, much more a genus, is practically a biologic impossibility. A material reduction in the numbers of the insects in a particular area will often result in an elimination of the disease.

The geographical distribution of the disease is always more limited than the geographic distribution of the insect host: *Anopheles* exist in many places where there is little or no malaria. *Stegomyia* mosquitoes are numerous in the Philippines, but yellow fever has not yet been carried there.

In the migration of insect-borne diseases it is usually the human host and not the insect that acts as the traveler. Insects, as a rule, do not go great distances of their own volition, and never overseas or from one country to another, unless taken in the conveyances of man or upon some animal host. When yellow fever or malaria go from one country to another, the infection is translated in man. The infected mosquitoes are rarely transported, except occasionally upon wooden sailing vessels with water barrels that afford breeding places.

An apparent exception to this statement is the case of plague. It is the rat rather than man that spreads plague from land to land. In this case, however, the disease is primarily an infection of the rat, which carries the flea along and man is secondarily attacked. Flies, mosquitoes, and other insects are known to travel or be blown a mile or more upon the wing.

An effective campaign against mosquitoes, flies, or other insect pests requires the expenditure of time and money. Further, it requires the assistance of the entomologist, the engineer, and the practical administrator. When the campaign involves extensive drainage or filling-in operations, this calls for the services of an engineer who has specialized along these lines. To attack the problem without a complete knowledge obtained from a careful study of the habits and breeding places of the particular species of insect will probably result in economic waste. The habits and habitat of some species may vary in different localities, and a careful study of the local conditions is important to insure success. In the organization of a mosquito campaign the several branches of the work

may be allotted to special divisions, each consisting of a foreman and crew. These men become skilled in their particular duties, and efficiency is thereby greatly promoted. One division should have charge of the oiling, another of the fumigation, another should seek to destroy the natural breeding places, another should attend to the screening, etc. In fly suppression one division should look after the storing and handling of horse manure, another to garbage and organic refuse, and so on. All the work must be centralized under the direction of one person with executive ability and a thorough understanding of the problem.

The suppression of insects and household vermin is essentially a question of cleanliness. The most effective measures are those which strike at the breeding places, and these will be considered separately under mosquitoes, flies, ticks, lice, fleas and bedbugs. Next to the suppression of their breeding places, the most important measure in a household is to starve out these pests. Food must be so protected that insects, mice, and rats cannot gain access to it. Floors and other surfaces must be kept clean, so that they do not have the least film of organic dirt upon which insects feed. There should be no cracks or crevices to collect dust and dirt, which offer comfort for insect life. Cleanliness and incessant care must not only be exercised in the household itself, particularly in kitchen, pantry, dining room, cellar, attic, and toilets, but must also include the back yard and surroundings of the house. Old cans and broken bottles, rubbish, garbage, and general untidiness around the household afford breeding places, hiding places, or food for vermin.

All the blood-sucking parasites must be regarded as dangerous. If they do not play the rôle of an intermediate host in the biological sense, they may occasionally transfer infections in a mechanical way, or the little wounds may allow the entrance of such infections as erysipelas, the pus cocci, anthrax, tetanus, and other microorganisms. Further, all blood-sucking parasites are potentially dangerous, in that new diseases may be established as the old ones must have been established at one time through the triple alliance of host, insect, and parasite.

Insect-borne diseases may be controlled by attacking the insect, or the parasite in the host, or both. The object should be to attack the weakest link in the chain.

Science has demonstrated the danger from insects. Experience long ago decided that a healthy home must be free of insects and vermin of all kinds—it remains for the future to extend this kind of cleanliness to municipal housekeeping and rural sanitation.

The principal insect-borne diseases, their causes, and the insect responsible in each case are stated in the following table:

## The Principal Insect-borne Diseases

DISEASE	CAUSE	INSECT
MOSQUITOES		
MALARIA (Laveran, 1880, the parasite; Ronald Ross, 1895-1898, relation to the mosquito)	<i>Plasmodium malariae</i> (Laveran) <i>Plasmodium vivax</i> (Grassi and Feletti) <i>Plasmodium falciparum</i> (Welch)	<i>Anophelinae</i>
YELLOW FEVER (Reed, Carroll, Lascar, and Agramonte, 1903-1902)	A filtrable virus <i>Leptospira icteroides</i> (Noguchi, 1919)	<i>Stegomyia calopus</i>
FILARIASIS (Demarquay, 1863; Manson, 1899)	<i>Filaria bancrofti</i>	<i>Culex fatigans</i>
DENGUE (Graham, 1903; Ashburn and Clegg, 1907)	A filtrable virus (?)	<i>Stegomyia calopus</i>

## FLIES

SLEEPING SICKNESS (Gambian) (Dutton, 1902)	<i>Trypanosoma gambiense</i>	<i>Glossina palpalis</i> —A tsetse fly
SLEEPING SICKNESS (Rhodesian) (Stephens & Fantham, 1910)	<i>Trypanosoma rhodesiense</i>	<i>Glossina morsitans</i> —A tsetse fly
TYPHOID, CHOLERA, DYSENTERY, etc. Contagious ophthalmia, "pink eye," erysipelas, anthrax, glanders, skin infections. Small-pox and other exanthemata.		Flies and other insects, by mechanical transmission
NAGANA (of cattle, etc.) (Bruce, 1895)	<i>Trypanosoma brucei</i>	<i>Glossina morsitans</i> —A tsetse fly
SURRA (of horses, etc.) (Steel, 1885)	<i>Trypanosoma evansi</i>	<i>Tabaninae</i> , <i>Stomoxys calcitrans</i> , and other biting flies; also fleas
PAPPATACI FEVER (3 day fever) (Doerr, 1909)	A filtrable virus (?)	<i>Phlebotomus poppalatii</i> —A dipterous biting gnat
CALABAR SWELLING (Loa loa) (Cobbold, 1864; Manson, 1891)	<i>Filaria diurna</i>	<i>Chrysops dimidiatus</i> —A biting fly
SOUTH AMERICAN TRYPANOSOMIASIS (Barbiero fever) (Chagas, 1909)	<i>Trypanosoma cruzi</i>	<i>Lamprophya megistus</i> —A hemipterous biting insect
DEER-FLY FEVER (Francis, 1919)	<i>Bacterium tularensis</i> (McCoy and Chapin, 1912)	Biting fly ( <i>Crysops</i> )

## TICKS

TEXAS FEVER (of cattle) (Smith & Kilbourne, 1893)	<i>Babesia bigemina</i>	<i>Margaropus annulatus</i>
ROCKY MOUNTAIN SPOTTED FEVER (Ricketts, 1906; Wolbach, 1916)	<i>Rickettsia</i>	<i>Dermacentor andersoni</i>
RELAPSING FEVER (W. Africa) (African tick fever) (Dutton and Todd, 1904)	<i>Spirochaudinnia duttoni</i>	<i>Ornithodoros moubata</i> ; also lice, and perhaps bedbugs, etc.

## BEDBUGS

EUROPEAN RELAPSING FEVER (Obermeier, 1873)	<i>Spirochaudinnia recurrentis</i>	<i>Clinocoris lectularis</i> (?) <i>Pediculi</i> (?)
INDIAN KALA-AZAR (Ross, 1903)	<i>Leishmania donovani</i>	<i>Clinocoris rotundatus</i> <i>Conorhinus</i> (?)

(Continued on next page.)

## Insect-borne Diseases—(Continued)

DISEASE	CAUSE	INSECT
LICE		
ALGERIAN RELAPSING FEVER (Sergeant and Foley, 1910)	<i>Spiroschaudinnia berbera</i>	<i>Pediculi</i>
EUROPEAN RELAPSING FEVER (Obermeier, 1873)	<i>Spiroschaudinnia recurrentis</i>	<i>Clinocoris</i> (?) <i>Pediculi</i> (?)
ASIATIC RELAPSING FEVER (Carter, 1877)	<i>Spiroschaudinnia carteri</i>	<i>Pediculus vestimentis</i> (?)
TYPHUS FEVER (Nicolle, 1909; Ricketts & Wilder, 1910; Anderson & Goldberger, 1910)	<i>Rickettsia prowazeki</i>	<i>Pediculus vestimenti (corporis)</i> <i>Pediculus capitis</i> <i>Pediculus humanus</i>
TRENCH FEVER	<i>Rickettsia pediculi</i>	<i>Pediculus humanus, var. corporis</i>
FLEAS		
PLAGUE (Kitasato, 1894; Yersin, 1894)	<i>Bacillus pestis</i>	<i>Xenopsylla cheopis</i> and others
INFANTILE KALA-AZAR (Pianese, 1905)	<i>Leishmania infantum</i>	<i>Ctenocephalus canis</i> (?)

The following table gives a list of the principal diseases which are transmitted by "intermediate" hosts other than insects.

DISEASE AND ADULT PARASITE	INTERMEDIATE OR USUAL HOST	INFECTING STAGE OF PARASITE	MODE OF INFECTION
Liver fluke <i>Fasciola hepatica</i>	Snails <i>Limnaeus</i>	<i>Cercariae</i>	Ingestion
Liver fluke <i>Clonorchis endemicus</i>	Fish	Encysted stage	Ingestion
Lung fluke <i>Paragonimus westermanii</i>	Fresh-water crab <i>Potamon dehaanii</i>	Encysted larvae	Ingestion
"Katayama disease" <i>Schistosomum japonicum</i>	Fresh-water snails <i>Katayama nosophora</i>	<i>Cercariae</i>	Through the skin
Fish tapeworm <i>Dibothricephalus latus</i>	Pike, salmon, etc.	<i>Plerocercoids</i>	Ingestion
Dog tapeworm <i>Dypilidium caninum</i>	Dog fleas and dog lice	<i>Cysticercoids</i>	Contact with dogs
Rat tapeworm <i>Hymenolepis diminuta</i>	Meal moth, <i>Asopia farinalis</i> and other insects	<i>Cysticercus</i>	Ingestion
Dwarf tapeworm <i>Hymenolepis nana</i>	(?)	<i>Cysticercoid</i>	Ingestion
Pork tapeworm <i>Taenia solium</i>	Swine	<i>Cysticercus</i>	Ingestion
Beef tapeworm <i>Taenia saginata</i>	Cattle	<i>Cysticercus</i>	Ingestion
Hydatid disease <i>Echinococcus granulosus</i>	Dogs	<i>Onchosphere</i>	Ingestion
Guinea worm <i>Dracunculus medinensis</i>	A small crustacean <i>Cyclops coronatus</i>	<i>Larvae</i>	Ingestion
<i>Lamblia intestinalis</i>	Rats, mice	Encysted stage	Ingestion
<i>Trichinosis</i> <i>Trichinella spiralis</i>	Swine	Encysted stage	Ingestion
Infectious Jaundice, Weil's Disease <i>Spirochaeta icterohaemorrhagiae</i>	Rats*		

\* Other diseases transmitted by rats, see page 335.

**INSECTICIDES <sup>2</sup>**

Practically all germicidal agents are also insecticides. There are some exceptions to this statement, notably formaldehyd, which is a potent germicide, but has little or no effect upon insect life in its gaseous state.

The action of insecticides may be considered under three classes: (1) those that act as general protoplasmic poisons, such as strong acids or alkalies, hydrocyanic acid, sulphur dioxid, etc.; (2) those that suffocate the insects, such as oily substances; (3) those that act upon the nervous structures, such as chloroform, ether, and other general anesthetics.

Another classification considers insecticides under four groups: (1) those used by contact in liquid form or in solution; (2) those used by contact in dry or powdered form; (3) those used by contact in vapor form; (4) those used by mixing with food and which are poisonous when ingested.

Insects differ markedly in their power of resisting insecticides. Those with well-developed chitinous protection, such as bedbugs and roaches, are more difficult to kill than flies, fleas, and mosquitoes. Many insecticides have marked specific action. Thus, iodoform kills lice within 10 to 15 minutes, but has practically no harmful action on bedbugs, and very little effect on fleas. Pyrethrum has a more powerful action on bedbugs than on lice, etc.

The most practical of the insecticides for the destruction of the winged insects in an enclosed space are those that may be used in the gaseous state. Of these, sulphur dioxid, and hydrocyanic acid gas are most commonly employed and are most reliable. The method of killing insects by gases and fumes is called fumigation. See pages 1352 and 1390.

**Preparation of the Room for Fumigation.**—It is more important to seal tightly a room in which insects are to be destroyed than where only a germicidal action of the gas is looked for. Insects may escape through minute openings, and they may hide in nooks and cracks where the gas permeates slowly and feebly, or may take cover under the folds of crumpled paper or folded fabrics, and thus escape the insecticidal action of the gas. Self-preservation tempts mosquitoes and other insects, as well as rats and mice, to seek the light when in the presence of an irritating gas. It is, therefore, convenient to darken the place to be treated, leaving one source of light. The dead vermin may then be readily collected about this place.

<sup>2</sup>All insecticides sold in interstate traffic in the United States must comply with the Insecticide and Fungicide Act of 1910, administered by the U. S. Dept. of Agriculture.



Strips of paper should be pasted over doors and windows. Cracks and crevices may be caulked with towels, waste, or other suitable substance. Ventilators, fireplaces, hot-air registers, and all openings into the room must be covered, otherwise both the gas and the insects will escape. Closets and small doors should be opened and all drawers, lockers, and similar places exposed in such a way that the gas may have fresh access to remote corners. Furniture should be moved away

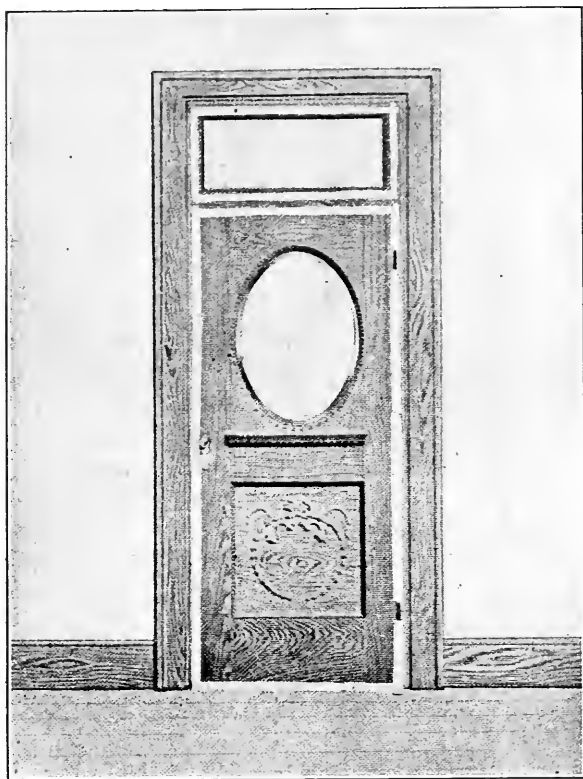


FIG. 21.—EXAMPLE OF SEALING DOORS FOR PURPOSE OF FUMIGATION.

from the walls. Fabrics, paintings, instruments, bright metal work, or other objects liable to injury may be removed or covered, especially when sulphur is used. See also page 1390.

**The Relative Efficiency of Insecticides.**—McClintock, Hamilton, and Lowe<sup>3</sup> tested a number of insecticidal substances, the values of which are shown in Table 4, which gives a list of the substances tested and the species of insects used in the experiments, together with the quantity of each substance which, when properly transformed into vapors, was

<sup>3</sup> *Jour. Am. Pub. Health Assn.*, Vol. II, No. 4, Apr., 1911, p. 227.

sufficient to kill the species indicated. The coefficient column shows the inverse ratio between this quantity and 8 grams, the weight of sulphur which, when burned, kills the bedbug in 800,000 c. c. of inclosed space. The efficient dilution of the vapors of any substances may be obtained from this coefficient by multiplying by 100,000.

For example, if one wishes to use carbon disulphid, by consulting No. 28 in the table it is shown that 24 grams were required to kill bedbugs, while only 8 grams of sulphur were required. It is therefore only one-third as strong and its coefficient is 0.3+. Its efficient dilution is 33,000.

Table 4.—INSECTICIDES

Time of exposure—Varied as conditions required.  
Column 1—Quantity used to kill the specified insect.  
Column 2—Coefficient of efficiency compared with the efficiency of sulphur dioxide on bedbugs.

Substance	Bedbug		Cockroach		House Fly		Clothes Moth		Mosquito	
	1	2	1	2	1	2	1	2	1	2
1 Sulphur Dioxide as Sulphur	8	1	4	2	3.2	2.5	2.6	3	3.2	2.5
2 Pyridin	8	1	4	2	2	4	1.6	5	1.6	5
3 Pyridin Bases (Merck)	5	1.6	4	2	1.6	5	1.6	5	....	....
4 Quinolin	8	1	8	1	....	....	2	4	....	....
5 Creosote Oil	4+	2	4+	2	2	4	1	8	8	10
6 Carbolic Acid	8	1	8	1	8	1	8	1	4	2
7 Naphthalene	8+	1	8	1	2	4	4	2	1	8
8 Kerosene	16+	0.5	16+	0.5	4+	2	4	2	4+	2
9 Anilin Oil	6.3+	1.3	6.3+	1.3	6.3	1.3	6.3	1.3	4	2
10 Cedar Oil	11.5+	0.7	11.5+	0.7	8	1	2	4	1	8
11 Citronella Oil	4+	2	4+	2	2	4	4	2	1	8
12 Cloves Oil	4+	2	4+	2	2	4	2	4	1	8
13 Peppermint Oil	4+	2	4+	2	4	2	4+	2	2	4
14 Pennyroyal Oil	8+	1	8+	1	4	2	4	2	1	8
15 Australene	8+	1	8+	1	3.2	2.5	8	1	2	4
16 Turpentine (Oregon Fir)	36+	0.2	36+	0.2	36+	0.2	16+	0.5	8	1
17 Oil Pinus Palustris	16+	0.5	16+	0.5	4	2	4	2	2	4
18 Oil Turpentine	20+	0.4	20+	0.4	20	0.4	20	0.4	10	0.8
19 Turpentine (Mich. Wood)	16+	0.5	24+	0.3	16	0.5	16	0.5	....	....
20 Benzaldehyd	4+	2	4+	2	2	4	2	4	1	8
21 Nitrobenzol	8+	1	8	1	1.6	5	1.6	5	1	8
22 Ammonia 28%	36+	0.2	36+	0.2	20+	0.4	36+	0.2	20	0.4
23 Alcohol, Ethyl	80+	0.1	80+	0.1	80+	0.1	80+	0.1	80	0.1
24 Alcohol, Methyl	80+	0.1	80+	0.1	80+	0.1	80+	0.1	80+	0.1
25 Acetone	40+	0.2	40+	0.2	40+	0.2	40+	0.2	14+	0.2
26 Chloroform	40+	0.2	40+	0.2	16+	0.5	16	0.5	16+	0.5
27 Ether (Ethyl Oxid)	....	....	....	....	15+	0.5	....	....	....	....
28 Carbon Disulphid	24	0.3	36	0.2	4	2	2	4	4	20
29 Carbon Tetrachlorid	40	0.2	40+	0.2	40+	0.2	40+	0.2	40	0.2
30 Chloretone	4+	2	4+	2	4	2	4	2	1	8
31 Camphor	8+	1	8	1	4	2	4	2	2	4
32* Nicotin, 80% Sol.	25	4	25	4	6	20	25	40	1	100
33 Hydrocyanic Acid, as Potassium Cyanid	6.3	1.3	6.3	1.3	2	4	1	8	2	40
34 Paraform	8+	1	8+	1	4	2	8	1	1	8
35† Formaldehyd 40% Sol.	54+	0.1	54+	0.1	16+	0.5	16+	0.5	8+	1
36 Stramonium Leaves	10	0.8	10	0.8	10+	0.8	10+	0.8	4	2
37 Sabadilla Seeds	8+	1	8+	1	16	0.5	16+	0.5	4	2
38 Chrysanthemum Flowers	80+	0.1	80+	0.1	2.6	3	4	2	1	8

The + sign after a number indicates that this quantity was the largest used and that it was insufficient.

\* Coefficient of nicotin based on 100% alkaloid.

† Quantity of formaldehyd to be an efficient germicide is 13½ c. c. or a coefficient of 0.625.

The best methods of generating gases for fumigating purposes are considered below. For further information concerning these substances, with special reference to their germicidal action, see Section XIV.

To insure success the gas used to fumigate a room should be liberated in a large volume in a short time. If the gas is evolved slowly much of it will be lost before the room can become charged with a sufficient amount to kill the insects.

The amount of gas and the time of exposure stated in each case are the minimum. When large, leaky, or irregularly shaped spaces are to be fumigated, the amount of gas should be increased and the time of exposure prolonged. It is also advisable to generate the fumes in as many different places as practicable, as this favors rapid diffusion.

**Sulphur.**—Sulphur is one of the most valuable insecticides we possess. It may be used either as a gas— $\text{SO}_2$ —or in its powdered form—flowers of sulphur.

*Sulphur dioxid* is destructive to all forms of life. It will kill mosquitoes, flies, fleas, roaches, bedbugs, and all kinds of vermin,<sup>4</sup> including rats and mice. While sulphur dioxid is one of the most dependable insecticides it is a rather feeble germicide. It diffuses poorly and has feeble penetrating power, requires expensive or cumbersome apparatus, and much labor. It is also rather slow and has some risk of fire. It is further limited in practice on account of its destructive and corrosive action due to sulphurous acid and sulphuric acid produced in the presence of moisture. Fortunately the dry gas is quite as poisonous to mosquitoes, flies, rats, mice, etc., as the moist gas. Dry sulphur dioxid, however, has absolutely no germicidal value.

Sulphur dioxid tarnishes metals, rots fabrics, and bleaches pigments, especially when moist. Fumigation with  $\text{SO}_2$  may, however, be done with little damage to property on dry days. Metal work, fabrics, and pigments that cannot be removed from the room may be protected from the sulphur fumes by coating with petroleum jelly or covering with paper.

Sulphur dioxid may be produced either by burning sulphur or by liberating liquefied sulphur dioxid. The methods of generating the gas will be found on page 1396. Two pounds of sulphur burned for each thousand cubic feet of air space and an exposure of two hours are sufficient to kill mosquitoes, flies, and other insects in a small tight space; three to four pounds and an exposure of 6 hours are ample for rats and mice. If the space is large or leaky, the amount of gas should be increased and the time of exposure prolonged. See pages 384 and 1396.

*Flowers of Sulphur.*—Sulphur in its dry, powdered state is useful against a number of parasites. In this form, however, it has little

<sup>4</sup>Sulphur cannot be depended upon to kill the eggs of lice, fleas, mites, etc.

use as an insecticide in preventive medicine, not being efficacious against bedbugs, ants, roaches, or fleas.

It may be applied in several ways, the simplest of which is to sprinkle the dry sulphur about the places where insects are found. Flowers of sulphur may also be combined advantageously with other insecticides, such as kerosene emulsion, resin wash, or soap wash. It should first be mixed into a paste and then added to the spray tank in the proportion of about 1 or 2 pounds to 50 gallons. It is very efficacious for the destruction of the mites and rust of plants and fruits.

Sulphur in the form of an ointment is particularly obnoxious to ticks and other ectoparasites. The itch-mite (*Sarcoptes scabiei*) is very susceptible to the flowers of sulphur, which is, therefore, one of the ingredients of almost all ointments used in this skin affection—scabies.

Sulphur dips are used to destroy the mites on domestic animals. The formula now recommended for the treatment of scabies of cattle is as follows: Flowers of sulphur, 24 pounds; unslaked lime, 12 pounds; water, 100 gallons. It is common experience that, while sulphur dips may be depended upon to destroy the mites, they do not destroy the eggs, hence the treatment should be repeated in about 10 days, which permits time for the eggs to hatch and develop into adults. The lime and sulphur dips are widely used for both cattle and sheep affected with scabies. The advantages of this class of dips over arsenical dips are that they are effective, but not poisonous for cattle or man. Lime and sulphur dips are not effective for the Texas fever tick, and arsenic should therefore be used.

**Formaldehyd.**—Formaldehyd, while holding the front rank as a germicide, is a feeble insecticide. The gas seems to have no effect whatever upon roaches, bedbugs, and insects of this class even after prolonged exposure to very high percentages. As a differential poison formaldehyd gas is a very remarkable substance. It destroys bacteria almost instantly, but, while it is irritating to the higher forms of animal life, it is not very toxic. I have repeatedly found that roaches and other insects with strong chitinous protection seem unharmed after 12 hours' exposure to very strong percentages of the gas in air-tight disinfecting chambers. Mosquitoes may live in a weak atmosphere of the gas over night. It will kill them, however, if the gas is brought in direct contact with them in the full strength and time prescribed for bacterial disinfection.

When a weak insecticidal gas is used, it is much more difficult to obtain direct contact between the gas and the insects than between the gas and germs, because the sense of self-preservation aids the former in escaping from the effects of the irritating substance. Mosquitoes and other insects hide in the folds of towels, bed clothing,

hangings, fabrics, and out-of-the-way places where the formaldehyd gas does not permeate in sufficient strength to kill them. The gas tends to polymerize and deposit as paraform on the surface of fabrics which prevents its penetration, and large quantities are lost by being absorbed by the organic matter of woolen fabrics. Mosquitoes have a lively instinct in finding cracks or chinks where fresh air may enter a room or other places where the gas is so diluted that they escape destruction. Therefore, formaldehyd gas, as well as other culicides, cannot be trusted to kill all the mosquitoes in a room which cannot be tightly sealed. On account of its feeble action, formaldehyd should not be used as an insecticide.

For the best methods of evolving formaldehyd gas, the quantities to be used, and other details of the process, see page 1391.

Formaldehyd gas in watery solution, known as formalin, is useful for the destruction of flies. Small quantities of dilute formalin (1.25 to 2.5 per cent.) placed in saucers about the room attract flies. They drink the fluid, which soon kills them.

**Pyrethrum.**—Pyrethrum is a popular and much used insecticide because it is comparatively cheap and non-poisonous to man and the higher animals. It is also non-corrosive, but unfortunately it has but a feeble action against roaches, ants, bedbugs, flies, fleas, mosquitoes, etc. It has no germicidal action.

Pyrethrum, also sold under the names of Buhach or Persian insect powder, or simply "insect powder," is the flowers of the *Chrysanthemum roseum* and the *Chrysanthemum carneum*, both hardy perennials and resembling camomile in appearance. According to Kalbrunner, 4 grains of the pure powder sprinkled on a fly in a vial should stupefy it in 1 minute, and kill it in 2 or 3 minutes. It acts on insects externally through their breathing pores. It may be used either as a dry powder or by its burning fumes. As a dry powder it may be used pure or mixed with flour, in which form it should be puffed about the room, especially into cracks.

When pyrethrum powder is ignited it smolders, giving off fumes which stun, but do not always kill, mosquitoes.<sup>5</sup> It is not, therefore, a dependable insecticide. This uncertainty of pyrethrum restricts its field of usefulness.

Pyrethrum fumes do not corrode metals nor act injuriously upon fabrics and pigments. However, a slight brown deposit is occasionally left on exposed surfaces which may stain linen a yellowish color. This deposit or stain is readily washed out, or soon fades.

Pyrethrum powder has been useful in those cases where sulphur is prohibited on account of the danger of damage to paintings, fabrics,

<sup>5</sup>Tobacco smoke and other substances which produce dense fumes, particularly those containing pyroligneous products, will kill mosquitoes.

tapestries, metal work, musical instruments, upholstered furniture, and the like. It is used in the proportion of 2 pounds per 1,000 cubic feet of air space, the exposure being for not less than 4 hours. As its insecticidal effect is uncertain, it is necessary carefully to sweep up and burn all the mosquitoes that have been stunned and are apparently dead after the fumigation. Most of these mosquitoes will be found on the window sill or on the floor close to the window, where they are attracted by the light in their efforts to find an exit to escape the fumes. Advantage should be taken of this tendency of the mosquito to seek the light by darkening all but one window.

Sheets of paper containing some sticky preparation may be placed upon the floor and upon the window sill in order to catch the mosquitoes. A satisfactory adhesive preparation may be made by dissolving, by the aid of heat, 65 parts of colophony resin in 35 parts of castor oil. This simplifies the collection and disposal of the insects.

Pyrethrum powder should be distributed in pots or pans and set on fire with a little alcohol, which should first be sprinkled over it. The quantity apportioned to any one pot or pan should not exceed 1½ inches in depth, if the exposure is to be for 4 hours. The pots and pans should be set on bricks to prevent scorching the floor.

Much of the pyrethrum upon the market is impure, which further weakens what is a feeble insecticide at best.<sup>6</sup>

**Phenol-camphor** (*Mim's Culicide*).—Camphophenique or phenol-camphor is prepared by rubbing up equal weights of phenol crystals and camphor. It may be more conveniently prepared by first liquefying the phenol by gentle heat and then pouring it over the camphor. The camphor and phenol combine to form a new chemical compound, which remains fluid at ordinary temperatures. When phenol-camphor is moderately heated it gives off dense fumes, which rise rapidly and diffuse slowly, and after 30 to 60 minutes, depending upon the amount employed and the temperature of the air, the fumes condense and are deposited as a slight moisture on all exposed surfaces. As a culicide phenol-camphor is about equal to pyrethrum; the fumes stun the mosquitoes, but do not always kill them. The fumes are somewhat irritating to the mucous membranes, especially the eyes; they may cause dizziness, headache, cloudy urine, and other mild symptoms of phenol poisoning in susceptible individuals much exposed to their inhalation. The fumes of phenol-camphor do not tarnish metals, rot fabrics, or bleach pigments. They, however, have the disagreeable property of softening the varnish of surfaces on which they condense. On account of its slight power of diffusion, relatively high cost, and uncertainty of action, it cannot take the place of sulphur except in the parlor, pilot house,

<sup>6</sup> *Insect Powder*, Bull. 824, U. S. Dept. of Agriculture, 1920.

and other compartments where sulphur is prohibited on account of the damage it produces.

Phenol-camphor is used in the proportion of 4 ounces to every thousand cubic feet of air space, and with an exposure of 2 hours. In this proportion and time the film of condensation is slight and is rapidly dissipated after the doors and windows are opened. The preparation of the room is the same as that described above. The phenol-camphor apportioned to the room to be fumigated should be distributed in agate-ware basins, not more than 8 to 10 ounces to any one basin. Each basin is set over an alcohol lamp at such an elevation and in such a manner as will permit a rapid evolution of the fumes. Care must be taken not to heat the basin so quickly as to cause the liquid to become overheated and take fire. This point must first be determined experimentally for each type of lamp used. One of the small brass alcohol vapor lamps to be found on the market serves excellently. As a safeguard against accidents the lamp should stand in a pan containing about one-half inch of water. The basin containing the phenol-camphor may be set upon a section of galvanized iron stove-pipe, at one end of which sectors are cut out so as to form legs of a length equal to the height of the lamp; just below the upper margin of the pipe a series of holes are punched so as to provide for draft. The stove-pipe should be of such a length as to support the basin containing the phenol-camphor about 10 inches above the flame. This ingenious and simple device, suggested by Berry and Francis, acts as a chimney, protects the flame, is relatively cheap, and has proved satisfactory.

**Hydrocyanic Acid Gas.**—Hydrocyanic acid gas is extremely poisonous to all forms of life. It kills roaches, bedbugs, mosquitoes, fleas, flies, rats, mice, and other vermin with great certainty and very quickly. HCN also kills insect eggs, which sulphur dioxid and other gases fail to do. Hydrocyanic acid gas is not a germicide. It is not very poisonous to the higher forms of plant life. Hydrocyanic acid gas is much used in greenhouses for the destruction of insect pests and for scale and other parasites of fruit trees. The gas has a distinct place in the fumigation of granaries, stables, ships, barns, outhouses, railroad cars, and other uninhabited structures infested with vermin. It is also extensively used in flouring mills against weevils, in railroad cars against bedbugs, and in tobacco warehouses against insects in general. It should be used in the household only with the greatest precaution, as the least carelessness with it would probably mean the loss of human life. It has the marked advantage that it does not harm metals, fabrics, or pigments, and may be used in the most expensive drawing rooms.

Hydrocyanic acid gas is lighter than air and has an agreeable aromatic odor quite familiar in the flavoring essence of bitter almonds. The best method of generating it for the purpose of fumigation is by

the action of dilute sulphuric acid upon potassium cyanid, in the following proportions:

Sodium cyanid	1 ounce	Potassium cyanid	1.0 ounce
Sulphuric acid	1½ ounces	Sulphuric acid	1.0 ounce
Water	2 ounces	Water	2.5 ounces

The first step is to dilute the acid, which is done by adding the acid to water in a vitrified clay jar or receptacle capable of withstanding the heat. The whole amount of cyanid should be put into the acid at once. As the evolution of the gas is rapid, the operator should be ready to leave the spot without delay. As pointed out by Fulton, it is convenient to tie the cyanid up in a bag made of cheese cloth or tissue paper, which is lowered into the acid by a cord passing outside of the room. The amount of gas used for fumigation, expressed in terms of cyanid, is from ½ ounce to 10 ounces per 100 cubic feet of space. From 30 minutes to 2 hours will kill lice, bedbugs and roaches, but in practice an exposure of 2 to 6 hours is advisable (page 514). Hydrocyanic acid gas is quite as effective as sulphur dioxid, is not destructive, is reasonably cheap, and is certain in its action, but its poisonous nature is such a serious drawback that it has a limited place as an insecticide in public health work. It is finding favor in maritime quarantine practice, where it is largely replacing SO<sub>2</sub>. See pages 515 and 1402.

**Bisulphid of Carbon.**—Bisulphid of carbon (CS<sub>2</sub>) is a very efficient insecticide, but a dangerous one, on account of its inflammable and explosive nature. It quickly kills mosquitoes, roaches, flies, ants, and insects of all kinds, as well as rats, mice, and squirrels. When pure it is a mobile, colorless liquid with an agreeable ethereal odor, but often it has a more or less fetid odor from the presence of other volatile compounds. The liquid must be kept in well-stoppered bottles in a cool place, and away from the light and fire. It evaporates rapidly at ordinary temperatures, so that in using this substance in a confined space it is sufficient to pour it into open pans. Carbon bisulphid is very inflammable—more so than ether—and burns with a pale blue flame yielding sulphur dioxid and carbon dioxid or monoxid. In its use every precaution must be taken to see that there is no fire, lighted cigar, etc., in or about the field of operation. On account of its poisonous nature, if used in a house or other inhabited structure, the rooms must be thoroughly aired after its use.

According to Hinds, shallow tin pans or plates make good evaporating dishes for carbon bisulphid. The larger the evaporating area the better. About one square foot of evaporating surface is used to every 25 square feet of floor area, and one-half to one pound of the liquid carbon bisulphid is used for each square foot of evaporating surface.



These figures, of course, are only suggestive and approximate. The pans should be placed as high in the room as possible, since the vapor is so heavy that it settles rapidly. Care should be taken when placing the pans to see that they are nearly level so as to hold the liquid, though ordinarily no particular harm will be done if some of it is spilled. It should not be found necessary to lose time in adjusting such things after the operation has begun.

Carbon bisulphid was extensively used in California in the plague campaign. A piece of waste the size of an orange is saturated with the liquid and the wet ball placed in the mouth of the squirrel hole. Wet clay is then stamped into the warren so that the gas which is generating may have no opportunity to escape. All of the holes of the burrows are treated in this way. In some instances the ball is placed deeply in the hole and then ignited. This is more or less uncertain, as an explosion occurs, and, while the gas is thus disseminated, its action only covers a limited period of time, and is, therefore, not as certain as simply allowing the carbon bisulphid to evaporate. It not only kills the squirrels, but also the fleas on them.

*Carbon tetrachlorid* ( $\text{CCl}_4$ ) may be used in place of carbon bisulphid. It is neither inflammable nor explosive, but somewhat more poisonous than chloroform. The sale of carbon tetrachlorid is forbidden in Paris on account of deaths from its use as a shampoo. It is sold in this country as a cleaning agent.

**Petroleum.**—Petroleum, kerosene, or coal oil is a very valuable insecticide. Petroleum and its products, such as gasoline or naphthalene, are the most dependable insecticides we have, and are used more and more in one form or another.

As a remedy for mosquitoes coal oil is applied in the proportion of about 1 ounce to 15 square feet of water surface. It should form a uniform film over the surface, and will then destroy the larvae and pupae of the mosquito and the adult females coming to the water to lay their eggs. The oil must be renewed every week or two, depending upon the temperature and other conditions. A light grade of fuel oil is best for this purpose. See page 282.

Petroleum is also useful against roaches, bedbugs, fleas, lice, and other insect vermin when used by direct application or by spraying, either in the form of the pure oil or as an emulsion. Petroleum is very efficient against fleas. Frequent application to the floor or other places will keep away ants, and by direct application to the breeding, feeding, and traveling places, it is a useful remedy against household vermin in general. Coal oil is the cheapest and most effective remedy for lice, by direct application to the head or other parts affected.

Emulsion of crude petroleum for application to the skin of animals

or to trees, or other plants, or for general insecticidal purposes is made from the formula of T. M. Price:

Crude petroleum .....	2 gallons
Water .....	1½ gallon
Hard soap .....	1½ pound

Dissolve the soap in the water with the aid of heat. To this add the crude petroleum; mix with a spray pump or shake vigorously and dilute with the desired amount of water. The emulsion of crude petroleum made according to this modified formula remains fluid, and can be easily poured. It will stand indefinitely without any tendency toward separation of the oil and water, and can be diluted in any proportion with cold soft water.

*Gasoline, naphtha, and benzine*, also *naphthalene* are among the best pulicides, and as such are extensively used to kill lice in typhus fever campaigns. See page 368.

**Arsenic.**—The arsenical compounds, according to Marlatt,<sup>7</sup> have supplanted practically all other substances as a food poison for biting insects. The two arsenicals in most common use obtainable everywhere are arsenate of lead and Paris green. Scheele's green, or arsenite of copper, is less known and less easily obtainable, but in some respects is better than Paris green. The use of powdered white arsenic is not recommended on account of its corrosive action, as well as the fact that it is apt to be mistaken for harmless substances.

The arsenical poisons may be applied in one of three ways: (1) in suspension, as poisoned waters, mainly in the form of sprays; (2) as a dry powder blown or dusted about the infested areas; or (3) as poisoned bait.

It must be remembered that the arsenicals are very poisonous; they should be so labeled, and care taken to prevent accidents.

*Paris green* is a definite chemical compound of arsenic, copper, and acetic acid (acetoarsenite of copper), and should have a nearly uniform composition. It is rather a coarse powder, or, more properly speaking, crystal, and settles rapidly in water, which is its greatest fault so far as the making of suspensions of this substance is concerned.

*Scheele's green* is similar to Paris green in color and differs from it only in lacking acetic acid; in other words, it is simply arsenite of copper ( $\text{CuHAsO}_3$ ). It is a finer powder than Paris green, and, therefore, is more easily kept in suspension.

*Arsenious oxid* ( $\text{As}_2\text{O}_3$ ), or white arsenic, commonly known as arsenic, is used in dips to destroy ticks. See page 355.

*Arsenate of lead* is prepared by combining, approximately, 3 parts of the arsenate of soda with 7 parts of the acetate of lead (white sugar

<sup>7</sup> *Farmers' Bulletin No. 19*, U. S. Dept. of Agriculture.

of lead) in water. These substances, when pulverized, unite readily and form a white precipitate, which is more easily kept suspended in water than any of the other arsenical poisons. Its use is advised where excessive strengths are not desirable, and upon delicate plants, where otherwise scalding is likely to result.

An average of one pound of either Paris green or Scheele's green, or London purple to 150 gallons of water is a good strength for general purposes in using the wet method. The powder should first be made up into a thin paste in a small quantity of water, and, if the suspension is to be used upon plants, vegetables, or about foliage, an equal amount of quicklime should be added to take up the free arsenic and remove or lessen the danger of scalding.

For the distribution of dry poison the arsenicals are diluted with 10 parts of flour, lime, or dry gypsum.

The following mixtures are used in the form of sprays, to destroy insects and fungi upon plants.<sup>8</sup> The arsenate of lead mixture has been much used in Massachusetts with success against the gipsy moth and other destructive insects upon trees and plants. These mixtures are equally useful as insecticides wherever sprays or local applications are practicable.

#### ARSENATE OF LEAD

Arsenate of soda (5 per cent. strength), 4 ounces.

Acetate of lead, 11 ounces.

Water, 100 gallons.

Put the arsenate of soda in 2 quarts of water in a wooden pail, and the acetate of lead in four quarts of water in another wooden pail. When both are dissolved, mix with the rest of the water. Warm water in the pails will hasten the process. For the elm-leaf beetle use 10 instead of 100 gallons of water.

A number of ready-made arsenates of lead are now on the market, and, except when very large amounts are needed, it will probably prove cheaper to buy the prepared material than to make it. With this ready-made material use 3 pounds to 50 gallons of water for codling moths, and 5 pounds to 50 gallons for the elm-leaf beetle and on potatoes.

#### ARSENATE OF LIME

White arsenic, 2 pounds.

Sal-soda, 8 pounds.

Water, 2 gallons.

<sup>8</sup>From *Bulletin No. 123*, April, 1908, of the Massachusetts Agricultural Experiment Station by Stone and Fernald.

Boil till the arsenic all dissolves—about 45 minutes. Make up the water lost by boiling and place in an earthen dish. For use take one pint of this stock, 2 pounds freshly slaked lime, and 45 gallons water, and spray.

#### KEROSENE EMULSION

Hard soap, shaved fine,  $\frac{1}{2}$  pound.

Water, 1 gallon.

Kerosene, 2 gallons.

Dissolve the soap in the water, which should be boiling; remove from the fire and pour it into the kerosene while hot. Churn this with a spray pump till it changes to a creamy, then to a soft, butter-like mass. Keep this as a stock, using one part in nine of water for soft-bodied insects, such as plant lice, or stronger in certain cases.

#### RESIN-LIME MIXTURE

Pulverized resin, 5 pounds.

Concentrated lye, 1 pound.

Fish or other animal oil, 1 pint.

Water, 5 gallons.

Place the oil, resin and one gallon of hot water in an iron kettle and heat till the resin softens; then add the lye and stir thoroughly; now add 4 gallons of hot water and boil till a little will mix with cold water and give a clear, amber-colored liquid; add water to make up 5 gallons. Keep this as a stock solution. For use take:

Stock solution, 1 gallon.

Water, 16 gallons.

Milk of lime, 3 gallons.

Paris green,  $\frac{1}{4}$  pound.

#### BORDEAUX MIXTURE

Copper sulphate (blue vitriol), 4 pounds.

Lime (unslaked), 4 pounds.

Water, 25 to 50 gallons.

Dissolve the copper in hot or cold water, using a wood or earthen vessel. Slake the lime in a tub, adding the water cautiously and only in sufficient amount to insure thorough slaking. After thoroughly slaking, more water can be added and stirred in until it has the consistency of thick cream. When both are cold, dilute each to the required strength and pour both together in a separate receptacle and thoroughly mix. Before using, strain through a fine mesh sieve or a gunny cloth; the mixture is then ready for use.

If the amount of lime in the Bordeaux mixture is insufficient there is danger of burning tender foliage. In order to obviate this, the mixture can be tested with a knife blade or with ferrocyanid of potassium (1 oz. to 5 or 6 oz. of water). If the amount of the lime is insufficient, copper will be deposited on the knife blade, while a deep brownish-red color will be imparted to the mixture when ferrocyanid of potassium is added. Lime should be added until neither reaction occurs. A slight excess of lime, however, is desirable, and it is seldom one has to apply these tests. The Bordeaux mixture is a good fungicide, but is less useful as an insecticide.

The abundant and increasing use of the salts of lead, arsenic and copper to spray fruits, berries, and vegetables of all sorts has opened a new question, as these substances are poisonous for man. Ordinarily, an apple will carry about 0.5 mgm. of arsenate of lead. However, as much as 5 mgm. has been found on the surface of an apple directly after spraying. One quarter of a quart of strawberries may carry as much as 8 mgm. of oxid of arsenic. A head of cabbage may carry a relatively large amount especially on the outer leaves. The importance of thoroughly washing all fruits, vegetables, and berries is again emphasized.

## MOSQUITOES

Mosquitoes differ markedly in their habits. Some species may be classed as domestic animals because they are commonly or almost exclusively found in or close to human habitations. This is notably the case with *Stegomyia calopus*, the yellow fever and dengue mosquito; *Culex quinquefasciatus fatigans*, the intermediary for *Filaria bancrofti* (filariasis). The sylvan or wild mosquitoes, of which the *Culex sollicitans*, the common salt marsh mosquito of our Atlantic coast, is a well-known example, are seldom met with in human habitations. A third or semi-domestic class may be encountered either in or near houses, or in fields or swamps. This class includes the malarial mosquitoes belonging to the genus *Anopheles*.

The adult mosquito may be carried to considerable distances by winds; but of its own volition it does not ordinarily travel outside of a radius of half a mile from its breeding place. The longest flights noted by le Prince are about a mile. Most species do not fly nearly so far. This means that the destruction of all breeding places within a comparatively small radius of a habitation will rid it of all but those mosquitoes which are blown in by the winds from more or less distant marshes, or which are brought in the vessels and vehicles of trade and travel.

**Life History and Habits.**—Mosquitoes pass through four stages: (1) the egg or embryo, (2) the larva, (3) the pupa, and (4) the imago or adult winged insect. The egg, larval, and pupal stages are aquatic. Mosquitoes never breed in damp grass, weeds, or bushes, as is popularly supposed, but the winged insects frequently rest and hide in vegetation. The different species of mosquitoes not only differ markedly in their habits, but differ considerably in the character of their breeding places. The domestic species, such as the yellow fever mosquito and *Culex pipiens*, may be found breeding in any collection of water in or about houses. Thus, they have been found in discarded tin cans, bottles, and broken crockery on the garbage heap; in buckets, tubs, barrels, cisterns, and wells; in baptismal fonts; in flower pots and sagging roof gutters; in street and roadside puddles, gutters, and ditches; in cesspools and sewers.

The semi-domestic mosquitoes, to which the malarial-bearing insects belong, may occasionally be found breeding in tin cans, barrels, hoof prints, post holes, and hollows in trees or tree stumps, but they usually prefer grass-bordered pools, slowly flowing ditches, the margins of lakes and streams, even such as are stocked with fish, provided the margins are shallow or are more or less choked with reeds and water plants so that the fish cannot reach them. Some species of *Anopheles* breed freely in the grassy edges and eddies of fairly free running clear brooks. The sylvan or wild mosquitoes select breeding places of much the same character as do the semi-domestic species, with which they are not infrequently found associated, except that such breeding places are more or less remote from human habitations, in woods, swamps, and fresh or salt (brackish) coastal marshes.

Male mosquitoes are vegetarians. The females of many species have developed a taste for blood, and, indeed, blood has become indispensable to nearly all for the full development of their eggs. This is the case with *Stegomyia calopus*. Remembering how all-important the generative instinct is, we can now well understand why the yellow fever mosquito, for example, will, when disturbed, return again and again in an endeavor to obtain her fill of this life-giving fluid.

The mosquito usually lays her eggs upon the surface of the water, and these, depending upon the species, either float separately on their sides (*Stegomyia* and *Anopheles*), or adhere together in irregular, raft-like masses (*Culex*). In a day or two, under ordinary conditions, the eggs hatch out into larvae or "wiggle-tails." Although the larva is an aquatic animal, it is a true air-breather. The larva of *Anopheles* ordinarily rests and feeds at the surface, where it lies in an almost horizontal position, its tail and dorsal bristles touching the surface film, while it breathes through a breathing siphon, which is very short and insignificant in appearance.

The larvae of the other species move about more or less, actively searching for food, but at intervals of a minute or two they may be seen to come to the surface for air, where they hang, head down, attached by their more or less prominent conical breathing tubes to the surface film. The mosquito remains in the larval stage about a week—the length of time varying with the species, and for any species with the temperature; and is then transformed into a curiously shaped creature known as the pupa.

The pupa has no mouth and does not feed. It remains quietly at the surface except when disturbed. It breathes through a pair of trumpet-shaped tubes, which project from the dorsum of the throat. The pupal stage usually lasts two or three days, and is terminated by the emergence of the adult winged insect (imago) from its pupal case through a rent in the region of the breathing tubes.

The time from the laying of the egg to the winged insect may, therefore, be as short as nine days. The time depends upon the temperature and the abundance of the food supply. Warmth favors and cold retards; therefore, mosquitoes are most abundant during the summer, late spring, and early fall months in our climate. In the tropics the wild species become more abundant during the wet season.

The way in which mosquitoes manage to pass through the rigors of the winter probably varies with the different species. Some, like the malarial *Anopheles*, hide in sheltered cellars or dark nooks, or hibernate in other out-of-the-way places. Other species survive through the power of the larva or egg to resist cold, for the larvae or eggs of some species will hatch even after they have been frozen.

### *THE DESTRUCTION OF MOSQUITOES*<sup>9</sup>

The measures aimed at the destruction of the mosquito naturally fall into two classes: (a) those directed against the egg, larva and pupa—the aquatic stages—and (b) those directed against the winged insect.

For the extermination of mosquitoes the most effective measures are those which destroy their breeding places, and thus prevent their multiplication. For the best results, both individual and communal effort are necessary, but the importance of individual effort alone cannot be too much emphasized. The individual, by attacking the problem on his own premises, grounds, or estate, can not only do much to rid his own immediate neighborhood of mosquitoes, and thereby increase his own comfort and guard against disease, but the example thus set will perhaps stimulate his less enterprising neighbors.

<sup>9</sup> Le Prince and Orenstein: *Mosquito Control in Panama*. J. P. Putnam's Sons, New York, 1916.

To insure success it is important to know the habits and breeding places of the particular species that it is desired to suppress.

**Natural Breeding Places.**—Natural collections of water which may serve as breeding places are best dealt with by filling in or by draining. In this way they are disposed of once for all. For filling, inorganic refuse, such as cinders and ashes, may be employed, or sufficient earth may be dug from a nearby knoll or hill, care being observed that in so doing a depression capable of holding water is not made. Low marshy lands adjacent to rivers, lakes, or the sea may be filled by pumping silt or sand.

When filling is not practicable, good and permanent results may be obtained by drainage. As a rule, the draining of ponds, pools, or marshes is the simpler and cheaper method. By the draining of marshes is meant the draining of the pools of stagnant water, or in the case of coastal marshes the draining of the stagnant fishless pools that are beyond the reach of the ordinary tides; it does not necessarily include the draining of the water-soaked soil itself. The underdraining of wide acreages of our arable land in the Middle West has been very effective in suppressing the malarial mosquito. Marshy lands may be drained simply by means of ditches. These must be dug of depth sufficient completely to empty the pools under treatment and have sufficient fall to prevent stagnation in the course of the ditch itself. Where a sufficient fall is not obtainable, fishless pools may be connected with those containing fish or with a neighboring stream, so that the fish may freely enter. Mosquito breeding places in the pools in coastal marshes may be suppressed by connecting them with tide water, so that they may be freely scoured by the daily tides. Ditches should have straight sides and must be inspected at frequent intervals, and care must be taken to see that they do not become choked.

Fish are among the most effective of the natural enemies of the mosquito. The fish may be admitted to ponds and pools in the manner just described, or the ponds, pools, ornamental lakes, and fountains may be directly stocked with minnows or gold fish. The margins of pools, rivers, and other bodies of water must be kept free of reeds and water plants, so as to permit the fish to reach the edges—a favorite breeding place for mosquitoes. In still waters, fish are much more effective than in free-running streams. One of the very best means of clearing the land of the numerous small natural collections of water is to place it under cultivation.

When radical measures, such as filling in or draining, are not practicable, resort may then be had to coal oil. Coal oil upon the surface of the water acts by poisoning and also by suffocating the larvae and pupae. A light quality of oil should be used,<sup>10</sup> and it may be poured

<sup>10</sup> The best oil for the purpose is known to dealers as "Fuel oil 29-31."



upon the surface from an ordinary sprinkling pot, or the surface may be sprayed with a hose. Along the banks of ponds, lakes, and slowly moving streams with shallow margins containing vegetation, which offer favorite breeding places for the mosquito, the oil may be applied with a mop. This practice is laborious, but effective. Sufficient oil should be used to cover the entire surface with a thin film. As the oil is volatile, it may disappear within a few days. Furthermore, the film, which should be intact to be effective, may be broken by winds. A strong wind will blow all of the oil to one side, thereby largely defeating the object desired. It is, therefore, important to repeat the oiling regularly at intervals of about one week or 12 to 14 days for *Anopheles*. Oiling, though fairly effective when properly carried out, is only a temporary expedient, and in the end is rather expensive. See also page 275.

The Panama larvicide is made as follows: 150 gallons of crude carbolic acid having a specific gravity not greater than 0.97 and containing not less than 30 per cent. tar acids, is heated in an iron tank with a steam coil to a temperature of  $212^{\circ}$  F., then 200 pounds of powdered or finely broken common resin is poured in. The mixture is kept at a temperature of  $212^{\circ}$  F. Thirty pounds of caustic soda dissolved in 60 gallons of water are then added, and the solution is kept at the same temperature until a perfectly dark emulsion without sediment is formed. The mixture is thoroughly stirred from the time the resin is added until the end. One part of this emulsion to 10,000 parts of water is said to kill *Anopheles* larvae in less than half an hour, while 1 part to 5,000 parts of water will kill them in from 5 to 10 minutes.

The Panama larvicide is mixed with 5 parts of water and sprayed upon pools or along the banks of streams. This larvicide added to 5 parts of crude petroleum favors its spread upon the surface of the water. A good method is to place the mixture in a barrel and permit it to drip upon the surface of the stream or pond to be treated.

Other larvicides that may be used in non-potable water are: sulphuric, hydrochloric, and other acids, potassium permanganate, sulphate of copper, sulphate of iron, bichlorid of mercury, carbolic acid, anilin products, or coal tar. They must be used in relatively large amounts to be effective, and frequently renewed according to circumstances. Probably the most practical larvicide for water barrels is "nitre cake," a by-product of powder and dynamite factories—one pound to a barrel.

No body of water is too small for a mosquito nursery. They breed in puddles by the roadside; in water that accumulates in furrows in gardens or fields, especially in clayey soil; in street gutters and house gutters; in holes in rocks; in hollows of trees, in pitcher plants, or anywhere that a gill of water is allowed to stand.

**Artificial Breeding Places.**—The permanent elimination of artificial breeding places for mosquitoes in a city depends first of all upon providing a good quality and sufficient quantity of potable water by means of a modern closed system. This will permanently do away with the necessity of cisterns, barrels, and tubs for the storage of water about the premises. When domestic storage is a necessity, care must be taken to prevent the mosquito from gaining access to the water. The water barrels should be provided with tightly fitting covers. Burlap, sheeting, or several thicknesses of cheese-cloth, or, better, wire screening held in place by a well-fitting hoop, serve this purpose very well. Wooden covers are unsatisfactory, for they rarely fit accurately enough to keep out the mosquito, and this defect is enhanced by the warping of the wood, which usually makes an old cover worse than useless. More satisfactory than the wooden cover is one made of light galvanized sheet iron, the central portion of which may be made of wire gauze. The rim of the barrel should be trimmed to remove any irregularities that might prevent the cover from fitting evenly all around. Whatever the form of the cover employed, it should not be removed except for cleaning or refilling the barrel. The water should be drawn from a spigot. Where the water is very turbid and must undergo sedimentation before being used, several barrels should be provided for its storage and the water used from each barrel in turn. In such a case the spigot should be placed about a foot from the bottom, so that the sediment need not be disturbed as the water is drawn off for use. Wells should be provided with tight covers and the water drawn by pumps.

Cisterns and tanks should also be provided with accurately fitting covers, and should be inspected frequently for seams and cracks resulting from warping and shrinking of the wood. To guard against this loophole, wire gauze should be used to screen the joint between the tank and its cover. The gauze should include about one foot of the tank and overlap well upon the cover. The inlet to the tank or cistern should be provided with a cap of copper meshed wire gauze which may be protected by another and coarser meshed cap of stout wire, to prevent its choking with leaves, etc. As an additional precaution, the inlet pipe should stop above the top of the cistern, discharging its water on to the gauze part of the cover. In cases of emergency, as in times of epidemics of yellow fever or dengue, where the permanent measures for preventing mosquito breeding have been neglected, the surface of the water in barrels, tanks, and cisterns may be covered with some neutral non-volatile oil which does not impart a taste to the water.

Cesspools and privy vaults should be done away with and replaced with dry earth closets or a water carriage system. Where this has not been done they may be frequently and copiously oiled.

Among the artificial breeding places for mosquitoes may be men-

tioned chicken-pens in poultry yards; water cups on the frames of grindstones; baptismal fonts; tin cans or broken bottles in back yards; the catch basins of sewers; the water that stands in sagging house gutters; flower-pots, fire buckets, and similar places.

**Screening.**—Mosquito screens are the obvious and most effective single measure for personal prophylaxis where disease-carrying mosquitoes exist. In order to be effective the screening must be intelligently carried out with careful attention to details. The screen itself must be sufficiently close to keep out the mosquitoes. Some of them are able to squeeze through surprisingly narrow chinks. I was able to demonstrate, in the experimental work at Vera Cruz, that the *Stegomyia* mosquito can pass a metal wire screen containing 16 strands or 15 meshes to the inch, but cannot pass one containing 19 strands or 18 meshes to the inch. When the screen consists of a fabric which is apt to pull out of shape so that some of the meshes are larger than others, it is advisable to use a net woven closer than 20 strands to the inch. Experience in malarial and yellow fever districts has taught this lesson, so that it is customary in those countries to use a rather closely woven material resembling nainsook. Metal screens made of iron wire are cheapest only when first cost is considered. They hardly last a season unless painted, in which case the size of the mesh is considerably reduced and interferes with ventilation, a serious objection in hot weather or a tropical climate. Mesh made of galvanized iron wire has a greater durability. Screens made of brass or bronze are expensive, but cheap in the long run, as they last almost indefinitely.

The screening should include the entire house, or at least those parts that are occupied. In the tropics it is better to screen the "galleries" than each individual window. In any case, frequent and repeated inspection should be made to discover breaks in the screen or openings due to warping of the woodwork. Care must be exercised not to overlook fireplaces, ventilators, and other openings. The door should be guarded by a screened vestibule of such a depth as to make it impossible for a person to hold both doors open at the same time. The screen door should open outward and, if possible, should be exposed to the direct sunlight during the day, without vines or nearby vegetation of any kind to protect and lodge the mosquitoes. During the night the door should not be in an artificial light, which attracts many mosquitoes. An electric fan directed outward is a very good device to prevent mosquitoes flying through the doorway. In addition, a whiskbroom or feather duster should hang in the vestibule to brush off the insects that may rest upon the clothing. A screened house is safe only to careful and intelligent people.

In addition to screening the house, mosquito bars over the bed will be found necessary in mosquito-infested places. It is best to suspend the mosquito bar from the ceiling and carefully gather the bottom together

so as to keep the insects out during the day time. At night the bar should be carefully tucked in around the bed so as to leave no openings. Mosquitoes have no trouble in biting through the meshes of the bar, provided a restless sleeper comes close enough to it.

Persons who are required to go out at night in a malarious district, or who must expose themselves during yellow fever times, may screen themselves effectively with a veil of mosquito netting hanging from a broad-brimmed hat to the shoulders and chest. The hands and wrists may be protected with gloves, and the ankles with leather leggings or other suitable mechanical device.

**Volatile Substances.**—Spirits of camphor, oil of pennyroyal, and other volatile substances, such as oil of peppermint, lemon juice, or vinegar, rubbed upon the face and hands, or a few drops on the pillow at night, may keep mosquitoes away only for a time. Oil of citronella is one of the best known substances used in this way. Ordinarily a few drops on a bath towel hung over the head of the bed may keep some mosquitoes away. When they are very abundant and persist, a few drops rubbed on the face and hands may be tried. All these substances soon lose their efficiency; none of them last until morning.

The diseases known to be conveyed by mosquitoes are: malaria (*Anopheles* spp.), yellow fever (*Stegomyia calopus*), filariasis (*Culex* and *Anopheles*), dengue (*Stegomyia calopus*), and doubtless others.

### MALARIA

Malaria is one of the most prevalent of all preventable diseases; it is the scourge of the tropics. The cause of this infection was one of the first to be discovered (Laveran, 1880), and its mode of transmission was one of the most brilliant discoveries in sanitary science (Ross, 1895). Despite the fact that we have more exact knowledge of malaria, considering the difficulties of the subject, than perhaps any other disease, despite the fact that we have accurate means of diagnosis and a ready cure, and despite the fact that we have assured measures of prevention, malaria counts its victims by the hundreds of thousands annually. In geographic distribution malaria extends from the Arctic circle to the Equator, but becomes more virulent the warmer the climate.

There are probably a million cases of clinical malaria in our southern states each year—and the carriers far outnumber the cases. The distribution is very unequal, but chiefly rural. Wherever malaria prevails, and almost in direct proportion to its prevalence, the population is generally subnormal physically, mentally and economically.

At least three separate malarial parasites of man are known, namely: (1) *Plasmodium malariae* (Laveran), quartan fever; (2) *Plasmodium vivax* (Grassi and Feletti), tertian fever; and (3) *Plasmodium falcip-*

*arum* (Welch), estivo-autumnal or tropical malaria. These are closely allied hematocytozoa or blood parasites. They produce diseases with well-defined clinical differences, but having the same etiology and mode of transference, so that, as far as prevention is concerned, they may be regarded as one infection.

Many species of animals have a malarial-like infection closely resembling malaria in man; for example, Texas fever of cattle, piroplasmosis of dogs and sheep, proteosoma of birds, etc. So far as is known, no other animal than the *Anopheles* mosquito is subject to the malarial parasites pathogenic for man. Both man and the mosquito are necessary to complete the life cycle of the plasmodium. Man is the intermediate host harboring the asexual phase, and the mosquito is the definitive host harboring the sexual phase of the life cycle of the plasmodium.

**Mosquito Transmission.**—It is now definitely known that in nature malaria is transmitted only by the bite of the *Anopheles* mosquito.<sup>11</sup> Experimentally, the infection may be transferred by injecting blood (containing the parasites) of one person into the blood of another. Nearly 2,000 years ago Varro and Columbella mentioned the possibility that the disease was transmitted by mosquitoes. In Africa some savage tribes call malaria the “mosquito disease.” In 1848 Nott, of New Orleans, considered the matter proved from biological analogies. In 1882 King, of Washington, vigorously advocated the mosquito theory based upon philosophical deductions but no proof. In 1884 Laveran suggested mosquito transmission as probable. In 1894 Manson elaborated the mosquito theory and inspired Ross, of the Indian Army Medical Service, who in 1895 demonstrated that the crescents of estivo-autumnal malaria undergo changes in the mosquito. In 1896 Bignami advocated the theory and compared it to the transmission of Texas fever by the tick. In 1897 Ross published further convincing observations upon the development of the estivo-autumnal parasite in the mosquito. In 1897 MacCallum observed an important missing link in the life cycle by observing the flagellum of the microgametocyte (male) fertilize the macrogametocyte (female) with the formation of the vermicle. These observations were made upon *Halteridium* or malaria of birds; later he saw the same phenomenon in estivo-autumnal malaria. The life cycle of the malarial parasite has been confirmed by Daniels, Koch, Grassi, Bignami, Celli, Manneberg, Schaudinn, and many others.

Further evidence that malaria is transmitted by the mosquito was furnished by Sambon and Low, of the London School of Tropical Medicine, and Dr. Terzi, who lived during the three most malarial months of

<sup>11</sup> The subfamily *Anophelinae* has been divided by Theobald (1901) into several genera: *Anopheles*, *Myzomyia*, *Cellia*, *Myzorhynchus*, *Nyssorhynchus*, *Pyretophorus*, etc. This classification serves no useful purpose and is unnecessary.

1900 in Ostia, a very malarial locality of the Roman Campagna. These observers escaped infection simply by keeping within their well-screened huts from before sundown until after sunrise. The final proof was furnished in 1900 by Dr. P. Thurber Manson and Mr. George Warren, who were bitten by infected mosquitoes forwarded from Italy in cages to London.

In the United States, malaria probably hibernates in man and not in the mosquito. Mitzmain<sup>12</sup> believes man the sole winter carrier of ma-

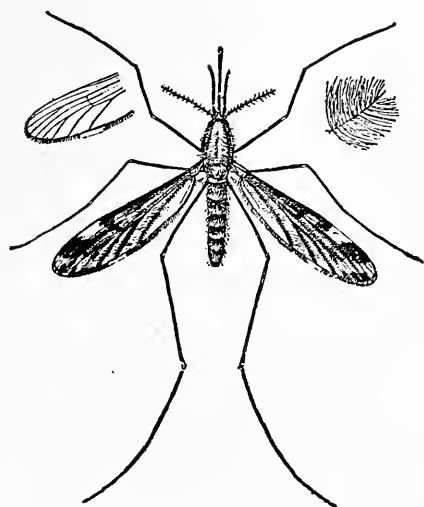


FIG. 22.—*ANOPHELES PUNCTIPENNIS*.

laria in our southern states, and the new crop of mosquitoes are infected in the spring from the gametocytes in the blood of malarial carriers. Hence the importance of starting preventive measures in the winter or early spring.

**The Malarial Mosquito.**—At least twenty-five species, in six genera of the subfamily *Anophelelinae* are more or less definitely known to carry malaria.<sup>13</sup> In Europe *Anopheles maculipennis*; in tropical America *A. argyrotarsus* or *albipes*; in temperate America, *A. quadrimaculatus*, which is probably the same as

*A. maculipennis*, also *A. punctipennis* and *A. crucians*; in India *A. sinensis*; in Africa *A. costalis* are the chief culprits. Darling<sup>14</sup> found that 70.8 per cent. of *Anopheles albimanus* induced to bite malarial patients became infective, while with *Anopheles pseudopunctipennis* only 12.9 per cent. could be infected.

The *Anopheles* mosquitoes are brownish and rather large. They may be distinguished by the fact that the palpi in both the male and the female are at least as long as the proboscis. Only the female transmits the infection. It sits more or less at right angles upon the wall, the head, thorax, and abdomen being in a straight line. Contrary to the yellow fever mosquito, the malarial mosquito is nocturnal in its habits and breeds chiefly in the open ponds, puddles, and natural collections of water in the woods, fields and swamps.

<sup>12</sup> *Public Health Bulletin No. 84*, Dec., 1916.

<sup>13</sup> See Craig, *The Malarial Fevers*, New York, 1909, and Knab, *Am. Jour. of Tropical Diseases and Preventive Medicine*, July, 1913, I, 1, p. 37, also Castellani and Chalmers, *Manual of Tropical Medicine*, 1919, for full list, classification and geographical distribution.

<sup>14</sup> Darling, Samuel T. Transmission of Malarial Fever in the Canal Zone by *Anopheles* Mosquitoes. *Jour. A. M. A.*, 1909, LIII, pp. 2051-2053.

The mosquito becomes infected upon drinking the blood containing the micro- and macro-gametocytes. It requires about twelve days before the sporozoites appear in the salivary glands of the insect. It cannot, therefore, transmit the infection to another person until the lapse of this extrinsic period of incubation. The infected mosquito may live a long time and infect more than one person successively. The malarial parasite does not seem to harm the mosquito.

The parasite will not develop in the mosquito when the mean temperature is below 60° F.

They can, however, survive at much lower temperatures for a short time. King<sup>15</sup> has shown that the tertian parasite is able to survive exposure to a temperature of 30° F. for 2 days; 31° F. for 4 days; and a mean temperature of 46° F. for 17 days. The sporonts of the estivo-autumnal parasite have resisted 35° F. for 24 hours.

None of the Anophelinae are "domestic" in the sense of our house mosquitoes, such as *Culex pipiens*, *C. quinquefasciatus* and *Aedes calopus*, and this is not necessary for the transmission of malaria. The long presence of the malarial parasite in the human circulation, and the consequent frequent opportunity for the mosquito to acquire the infection from carriers compensates for a very loose association between man and insect.

**Immunity.**—A person who once has had malaria seems more apt to have subsequent attacks. Often there appears to be an increased susceptibility rather than an immunity, although these subsequent attacks may be relapses. However, repeated infections, during early life, leave a pronounced resistance. In malarious regions many children carry the parasites in their circulating blood without any manifestations of the disease. These carriers are important factors in spreading the infection in endemic areas, and must be taken into account in preventive measures. In endemic regions carriers far outnumber the cases. It requires much more quinin to sterilize a carrier than to cure a clinical case.

There is no true racial immunity in this disease. Practically all persons who receive the infection for the first time are susceptible. The freedom from malaria which some persons seem to enjoy may be accounted for partly by the fact that mosquitoes seldom bite such persons. It is well known that on account of the odors, or what not, mosquitoes do not bother certain individuals. No doubt the infection of a small number of parasites is often overcome largely through a vigorous phagocytosis.

Individual resistance varies in different individuals and in the same individual at different times. The parasite may remain latent in the spleen or other organs for years. Exposure, overeating, fasting, overwork, or worry, or anything that lowers the vitality of such individuals

<sup>15</sup> *Journ. Exp. Med.*, March 1, 1917, XXV, No. 3.

predisposes to an attack of malaria. The disease often breaks out in persons in good health leaving a malarial region for a health resort, whether mountain or seashore. I was enabled to confirm this observation upon the returning transports from Cuba following the Spanish-American war, when many cases of malaria broke out among the troops previously in good health upon exposure to the cold winds about Cape Hatteras. Personal prophylaxis, therefore, includes careful attention to personal hygiene.

**Prevention.**—The successful suppression of malaria requires a combined attack upon the mosquito and the parasite in the human host. Ultimate success rests upon the suppression of the mosquito. Immediate relief is most quickly gained by measures directed against the infection in man. Screening and quinin prophylaxis, while practical, are only temporary measures.

Celli <sup>16</sup> found that although the destruction of mosquitoes is possible in the laboratory and in small areas, the difficulties in extensive areas are generally insuperable.

Harris maintains that the most practical measure at this time in the crusade against malaria is the radical cure of those harboring parasites. Every person cured means one less focus of infection. Koch and Celli, in 1900, urged that the best way to deal with malaria in the island of Mauritius would be to leave the mosquito alone and to cure the human patients from whom the insects become infected. By the use of this method Ross tells us that Stephensport in New Guinea was cleared of malaria in a few months. The method has also been successful at Lonoke, Arkansas (by Geiger), and in the Yazoo Delta, Mississippi (by Bass). Good results with both methods have been obtained by the Public Health Service and also by the International Health Board.

Le Prince <sup>17</sup> demonstrated that at Gatun *Anopheles* will fly great distances. Le Prince and Griffith registered flights of a mile in South Carolina by *A. quadrimaculatus* from breeding places producing profusely. This was confirmed by Geiger in Arkansas and by Metz for *A. crucians* in Alabama. There is, however, very little doubt that in the majority of places malaria is a local infection; that is, the mosquitoes acquire the gametes and transmit the sporozoites within a restricted area.

The maximum malarial rate is at its height at or toward the end of the warm season, because warmth over 60° F. favors the development of the parasite within the mosquito. The best time to attack the para-

<sup>16</sup> Celli: Cited by Leslie: *Proc. of the Imperial Malarial Conf.*, Simla, India, 1910, p. 8.

<sup>17</sup> Le Prince: "Recent Progress in Antimalaria Work, with Special Reference to *Anopheles* Flight as Studied on the Isthmus of Panama." *Tr. Fifteenth Internat. Cong. on Hyg. and Demog.*, V, Part II, p. 544. Public Health Reports, May 4, 1917.



sites in man is during the winter and early spring so as to prevent infection of the new summer brood of mosquitoes.

*Measures Directed against the Mosquito.*—If the breeding of Anophelinae mosquito could be stopped malaria would cease. Mosquito suppression is fundamental and radical. The best way to abolish the breeding places of malaria mosquitoes is to fill up low places or to dry the surface of the land with drains. These two measures hold first place as permanent work. The underdraining of large areas of our arable land of the Middle West with tiled drain has been very effective in suppressing malaria. Open ditches properly constructed and cared for are likewise effective. In the tropics the ditches should be lined with cement, on account of the luxuriant vegetation which soon interferes with their efficiency or may actually convert them into breeding places. The open ditches are much the cheapest in first cost, but not when maintenance is reckoned. The draining of swamp lands is an engineering problem in which the economic factor looms large. One of the very best means of destroying the breeding places of the malaria mosquito is to clear the land and to keep it under cultivation.

When drainage is not practical, the number of mosquitoes may be kept down by introducing fish into the pools, streams, ditches, and other collections of water. Upon limited water surfaces the larvae may be killed with a film of coal oil or the Panama larvicide (page 283).

Large open spaces cause the destruction of a number of mosquitoes, as they cannot live long in the hot sun; therefore, clearing the brush and high grass, which furnish shelter to the insects, aids in preventing wild mosquitoes approaching dwelling houses.

Bats are natural enemies of mosquitoes and should therefore be protected.<sup>18</sup>

The use of screens and culicides has already been referred to (pages 268 and 285).

The best time to begin antimosquito measures is as early in the spring as possible.

Wickliffe Rose states that for the average town in our southern states having a thousand or more inhabitants and a reasonably high infection rate, malarial control by antimosquito measures is economically feasible and a sound business investment.

*Personal Prophylaxis.*—Persons visiting or residing in a malarious region should be particularly careful not to expose themselves at night time. The experience of Sambon and Low on the Roman Campaigna (page 287) is instructive and should be imitated. The location of the residence is important. In a city it should be a reasonably safe distance from the native quarter, because the infection is there most concentrated; but not in the suburbs. The dwelling should, if possible,

<sup>18</sup>Howard, L. O.: *U. S. Public Health Reports*, 35, July 15, 1920, p. 1789.

face the trade winds. A row of tall trees will partly screen the house from the swamp, but the trees must not be too close, else they will furnish shelter for the insects. The house should be on high land if practicable, as it is an old observation that the malarial mosquito does not fly high. People living upon the second floor are less apt to contract the infection than those who sleep on the ground floor. If it is necessary to go out in the night time, one may protect himself by the use of gloves and mosquito netting hanging from the helmet to the shoulders. Care must be taken to guard the ankles against mosquito bites. As all these measures require much time and attention to details, they are usually not efficient in actual practice. Therefore, quinin prophylaxis is much used.

*Quinin Prophylaxis.*—Theoretically the administration of quinin to healthy individuals for the prevention of malaria is not an ideal method of prophylaxis, for it does not prevent infection, but only destroys the parasites in the blood during the period of incubation; practically it is cheap and effective. It should be remembered that quinin kills only the young and tender forms of the plasmodium, and has no influence upon the crescents. Quinin prophylaxis is indicated in proportion to the difficulty of pursuing more permanent methods. It is especially valuable where screens and mosquito bars are not available, as in camping, marching, traveling, or where the occupation takes one out at night. When residents of non-malarial countries go into malarial localities, especially in the rural districts, for short periods of time, quinin is a valuable preventive.

A farmer may not be able to drain and clear his land so as to get rid of mosquitoes; he may not be able to screen his house and keep his screens in order, but he will always be able to buy the amount of quinin which will protect his family from fever, especially as it may cost no more to prevent malaria than it would to cure it—maybe less. Quinin prophylaxis is not so good a method as suppressing mosquitoes, but in many communities this is impracticable; it is not so good as screening, carefully watched, but this is also impracticable in many rural communities.

The systematic use of quinin as a prophylactic on a large scale is of recent origin. The government of Italy in 1902 began the sale of quinin at cost price to communities and towns, which agreed to distribute it gratuitously to those unable to purchase it. In 1903 the towns, etc., were obligated to issue it free of cost to poor people for prophylactic use. The next year, 1904, it was ordered to be given to all working people for use in this way. This is a beneficent public health measure comparable to the free distribution of antitoxin and vaccine virus. There has been a great diminution in the amount of malaria among the farming people of Italy since the introduction of quinin prophylaxis; further-

more, the reduction has been progressive—increasing as the people learn its value.

To be effective as a preventive of malaria, quinin must be taken in sufficient doses during the entire malarial season. The size of the dose and the interval at which the prophylactic is administered are of the utmost importance. There are two principal methods of administration: the one, canonized by Koch, consists of large doses at considerable intervals; the other, used in Italy, consists of smaller daily amounts. Koch advised 16 grains (one gram) of quinin every sixth and seventh day, or every seventh and eighth day, eighth and ninth, ninth and tenth day, according to the danger of the infection. This manifestly leaves several intervening days in which there is no quinin in the circulation. The method has been eminently successful in the very malarious districts of German West Africa, and also in the hands of the Japanese in Formosa. There are several modifications of Koch's method. Plehn advises 8 grains every five days; this amount may even be taken twice a week.

Ziemann gives a gram of quinin sulphate every four days. The alkaloid is administered in solution with 5 drops of hydrochloric acid early in the morning or about one and one-half to two hours after a meal. A convenient rule is to give a dose on the first of the month and thereafter on each day of the month divisible by 4. By this method the alkaloid is probably constantly in the circulating blood.

The administration of small doses of quinin daily is the oldest method of giving quinin as a prophylactic. The amount varies from  $1\frac{1}{2}$  to 7 grains daily. In Italy the average amount is 5 to 7 grains of sulphate of quinin daily, and half that amount for children under 10 years. For children the tannate of quinin made up into chocolates is recommended. The tannate of quinin contains only about half the amount of quinin found in the sulphate, therefore about 5 grains of the tannate is the equivalent of  $2\frac{1}{2}$  grains of the sulphate.

On the Isthmus of Panama good results have been obtained by the use of moderate doses, 3 to 6 grains per day. When the disease increases in prevalence or virulence the amount is raised to 8 or 10 grains per day, then dropping off to 4 or 5. Craig found  $2\frac{1}{2}$  grains of quinin per day sufficient against tertian and quartan infections. James lays stress on giving the daily dose of quinin in the evening.

The particular method of election in giving quinin prophylaxis should be chosen according to the experience of the region. Whatever method of quinin prophylaxis is selected the quinin should be taken throughout the malarial season, say June to November. Those who have had malaria should begin in March or April in order to prevent relapses, for latent malaria is very apt to reassert itself in the spring.

It is advisable not to stop the use of quinin immediately on the advent of cold weather or on leaving a malarial district, even if one has

not had malarial fever. It is good practice to continue the quinin for one or two months, until natural resistance can overcome the infection.

No ill effects have been noted from the prolonged use of quinin as advised above. Carter<sup>19</sup> states that many Americans at Panama, where the malarial season lasts 12 months, took three 2-grain tablets of quinin daily for 2½ years without complaint or injury. The quinin was passed around at the mess tables at Ancon Hospital as regularly as the biscuits.

Occasionally an individual is found who has an idiosyncrasy to quinin. Some people bear quinin less well than others. Five to 7 grains may cause discomfort at first, but a tolerance may be established by persevering a week or two.

Quinin taken as a prophylactic does not develop "blackwater fever"—on the contrary, by diminishing the number and severity of the malarial attacks, it diminishes the liability to hemorrhagic malarial fever. Some persons seem to have an idiosyncrasy to quinin and there is a suspicion that large doses predispose to hemoglobinuria. The etiology and prevention of blackwater fever is still uncertain.

Quinin prophylaxis lowers the malarial sick-rate and death-rate. Celli's statistics for Italy are convincing. Good results are also reported from Greece, Algeria and Panama. The deaths from malaria in Italy during ten years preceding 1902 averaged 14,048 annually, whereas during the nine years following 1902 the average fell to 3,853 per year as a result of quinin prophylaxis. Better results were obtained when quinin prophylaxis was compulsory as in the penal agricultural colony at Castiadas, where the malaria was reduced from 76 per cent. of the force to 5 per cent. The results in the Italian Army were equally good. When the quinin was taken under orders malarial fever fell from 27.5 per cent. in 1902 to 4.9 per cent., of which 3 per cent. were relapses, in 1911. Bass obtained good results in controlling malaria in Bolivar and Sunflower Counties in Mississippi from 1916 to 1918, by using 10 grains of quinin daily before retiring, for a period of eight weeks.

The way quinin prevents the development of malaria is almost certainly by keeping the number of parasites below the number necessary to produce an attack. It does not prevent the development of "carriers," yet it lessens the amount of malaria by diminishing the number of parasites. As malaria lessens, prosperity increases due to improvement in strength and energy of the people, and with increased prosperity comes land better cleared and better drained, houses screened, and better hygiene generally—an endless chain of betterment. It is only in this way—by quinin prophylaxis leading to antimosquito work—that permanent results can be obtained in some places.

<sup>19</sup> P. H. Reports, Mar. 28, 1914. Vol. 29, No. 13, p. 741.

Quinin prophylaxis has advantages that commend it as a prompt, cheap and practical measure. It is at best, however, only tentative and does not take the place of mosquito suppression.

*Quinin treatment* should be aimed at relieving symptoms, preventing relapses and also preventing transmission of the infection to others. The following method of using quinin will usually accomplish all these purposes: For the acute attack, 10 grains of quinin sulphate, by mouth, three times a day for a period of at least 3 or 4 days, to be followed by 10 grains every night before retiring for a period of 8 weeks; for infected persons not having acute symptoms at the time, only the 8 weeks' treatment is required.

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### YELLOW FEVER

The prevention of yellow fever rests entirely upon the fact that it is communicated through the bite of an infected mosquito—the *Stegomyia calopus*.<sup>20</sup> The mosquito becomes infected by sucking the blood of yellow fever patients during the first three days of the fever. All the experimental evidence thus far shows that the infection is absent from the blood after the third day, and that mosquitoes do not become infective after this period. The importance of this fact in preventing the spread of the disease is evident. The mosquito, after drinking the infected blood, is not able to transfer the infection to another person until about twelve days<sup>21</sup> have elapsed; that is, it requires about twelve days for the yellow fever parasite, whatever it may be, to undergo its cycle of development in the mosquito. The mosquito once infected remains

<sup>20</sup> This mosquito was first called *Culex fasciatus*, which was changed to *Stegomyia fasciatus*, and then to *Stegomyia calopus*, recently expressed as *Aedes calopus* by Coquillett, and now, *Stegomyia argentens*.

<sup>21</sup> This constitutes the extrinsic period of incubation, in contradistinction to the intrinsic period of incubation, that is, the time between the mosquito bite and the onset of symptoms, which is from 2 to 5 and sometimes 6 days in this disease.

so during the rest of its life, which may be many months. Only the female mosquito transmits the infection; the male *Stegomyia calopus* is a vegetarian; its proboscis is too soft to penetrate the skin. A single sting of a single infected mosquito is sufficient to produce the disease. An infected mosquito may infect more than one person at different times.

The prevention and control of yellow fever are based upon a series of epoch-making investigations and discoveries (1900-1902) by a commission composed of Walter Reed, James Carroll, Aristides Agramonte, and Jesse W. Lazear, medical officers of the United States Army. These experiments have been fully confirmed, and in some respects amplified, by independent workers, namely, Guiteras of Cuba (1901); Ribos of São Paulo (1901); Barreto, de Barros, and Rodrigues, of Brazil (1903); Ross (1902); Parker, Beyer, and Pothier (1903); Rosenau, Parker, Francis, and Beyer (1904); Rosenau and Goldberger (1906), of America; Marchoux, Salimbeni, and Simond (1903); Marchoux and Simond (1906), of France; and Otto and Neumann (1905), of Germany.

Noguchi<sup>22</sup> describes a spirochete (*Leptospira icteroides*), which he isolated from cases of fever at Guayaquil, Lima and Merida, as the cause of yellow fever. It closely resembles *Leptospira icterohaemorrhagiae*, the cause of infectious jaundice.

The virus is "ultramicroscopic," that is, passes the close-grained pores of the finest porcelain filter. While in nature the disease is transmitted only through the bite of an infected *Stegomyia*, the disease may be transferred experimentally by taking some of the blood from a patient during the first three days of the fever and injecting it into a susceptible individual. So far as is known, yellow fever is peculiar to man—no other animal has the disease naturally; Noguchi, however, finds the *Leptospira icteroides* pathogenic for guinea-pigs and rats. At one time it was generally believed that yellow fever infection was conveyed by fomites. This has been disproved, and we now know that there is no danger from soiled clothing or other inanimate things, even though stained with the black vomit and other discharges.

The diagnosis of yellow fever rests upon clinical evidence and is frequently difficult to make, especially in the early stages. It is, therefore, important to screen all cases of fever in a yellow fever campaign until the nature of the illness is established.

**Immunity.**—There is no natural immunity to yellow fever. All persons receiving the infection for the first time seem to be susceptible. Contrary to the usual statement, there is no racial immunity in this disease; negroes, Chinese, Indians, and other races are subject to it. The disease is, however, less severe in negroes than in whites. One attack

<sup>22</sup> *Journ. Exp. Med.*, XXIX, 6, June 1, 1919, and a series of articles in the following numbers.

of yellow fever affords protection against a subsequent attack. The acquired immunity in this disease is one of the strongest known and lasts throughout the lifetime of the individual. Two attacks of yellow fever are almost unknown. I reported a supposed instance in a Spaniard in Havana, but the diagnosis of the first attack was not conclusive.

In endemic areas children often have yellow fever, which leaves them immune for life. The disease often runs a mild and unrecognized course in children, and this fact explains the supposed natural immunity of natives in endemic foci.

Noguchi has prepared a serum for the treatment and a vaccine for the prevention of yellow fever.

**The Yellow Fever Mosquito.** — The yellow fever mosquito has a wide distribution ranging from 38 degrees south to 38 degrees north latitude. They are found in the East and West Indies, China, Sumatra, Java, India, Philippine Islands, Japan, Hawaiian Islands, in the southern part of Italy, Africa, Spain, South America, etc. They usually prefer the lowlands. I have found them as far up the mountains as Orizaba in Mexico, 4,200 feet above sea level. In the United States they are very prevalent south of the Potomac along the gulf coast, but are absent or rare in the higher elevations of Georgia or Alabama, which are, therefore, non-infectable regions.

The yellow fever mosquito is a domestic insect. It breeds by preference in any standing water about the household, such as cisterns, rain barrels, or any collection of water in buckets, bottles, old cans, etc. The yellow fever mosquito does not breed in the fields, woods, and swamps, which are the favorite resorts of the malarial mosquito. The *Stegomyia*

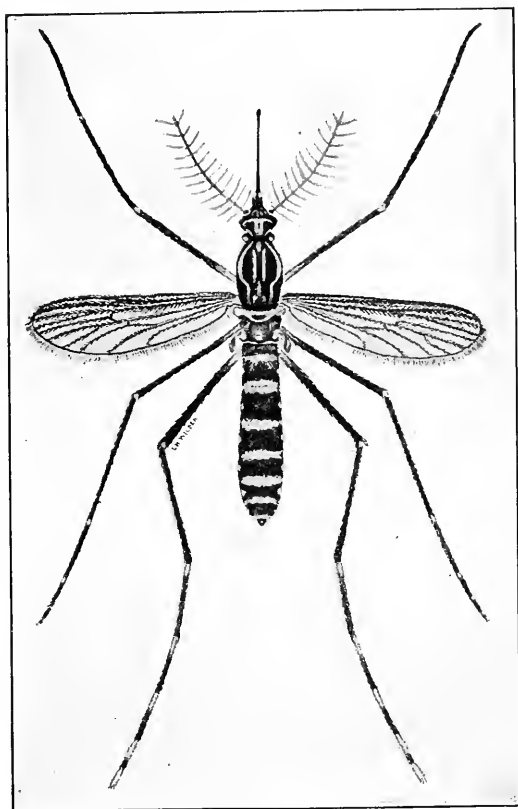


FIG. 23.—*STEGOMYIA CALOPUS* (FEMALE).

mosquitoes do not fly far of their own volition, but show a cat-like tendency to remain about their place of birth or adoption. All these facts have an evident bearing upon preventive measures. A thorough knowledge of the biology of the mosquito is essential to the success of a yellow fever campaign.

It is important to remember that the yellow fever mosquito is chiefly active during the day time. It cannot, however, distinguish between artificial light and sunlight. I have watched *Stegomyia* mosquitoes bite me by electric light at eleven o'clock at night. Its attack is often noiseless and its bite painless. However, as a rule, they rest at night, which,



FIG. 24.—HEAD OF *STEGOMYIA CALOPUS* (MALE).

therefore, diminishes the risk of exposure at that time. The *Stegomyia* mosquito, however, cannot survive for long in the direct rays of a tropical sun. There is, therefore, little danger in visiting a community where yellow fever is epidemic during the day time, provided the person keeps out of houses. The experiences during the last yellow fever epidemic at New Orleans, 1905, showed that the radius of activity of an infected *Stegomyia* is contracted. It may possibly at times fly across the street, but it is evident

that it neither flies far nor is it ordinarily transported to any great distance on railroad cars, although it may be carried over seas on ships.

The yellow fever mosquito may pass a screen composed of 16 strands or 15 meshes to the inch, but cannot pass one containing 20 strands or 19 meshes to the inch. Effective screens must, therefore, be at least this fine.

*Stegomyia calopus* is a grayish mosquito of average size with beautiful glistening silver-white markings. These markings are lyre-shaped on the back of the thorax; silver-white spots are seen on the side of the thorax. White lines are apparent at each tarsal joint and also on the palpi; the scutellum is white. In the female the palpi are much shorter than the proboscis, which at once distinguishes it from *Anopheles*.

*Egg.*—The female lays her eggs on the surface of the water or just above the water line. The eggs do not adhere to one another, and hence do not form the compact boat-shaped mass characteristic of the *Culex*, but float on their sides more or less singly. At the moment of laying



the eggs are a cream color, but rapidly become jet black. They are somewhat cigar-shaped, and measure on the average about 0.55 mm. in length and 0.16 mm. in width at the broadest part. The eggs show marked powers of resistance to unfavorable influences. They may be kept dry for six and one-half months, and still retain their vitality, and hatch out when put back into the water. Freezing does not kill them. The egg probably plays an important rôle in the hibernation of the yellow fever mosquito. The winged insect may also survive a short winter. Under the most favorable conditions as to temperature ( $30^{\circ}$  C.)

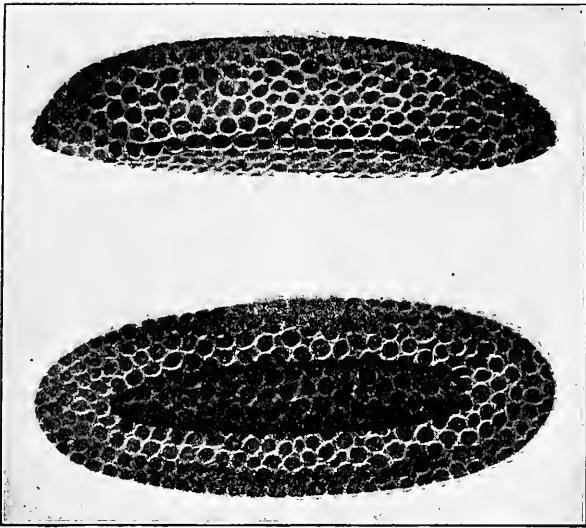


FIG. 25.—EGGS OF *STEGOMYIA CALOPUS*.

*Stegomyia* eggs hatch out in about 36 hours after they are laid. Under  $20^{\circ}$  C. they will not hatch at all.

*Larva*.—The egg hatches the larva ("wiggle-tail"), which has a black barrel-shaped respiratory siphon. This distinguishes it from *Culex fatigans*, its common messmate, in which the air tube is brown, longer, and more slender. Although the larva lives in the water, it is strictly an air-breather and must come to the surface for air. It thrusts its breathing tube up into the surface film and remains suspended, head down, at an angle of somewhat less than 45 degrees, which distinguishes it from *Anopheles* larvae, which lie horizontal. A film of oil on the surface of the water is sufficient to obstruct the air tube and thus cause the death of the larva by suffocation. The larva is very timid, so that a slight jar or agitation or a sudden shadow will cause it to wriggle rapidly to the bottom, where, indeed, it may very commonly be observed to feed. The duration of the larval stage is never less than 6 to 7 days, and depends upon the food supply and temperature. Under un-

favorable conditions it may be prolonged for weeks. Freezing for short periods does not appear to injure it.

*Pupa.*—The larva changes into the pupa. The pupa is not provided with a mouth and does not feed. It is an air-breather and spends most of its time at the surface of the water. The pupal stage lasts at least 36 hours, during which time metamorphosis occurs into the imago or perfect winged insect.

*Imago.*—Under the most favorable conditions it is at least 9 days from the time the *Stegomyia* lays its egg to the appearance of the

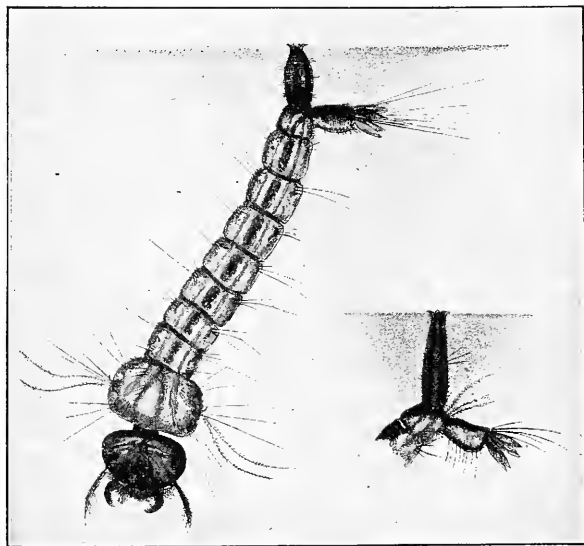


FIG. 26.—LARVA OF *STEGOMYIA CALOPUS*.  
RESPIRATORY SYPHON OF *CULEX* TO THE RIGHT.

imago. Under natural conditions the length of life of the adult female probably varies greatly. Guiteras succeeded in keeping a presumably infected one alive for 154 days during the fall and winter temperature in Havana. Deprived of water, it does not usually survive longer than  $3\frac{1}{2}$  to 4 days, and only very exceptionally 5 days. This fact has a bearing on the possibility of transporting the mosquito in band-boxes, trunks, and other containers.

**“Aërial” Conveyance.**—It is notorious that yellow fever is usually conveyed but a short distance “aërially”—perhaps across the street, or, more often, to a neighboring house in the rear. This represents a distance of some 75 yards, which is about as far as we may expect it to be thus conveyed, from our knowledge of the habits and flight of the *Stegomyia* mosquito. The longest distance recorded in recent years of aërial conveyance is one of 225 meters (Melier) and one of 456 feet

(Carter). These are entirely exceptional. My experience in the detention of hundreds of susceptible immigrants in quarantine for days in Havana harbor showed that infected *Stegomyia* do not travel a short distance across the water. This observation is in confirmation of others, that vessels moored within 1,200 feet off the shore are entirely safe so far as yellow fever is concerned, provided, of course, personal intercourse is interdicted or supervised.

**Prevention.**—The prevention or suppression of yellow fever may be attacked in either one of its two hosts, man or insect. If every person



FIG. 27.—PUPA OF *STEGOMYIA CALOPUS*.

developing yellow fever were immediately isolated from the *Stegomyia* mosquito, the disease would inevitably cease. The elimination of the *Stegomyia* mosquito would give the same happy result. Usually both methods of attack are employed. It would seem easier to control the human host simply by screening during the first three or four days of the fever. Practically this method has been found insufficient, because the disease is difficult to diagnose in the early stage, and the mild cases escape attention. The essence of yellow fever prevention, therefore, consists in: (1) screening cases of yellow fever and all suspected cases of yellow fever; (2) destruction of infected insects; (3) the suppression of *Stegomyia* through the control of their breeding places. It is a combination of these three methods which was first so brilliantly carried out by Gorgas in Havana in 1901, and later in Panama; by White in New Orleans, 1905; by Liceaga in Vera

Cruz, and recently by Oswaldo Cruz in Rio de Janeiro, in 1909.

Yellow fever patients should be isolated only in the sense of separating them from *Stegomyia calopus*. This may be done by proper screening. It is not necessary to remove the patient to a hospital, although this is desirable, for the reason that a special hospital is more carefully guarded than is practicable in a private house, and the trained assistants are an additional safeguard. As soon as the patient is removed, the mosquitoes in the house and the surrounding houses should at once be destroyed. Yellow fever patients must be moved with caution, for the reason that undue excitement or exertion seems to increase the severity of the disease.

The insecticides best suited for the destruction of mosquitoes are: sulphur dioxid, hydrocyanic acid gas, pyrethrum powder, tobacco smoke, Mim's culicide (camphor and phenol). See page 281. At first glance it might appear to be a hopeless task to attempt to eradicate the yellow fever mosquito in a large city, but that this is possible was demonstrated in New Orleans in 1905, when, after several months of a vigorous campaign, it was difficult to find a *Stegomyia* mosquito. The measures consisted mainly in screening the water cisterns and eliminating all standing collections of water in and about the household. Yellow fever tends to die out in a city with a stationary population; in other words, it burns itself out. An important measure of prevention, therefore, consists in controlling immigration and travel into an endemic center so as to give it a chance to cleanse itself through the elimination of susceptible material.

Maritime quarantine for yellow fever, see page 507.

**References.**—Dr. Charles J. Finlay studied the relation of the mosquito to yellow fever as far back as 1882 and 1883. The first insects used by the United States Army Commission to bring about the demonstration of the new doctrine were received from the hands of Dr. Finlay. Finlay believed that the cause of the disease was a micrococcus and considered that the insects were capable of transmitting the infection a few days after they had stung a yellow fever patient. Sternberg's studies upon yellow fever are published by the Government as a report of the United States Marine Hospital Service on the Etiology and Prevention of Yellow Fever, 1890. Carter's observations at Orwood, Mississippi, upon the extrinsic period of incubation were published in *N. O. Med. and Surg. Jour.*, May, 1900, and the *Medical Record*, June 15, 1901.

The work of the United States Army Commission appeared in the following publications:

"The Etiology of Yellow Fever—a Preliminary Note," Proceedings of the 28th Annual Meeting of the Am. Pub. Health Assn., Oct. 22-26, 1900; also *Philadelphia Med. Jour.*, Oct. 27, 1900.

"The Etiology of Yellow Fever—An Additional Note," *J. A. M. A.*, Feb. 16, 1901.

"Experimental Yellow Fever," *Am. Med. Jour.*, July 6, 1901.

"Etiology of Yellow Fever—Supplemental Note," *Am. Med. Jour.*, Feb. 22, 1902.

A series of articles by Noguchi, describing *Leptospira icteroides*, appeared in the *Journal of Experimental Medicine*, June 1, 1919, Vol. 30, No. 5, and succeeding numbers.

**Prevention of Malaria and Yellow Fever Contrasted.**—For the prevention of malaria the same principles guide us that have been set forth for the prevention of yellow fever. In practical application, however, our methods of attack differ, owing to differences in the habits of the two mosquitoes, and owing to differences in the two diseases. The malarial problem is much more difficult, because it is harder to get rid of *Anopheles* than of *Stegomyia*. The breeding places of the yellow fever mosquito are practically confined to artificial containers in the neighborhood of human habitations, while those of *Anopheles* are found in marshes, pools, or streams, and often in collections of water in the grass or brush. The breeding places of the malarial mosquito cover a much larger area, frequently the whole country, and are rather hard to find and difficult to destroy; also this insect travels much farther from its breeding place than the *Stegomyia*. Compared with yellow fever, the control of the malarial human host presents special difficulties. In yellow fever man is infective to the *Stegomyia* only three days; in malaria the parasites continue in the circulating blood a very long time. In the case of malaria, then, we have to deal with chronic carriers, which, fortunately for us, does not occur in yellow fever. For malaria we have quinin as a prophylactic, whereas no known drug will prevent yellow fever.

### DENGUE

Dengue is an acute specific febrile infection, characterized by pains in the joints and muscles and a variable eruption. It is popularly called *break bone fever* in the south on account of the atrocious character of the pain, and *dandy fever*, from the stiff and dandified gait. It occurs only in tropical and subtropical regions where *Stegomyia* mosquitoes abound.

All who visit the tropics or subtropical countries where dengue prevails are very apt sooner or later to contract this infection. So far as known, few persons have ever died of dengue. Although the mortality is practically nil, the disease is a painful affection and sometimes leaves the body in a weakened condition for long periods of time. In its epidemiology and symptomatology the disease strikingly parallels yellow fever, which adds to its importance. Outbreaks of dengue may precede

and may be coincident with those of yellow fever. In the tropics influenza and dengue are also frequently confused. Dengue also has some resemblance to the three-day fever or pappataci fever of Herzegovina, which is transmitted by the bite of the *Phlebotomus papatassi*, a biting fly. Outbreaks of dengue occur with explosive violence, attacking almost everyone in the community during a brief period. In this respect, the epidemiology of dengue and influenza are strikingly similar. No other disease attacks such a large proportion of the population in a short time.

There is no permanent immunity produced by an attack of dengue. Persons often give a history of an attack in each outbreak. The cause of the disease is not known.

Graham studied dengue in Beirut, Syria, and described a protozoön inhabiting the red blood corpuscles and closely resembling the plasmodium of malaria except for the absence of pigment.<sup>23</sup> Graham believed that this organism undergoes a developmental stage within the mosquito (*Culex fatigans*). He claimed to have observed the spores of this organism "in among the cells of the salivary glands" after 48 hours in mosquitoes which had bitten a dengue patient upon the fourth day of the disease. Graham produced a very severe case of fever resembling dengue by inoculating a man subcutaneously with peptonized normal salt solution containing the salivary glands of a mosquito which had bitten a dengue patient 24 hours before. Graham's observations concerning the parasite in the blood and in the mosquito have not been confirmed, although the subject has been studied by several experienced microscopists. Carpenter and Sutton,<sup>24</sup> however, obtained two positive results out of four experimental cases of mosquito inoculation. The period of incubation in one of these, however, was two weeks, and the subjects were not sufficiently controlled to exclude the bites of other mosquitoes. Agramonte<sup>25</sup> studied an epidemic in Havana which was accompanied by a plague of *Culex fatigans*. He attempted to transmit the disease by mosquitoes, trying various species at various intervals after the insects had fed upon dengue patients, but did not succeed in producing the disease in this way. Guiteras and Finlay<sup>26</sup> endeavored to transmit the disease with *Culex pipiens*, but with negative results. Guiteras, Finlay, Agramonte, and others who have worked upon this subject state that their faith remains unshaken that the mosquito acts as the vector of dengue, despite the negative results of their experiments.

Graham,<sup>27</sup> in 1903, tried a few experiments which seemed to show

<sup>23</sup> *Jour. Trop. Med.*, 1903, Vol. VI, p. 209.

<sup>24</sup> *Jour. A. M. A.*, 1905, XLIV.

<sup>25</sup> *New York Med. Jour.*, 1906, LXXXIV.

<sup>26</sup> *Rev. Méd. Trop.*, 1906, Vol. VII, p. 53.

<sup>27</sup> *Journ. Trop. Med.*, July 1, 1903, Vol. VI, p. 209.

that *Culex fatigans* is able to convey the infection of dengue fever. He admits, however, that in many, perhaps in all, of his experiments, *Stegomyia fasciata* were present amongst his mosquitoes. While he demonstrated that mosquitoes can carry the disease, the variety remained in doubt. Bancroft,<sup>28</sup> in 1905, transmitted dengue in two apparently successful cases which were bitten by *Stegomyia fasciata*, 12 and 10 days after they had bitten dengue patients, but failed when the period was longer. Bancroft worked in an infected district, and his results are not convincing. Ashburn and Craig,<sup>29</sup> in 1907, reported one doubtful case in nine persons bitten by *Culex fatigans*, suggesting the possibility of that species being a vector of dengue. Cleland, Bradley and McDonald,<sup>30</sup> in 1916, reproduced the disease in four out of seven persons on whom biting experiments were conducted with *Stegomyia fasciata* mosquitoes caught in a dengue-infected district in the surroundings of cases of the disease, and some of them known to have fed on a dengue patient on the first and second days of his illness, and then transported to a non-dengue district. The incubation period of the four cases was found to be between five and nine and one-half days. The disease did not spread from any of the above cases. Experiments with *Culex fatigans* were negative. The blood taken from the experimental cases when injected into further persons reproduced the disease.

All our preventive measures are now based upon the supposition that dengue is a mosquito-borne infection. An instance showing the non-contagiousness of dengue is given by Persons, U. S. N.: A squad of marines from the U. S. S. *Baltimore* were given shore leave at Cavite. Twenty of the 24 marines who had been ashore came down with the disease after returning to the ship, while there was a total absence of infection among those who had remained aboard. Observations made at the Naval Hospital at Canacao demonstrated that in the mosquito-free wards the disease did not spread, whereas when the hospital was located at Cavite it was noted that practically every case admitted became infected with dengue while under treatment for the original complaint (Stitt).

### FILARIASIS

The filaria is a long, slender filiform threadworm with a curved or spiral tail. The adult worms live in the connective tissue, lymphatics, and body cavities. The embryos or larvae are found in great numbers in the blood. In several species of which the life history is known mosquitoes act as the intermediate host. The most important filariae of man are: (1) *Filaria bancrofti*, the larva of which is known as *Filaria*

<sup>28</sup> *Austral. Med. Gaz.*, Jan. 1906, p. 17.

<sup>29</sup> *Philippine Journ. Sci.*, II, 2, p. 93, May, 1907; also Craig, *J. A. M. A.*, Vol. 75, 18, p. 1171. Oct. 30, 1920.

<sup>30</sup> *Med. Journ. of Austral.*, Sept. 2, 1916, p. 179; Sept. 9, 1916, p. 200.

*nocturna*, appearing in the blood at night and occurring in all tropical lands, including America; (2) *Filaria loa*, the larva of which is known as *Microfilaria diurna* occurring in the blood by day and prevalent in West Africa and India; (3) the *Microfilaria perstans*, the larva of which is known as *Filaria perstans*, which persists in the blood both day and night, and occurs especially in West Africa and a number of other places. None of these young worms do any appreciable injury in the blood; of the adult worms, only one, namely, *Filaria bancrofti*, can be viewed as serious, causing elephantiasis, dryluria, etc., while the second species, *Filaria loa* is more or less troublesome. According to Manson, we are hardly justified at present in assuming that all the other species are entirely without effect upon their hosts. These parasites infect man throughout the tropical and subtropical belt. In the United States the infection, while not very prevalent, is endemic in Charleston. Francis<sup>31</sup> finds that Charleston, South Carolina, is the only city in the United States showing a considerable number of human infestations. Charleston, it is believed, was infected from a shipload of slaves many years ago.

According to Manson, *Culex fatigans*, and, according to James, the *Anopheles nigerrinus*, are the intermediate hosts. Francis confirms the *Culex fatigans* as the usual host of *Filaria bancrofti*. Development probably takes place in many species of culicines and anophelines. When fed on the blood of a filarial-infested individual, it is found that the filarial larvae soon escape from their sheaths in the thickened blood within the stomach of the mosquito. They pierce the stomach wall, enter the thoracic muscles of the insect, pass through a metamorphosis which takes from 16 to 20 days (longer or shorter, according to atmospheric temperature); they now quit the thorax and a few find their way to the abdomen; the vast majority, however, pass forward through the prothorax and neck, and, entering the head, coil themselves up close to the base of the proboscis and beneath the pharynx and under surface of the cephalic ganglia. This account is taken from Manson, to whose personal interest in this disease we are indebted for the advances in our knowledge of the entire subject of filariasis. The wonderful preparations of Low may be seen at the London School of Tropical Medicine,<sup>32</sup> showing the *Filaria nocturna* in the head and proboscis of the mosquito ready to come out when the proboscis of the insect pierces its victim. The fact that the mosquito is the intermediate host in conveying the infection of *Filaria* rests upon these observations and not upon experiments which demonstrate the actual transference of the disease. Whether the worm may obtain an entrance by any other channel or medium

<sup>31</sup> *Hygienic Laboratory Bull. No. 117, 1919.*

<sup>32</sup> In this country the convincing preparations of Edward Francis are illustrated in *Hyg. Lab. Bull. No. 117, U. S. Public Health Service, June, 1919.*



would, according to Manson, be hard to prove and rash to deny. Our correct preventive measures are based upon the theory that this is an insect-borne disease, although other possible modes of transference must not be neglected. Prophylaxis, therefore, depends upon the suppression of the mosquito and the prevention of the infective mosquito-bite. As it is not definitely known how many species of mosquitoes convey the infection, the preventive measures must be along general lines; a combination of those described under malaria and yellow fever, as well as general sanitation and personal hygiene.

## FLIES

The true flies have but two wings, that is, they belong to the order Diptera. They comprise an enormous number of species. Contrary to popular opinion, flies are poor scavengers. Most flies prefer the sunshine, but species vary greatly in their habits and breeding places. However, surprisingly little is known of the life history and habits of most flies. The subject lacks

attraction—especially the maggots or larval stage. The life history of the house fly in general was, down to 1873, mentioned in only three European works, and few exact facts were given. Dr. A. S. Packard, then of Salem, Mass., studied the house fly and gave descriptions of all its stages, showing that the growth of a generation from the egg to the adult occupies

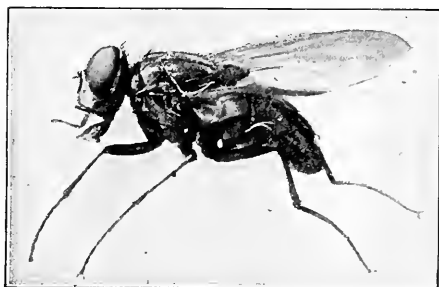


FIG. 28.—HOUSE FLY (*Musca domestica*), SHOWING PROBOSCIS IN THE ACT OF EATING SUGAR.

from 10 to 14 days. In 1895 Howard further traced the life history and indicated that about 120 eggs are laid by a single female at one time and that a generation is produced every 10 days at the summer temperatures of Washington. There may be, therefore, 12 generations in a summer. If each female lays only 120 eggs (four such batches may be laid) we have the possibility of countless millions coming from a single fly during a single season. Allowing 2,880 flies to the ounce, it has been estimated that the total product of a single fly in 40 days would equal 810 pounds, provided only one-half of them survived; hence, the logical time to begin fly suppression is in the early spring.

Flies transmit disease in one of several ways. The biting flies, such as the tsetse flies, which transmit sleeping sickness, inoculate the trypanosome directly into the system by piercing the skin with their mouth

parts. Biting flies, such as the *Stomoxys calcitrans*, abound in the United States in stables, houses, and also in nature. They have been implicated as go-betweens in anthrax, relapsing fever, horse sickness (Pferdesterbe), and epithelioma of fowls and other infections. Other



FIG. 29.—EGGS OF HOUSE FLY AS LAID IN A MASS.

blood-sucking genera, such as *Tabanus*, *Chrysops*, *Haematobia*, etc., are of common occurrence, but are not known to carry any infection regularly. The common house fly does not bite. These and other non-biting flies transmit diseases by mechanical transfer of bacteria on the surface of their bodies, or by contaminating foodstuffs, etc., with their excreta or vomit.

The following brief account of the common house fly may be taken

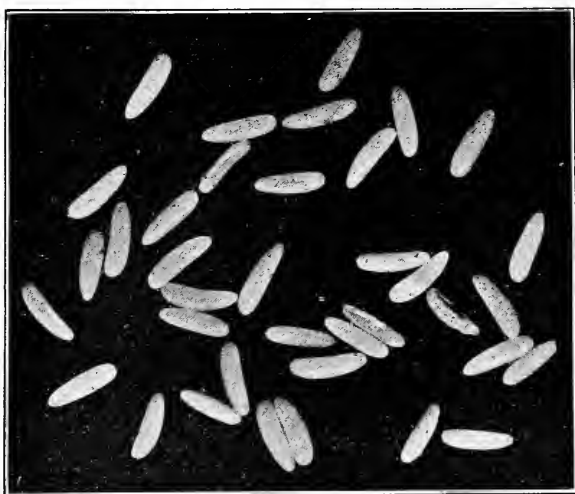


FIG. 30.—EGGS OF HOUSE FLY. Some have hatched.

as a type of the life history and habits of flies in general. Remedies and preventive measures depend upon the peculiarities in the life history and habits of each particular genus and species.

**Life History of the *Musca Domestica*.**—The eggs of the common house fly are usually laid in masses (Fig. 29) in certain favorable spots, each mass being the result of deposition by several females. In 6 to 8 hours the eggs hatch into larvae (maggots), which grow rapidly and are fully developed in 4 or 5 days. Each larva then becomes a pupa in a

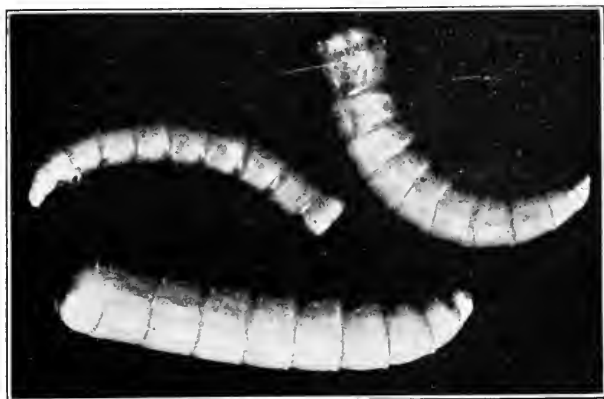


FIG. 31.—LARVAE OF HOUSE FLY.

hard brown case—the puparium. In 5 days more the pupal case opens and the adult fly appears for a season of activity covering several weeks. It takes about 10 days from egg to imago. Most of them die in the early autumn, in great part due to a fungus disease, caused by *Empusa muscae* which becomes prevalent among the flies at this season of the year. Those remaining out of doors are killed by the first cold nights, those which find their way into heated buildings gradually die out, and there is no evidence that hibernation of adult flies occurs. They overwinter as larvae or pupae in manure heaps or beneath the soil. It is possible for flies to continue breeding throughout the winter in heated locations such as animal houses and the like, where food and breeding materials are present.



FIG. 32.—PUPARIUM OF HOUSE FLY.

The chief breeding place of common house flies is in horse manure. They also have been found to breed in human excrement, fermenting vegetable and putrefying animal matter, in the bedding in poultry pens, in refuse hog hair, in tallow vats, in carcasses of various animals, and in

garbage and organic material of all kinds: All of which means that if we allow the accumulation of filth we will have house flies.

The larvae of house flies have a tendency to crawl away from their breeding places; many of them burrow into the loose ground just beneath the manure piles, or crawl under boards or stones, or into dry manure



FIG. 33.—STABLE FLY (*Stomoxys calcitrans*). After Brues.

collected under platforms or the like. This tendency of migrating appears three or four days before pupating. The larvae leave the moist manure for a dry, dark place. This migrating habit is of great advantage to the winged fly, at the time of emergence, as it affords an easy path to freedom. Advantage may be taken of this migrating habit to trap many larvae. They can be made to leave the manure if it is kept moist, and can be trapped and drowned in a box or tray partly filled with water.



FIG. 34.—HEAD SHOWING PROBOSCIS (*Stomoxys calcitrans*). After Brues.

**Life History of *Stomoxys Calcitrans*.**—*Stomoxys calcitrans*, the biting stable fly, is very similar to the house fly in its life history and in appearance during the preparatory stages, but develops more slowly, requiring nearly a month to undergo a complete life cycle. The eggs are laid like those of the house fly in horse manure, but more frequently in fermenting heaps of grass, cow-dung, brewer's refuse ("spent hops"), etc.

The adult flies are much like the house fly, but have a sharp, needle-like proboscis. They feed exclusively on mammalian blood and are a great annoyance to horses and cattle in late summer and autumn. They bite persons less frequently, but are of importance on account of their possible relation to transmitting infections. The stable fly can best be controlled by eliminating its breeding places.

**Flies as Mechanical Carriers of Infection.**—Leidy in 1864 attributed the spread of gangrene in hospitals during the Civil War to the agency of the house fly. Shortly thereafter it was discovered that the bite of the gad-fly may transmit anthrax from cattle to man. Later it was found that purulent ophthalmia of the Egyptians is carried by the house fly, and the spread of an infectious conjunctivitis known as "pink eye" in the South has been shown by Hubbard to be facilitated by little midges of the genus *Hippelates*. Reference has already been made to the bite of the tsetse flies in spreading nagana, sleeping sickness, and other trypanosomatic infections. Recently the stable fly has been shown to be able to transmit various infections in a mechanical way.

It is now known that typhoid fever and other intestinal infections may be transmitted by the common house fly. Celli in 1888 fed flies with pure cultures of typhoid, tuberculosis and anthrax, and showed that the virulent bacilli were passed in the dejecta. Kober in 1892 was one of

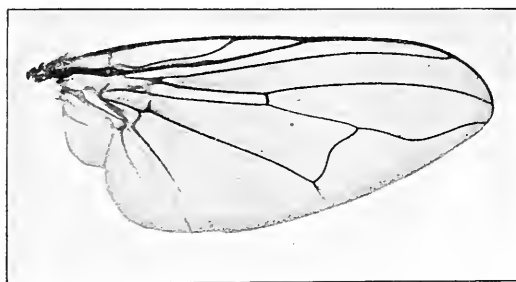


FIG. 35.—WING OF STABLE FLY (*Stomoxys calcitrans*).

the first to call special attention to the danger of contaminating food supplies by flies coming from the excreta of typhoid patients. The United States Army Commission—Reed, Vaughan, and Shakespeare<sup>33</sup>—studied the presence of typhoid fever in our camps during the Spanish-American War in the summer of 1898. They concluded that flies undoubtedly serve as carriers of the infection. "Flies swarm over infected fecal matter in the pits and then deposit it and feed upon the food prepared for the soldiers at the mess tents. In some instances, where lime had recently been sprinkled over the contents of the pits, flies with their feet whitened with lime were seen walking over the food."<sup>34</sup> Vaughan subsequently stated that he considered that about 15 per cent. of the cases of typhoid in the camps were caused by fly transmission.

Alice Hamilton<sup>35</sup> isolated typhoid bacilli from 5 out of 18 house flies captured in Chicago in the privies and fence near a sick room during a local water-borne outbreak. It has been shown experimentally that living

<sup>33</sup> Rep. on Origin and Spread of Typhoid Fever in U. S. Military Camps in Spanish War of 1898, 1904.

<sup>34</sup> *Am. Journ. Med. Sci.*, 1899, CXVIII, 10.

<sup>35</sup> *Jour. A. M. A.*, 1903, XL, 40, p. 576.

typhoid bacilli may remain in or upon the bodies of flies a long time.

Ficker<sup>36</sup> isolated *B. typhosus* from flies from a house in which there were 8 cases of typhoid fever. He further proved by experimentation that flies fed on typhoid bacilli transmitted the microorganism 23 days after feeding. Klein,<sup>37</sup> Faichnie,<sup>38</sup> Graham Smith,<sup>39</sup> Bertarelli,<sup>40</sup> and others also isolated *B. typhosus* from flies kept in nature, but in proximity to the infection. Howard studied fly abundance in relation to the origin and prevalence of typhoid fever in the District of Columbia in the summer of 1908.<sup>41</sup> No particular correlation between the prevalence of the flies and the prevalence of the disease could be made out.



FIG. 36.—THE "LITTLE HOUSE FLY" (*Homalomyia canicularis* ♂. After Hewitt.

Flies undoubtedly spread the infection of typhoid fever, but the importance of the rôle they play in this regard varies considerably with circumstances. In camps, unsewered towns, and overcrowded places in poor sanitary condition the danger from flies may be considerable, but even under the worst conditions it is doubtful

whether flies ever play the major rôle or are responsible for the bulk of typhoid fever, as has been stated. In a well-sewered city, such as Washington, we concluded that the flies are probably responsible but for an occasional case of the disease. It is very difficult in any particular instance to know quantitatively just how much of the infection is conveyed by flies and how much by contacts. The danger of flies is great enough without the need of exaggeration, and their suppression fully justifies the best energies of the health officer. It is perhaps a mistake to call the common house fly the "typhoid fly," not alone for the reason that the disease is spread in many other ways, but for the reason that the fly is responsible for the spread of many infections other than typhoid fever. Flies undoubtedly play the same rôle in dysentery, cholera, and all other intestinal infections that they do in typhoid fever. Tizzoni and Cattani in 1896 demonstrated active cholera organisms in the dejecta of flies caught in the cholera colonies of Bologna, Italy. These

<sup>36</sup> *Arch. f. Hyg.*, 1903, XLVI, 275.

<sup>37</sup> *Brit. Med. Journ.*, 1908, II, 1150.

<sup>38</sup> *Journ. Roy. Army Med. Corps*, 1909, XIII, 580, 672.

<sup>39</sup> *Rep. Loc. Govt. Bd.*, London, 1910, No. 40.

<sup>40</sup> *Cent. f. Bakt.*, 1910, LIII, 486.

<sup>41</sup> Rosenau, Lumsden, and Kastle: Report No. 3, 1908, P. H. and M. H. S., Hygienic Laboratory Bull. No. 52.

observations were subsequently verified and extended by Simonds, Offelman, McRae, and others.

It is quite evident that flies lighting upon a case of smallpox, measles, scarlet fever, and other exanthematous disease may very readily transmit these infections to another person. I have actually seen maggots breeding in the open lesions of a case of smallpox treated in huts at Eagle Pass, Texas.

Flies may, in the same mechanical way, transmit the infection of crysipelas, anthrax, glanders, and other skin infections. It is known that flies may ingest tuberculous sputum and excrete tubercle bacilli which may remain virulent as long as 15 days. Flies have also been associated with leprosy and many other diseases.



FIG. 37.—WING OF HOUSE FLY, SHOWING HOW IT CARRIES DUST PARTICLES.

Esten and Mason<sup>42</sup> counted the bacterial population of 415 flies and found that the number of bacteria on a single fly may range all the way from 550 to 6,600,000. Early in the fly season the numbers of bacteria on flies are comparatively small, while later the numbers are very large. The places where flies live also determine largely the number of bacteria they carry. The average of the 415 flies was about one and one-quarter million bacteria. The method of the experiment was to introduce the flies into a sterile bottle and pour into the bottle a known quantity of sterilized water, then shake the bottle to wash the bacteria from the body of the fly. The numbers, therefore, only represent those carried on the outside and not those in the intestinal tract. The experiments of Esten and Mason were designed to simulate the number of microorganisms that would come from a fly in falling into milk.

Torrey<sup>43</sup> found that a single fly may carry from 570 to 4,400,000 bacteria upon its surface, and from 16,000 to 28,000,000 in its intestinal tract. The prevailing types are *Streptococcus equinus fecalis* and *salivarius*, which are also found in the breeding and feeding places of

<sup>42</sup>Storr's *Agricultural Experiment Station. Bull. No. 51*, April, 1908.

<sup>43</sup>J. A. M. A., May 11, 1912, LVIII, No. 19, p. 1445.

the house fly. Torrey also obtained three cultures of *B. paratyphosus* which is especially significant.

Even though flies breed in manure, and the larvae teem with bacteria, the adult winged insect, when newly hatched, contains fewer micro-organisms. This cleansing is due to the active phagocytosis which takes place during metamorphosis from pupa to imago. The bacteria in the intestinal tract of the newly hatched imago are mostly extruded soon after emergence from the puparium.

Bacot,<sup>44</sup> however, has shown that certain species of bacilli ingested during the larval period of *Musca domestica* can retain their existence while their host is undergoing the process of metamorphosis, and continue their existence in the gut of the adult fly, but that their number diminishes suddenly after emergence. In a subsequent work Bacot<sup>45</sup> demonstrated that *Bacillus pyocyaneus* may thus survive. Faichnie<sup>46</sup> shows how *B. typhosus* may also persist. Ledingham confirms these conclusions, and states that he has recently isolated *B. typhosus* from pupa, the larvae of which have fed on this organism.

Graham-Smith<sup>47</sup> recovered *B. anthracis* from blow flies bred from larvae fed on meat infected with the organism, but failed to recover *B. typhosus* and *B. enteritidis*.

Among the list of diseases of which there is more or less evidence that the infection may be conveyed by flies are: typhoid, cholera, dysentery, diarrhea in infants, anthrax, yaws, erysipelas, ophthalmia, diphtheria, smallpox, plague, tropical sore, parasitic worms, sleeping sickness, loa loa, relapsing fever, deer fly fever, and several infections of the lower animals.

An interesting light was thrown on the possible modes of dissemination of the eggs and larvae of hookworms by Galli-Valerio (1905). He placed eggs and larvae of *Ankylostoma duodenalis* in a bottle with flies, and on washing found many eggs and encapsulated larvae which had adhered to their bodies, but none in the flies' intestines.

Flies may transmit the virus of disease mechanically, either through their dejecta or upon their mouth parts, legs, and other surfaces of the body. The flies may carry the infection directly to our lips or indirectly to our food or to any surface upon which they light.

English observers prove that house flies may come a mile from an infected dump to the nearest village. Hodge,<sup>48</sup> investigating the abundance of flies on the cribs in Lake Erie off Cleveland, came to the conclusion that flies are blown at least six miles offshore, and that they gather on the cribs as temporary resting places.

<sup>44</sup> *Trans. Ento. Soc.*, London, 1911, Part II, p. 497.

<sup>45</sup> *Parasitology*, IV, 1, Mar., 1911, p. 68.

<sup>46</sup> *Jour. Roy. Army Med. Corps*, XIII, 1909.

<sup>47</sup> *Repts. to Local Gov. Bd.*, New Series, No. 53, 1911.

<sup>48</sup> Hodge, C. F.: *Science*, 1913, XXXVIII, 512.



The maximum flight in the experiments made at Cambridge, England, was 770 yards across open fenland.<sup>49</sup> Their dispersal is favored by fine weather and warm temperature. They will even go against or across the wind, attracted perhaps by the odors it may convey. Flies do not travel as far in towns as in open country, probably on account of food and shelter afforded by the houses.

**Suppression.**—The suppression of the common house fly may be accomplished by striking at their breeding places. In a city this does not present very great difficulty. It resolves itself simply into a matter of cleanliness—organic cleanliness of our environment. The chief breeding places are in horse manure and garbage. These should be given first attention. One neglected stable will furnish a plague of flies for an entire neighborhood. Their suppression in a well ordered city fortunately is neither expensive nor difficult, but it requires a well-trained and capable corps of inspectors with sufficient authority to enforce the regulations. The suppression of flies by voluntary effort through the slow process of education cannot be relied upon.

In cities, stable manure should be placed in properly covered receptacles and removed at least once a week. This one measure obviates the use of kerosene, chlorid of lime, Paris green, or arsenate of lead, all of which are expensive and uncertain unless used frequently and in liberal amounts; further, they may decrease the fertilizing value of manure.

Garbage should be kept in water-tight cans with good covers and removed frequently, especially in the warm weather. Refuse on city lots, in back yards, in alleys, about wharves, markets, and similar places should be regularly taken away. Householders, provision merchants, storekeepers, and others should be held responsible for the cleanliness and tidiness of their premises, and those who violate these simple and primitive hygienic requirements should have their places cleaned up for them at their own expense.

Where it is not practicable to remove manure, it may be kept covered in a dark place, which discourages the visitation and breeding of

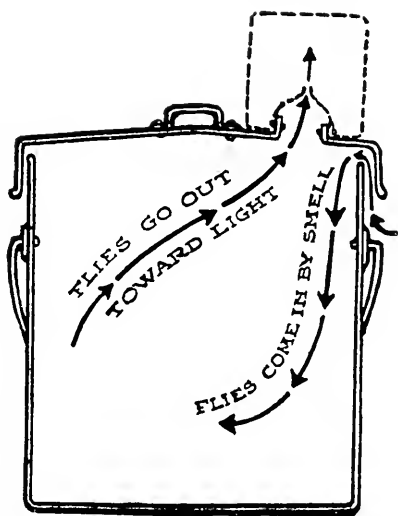


FIG. 38.—THE HODGE FLY TRAP ON A GARBAGE CAN.

<sup>49</sup> Local Gov. Board on Public Health Subjects, 1913, N. S. No. 85, pp. 20-41, by Hindley and Merriman, also *Jour. Hyg.*, 1914, XIV, 23.

flies, and in addition should be carefully screened. Larvae may be destroyed. The best results are obtained by the use of borax (sodium borate) and calcined colemanite (crude calcium borate).<sup>50</sup> Both substances possess a marked larvicidal action, but appear to exert no permanent injury on bacteria. In order to kill fly eggs and maggots, apply 0.62 pound borax or 0.75 pound calcined colemanite to every 10 cu. ft. (8 bushels) of manure immediately on its removal from the barn. Apply the borax particularly around the outer edges of the pile with a flour sieve or any fine sieve and sprinkle two or three gallons of water over the borax treated mass. As the maggots congregate at the outer edges of the pile, most of the borax should be applied there. The treatment should be repeated with each addition of fresh manure. Borax may also be applied to floors and crevices in barns, markets, stables, etc., as well as to street sweepings. The borax does not appear to injure the fertilizing value of the manure if it is applied carefully, applied so as in no case to exceed 0.62 pound per 10 cubic feet.

Unsatisfactory results are obtained with the use of kerosene, iron sulphate, potassium cyanid, copper sulphate, lime sulphur mixture, Paris green, sodium fluorite, formaldehyd, and the Isthmian Canal Commission larvicide.

Another method of suppression which has been found quite effective in certain army camps is the simultaneous application of three measures: first, the removal of the manure as early in the morning as possible, before it has become infested; second, the removal of the manure to a considerable distance and building it up as a compact heap in which the pressure and heat tend to prevent breeding, except possibly at the outer edges, but even these will soon become unfavorable in very dry weather; third, the use of fly traps kept well baited. Fly traps work most efficiently when there is no manure, kitchen refuse or other soil pollution to compete with the bait as an attraction.

Flies are thirsty insects and will be attracted to a saucer of water containing a little formalin (1.25 to 2.5 per cent.). Sodium salicylate (1 per cent.) is a muscicide of about equal efficiency.<sup>51</sup> This simple measure will kill many of them in a room. The salts of barium, cobalt, and other poisons, such as arsenic, potassium bichromate, or quassia infusion, may be used instead of formalin, and are better bait if sweetened. Sticky fly-paper,<sup>52</sup> fly traps, electric fans, and other well-known measures will help dispose of a certain number of flies, but all these measures are tentative, and attack the problem at the wrong end.

The fly has a number of natural enemies: various fungi, especially one belonging to the *Entomophthorae*, which destroys flies in the au-

<sup>50</sup> The United States Department of Agriculture (*Bull. of the U. S. Dept. Agriculture*, No. 118, July 14, 1914).

<sup>51</sup> *Hyg. Lab. Bull. No. 108.*

<sup>52</sup> Formula for sticky fly-paper, see page 272.

tunn. Flies also harbor protozoa and nematodes as parasites, which, however, seem to do them little harm. The little bright red objects often seen attached to flies are mites, which are usually only temporary ectoparasites stealing a free ride. When spider webs are not disturbed they catch, and the spiders devour, a large number of flies. The house centipede (*Scutigera*) also sometimes catches and eats flies, as do the common garden toad, some lizards, and a few insectivorous birds.

Flies and similar dipterous insects are responsible for the transmission of a large number of diseases, most of which are discussed elsewhere. It now remains to consider sleeping sickness, transmitted by the tsetse fly (*Glossina palpalis*), pappataci fever, transmitted by a biting dipterous insect (*Phlebotomus papatasi*), and deer fly fever (*Crysops*). For convenience a general consideration of the trypanosomes is inserted in this chapter.

### SLEEPING SICKNESS

#### (*The Trypanosome Fevers—Trypanosomiasis*)

Sleeping sickness was limited to tropical Africa, especially in the Congo, on the shores of Victoria Nyanza, and about the head waters of the Nile, but is gradually spreading. Many thousands have perished from this infection, caused by *Trypanosoma gambiense* and transmitted by the tsetse fly (*Glossina palpalis*). The disease is characterized by two stages: in the first there are irregular fever, glandular enlargements, an erythematous rash, and localized edemas. In the second there are slowly increasing lethargy and other morbid, nervous symptoms. After a chronic course sleeping sickness usually terminates in death; few cases recover. Many instances of fatal "homesickness" in the negroes during the slave trade are now believed to have been this disease.

The *Trypanosoma gambiense* was discovered by Dutton in 1901 during the first or febrile stage of sleeping sickness, and subsequently studied by Dutton and Todd, who did not at first suspect the relation of the trypanosome to sleeping sickness. This was shown by Castellani in 1903. The trypanosomes are found in the cerebrospinal fluid, in the enlarged lymphatic glands, and also in the circulating blood. It seems that when the trypanosomes are inoculated through the skin by the tsetse fly they are temporarily blocked by the lymphatic glands. From here small numbers of them pass into the circulation and thus to other parts of the body. They are always in the fluids; never in the cells or tissues. Novy and McNeal in 1903 accomplished the remarkable feat of growing trypanosomes in the water of condensation of blood agar tubes. Pure cultures show marked differences between the *Trypanosoma lewisi* of the rat and the *Trypanosoma grussei* of horses and

other domestic animals. So far no one has succeeded in cultivating the *Trypanosoma gambiense* in artificial culture media.

Sleeping sickness in Rhodesia is caused by *Trypanosoma rhodesiense* (Stephens and Fantham, 1910), transmitted by *Glossina morsitans* (Kinghorn and York, 1912). The disease in Rhodesia is similar to that in the Gambia; furthermore, the parasites and tsetse flies of both are closely allied species.

The relation of the tsetse fly to the transmission of this disease rests upon satisfactory evidence. Dutton and Todd, as well as others, find these flies abundant wherever sleeping sickness exists. Wherever

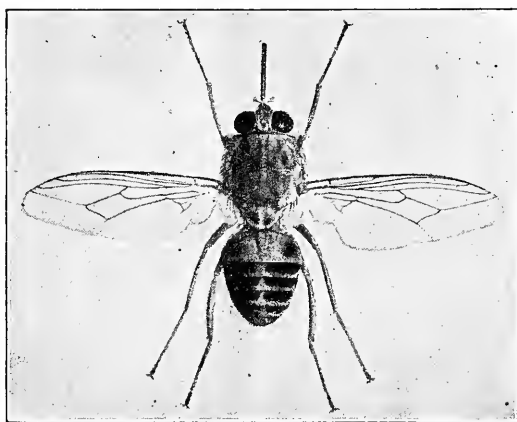


FIG. 39.—TSETSE FLY (*Glossina palpalis*).

the *Glossina palpalis* is absent sleeping sickness never spreads, as Koch observed; while, on the other hand, if a case is brought to a locality where the tsetse fly prevails, it soon spreads. It is probable that the transmission by the tsetse fly is not of the simple mechanical type, but that the parasite undergoes a sexual evolution within the insect. Flies seem to lose their power of transmission soon after feeding on an infected animal, and Bruce considers it thoroughly impossible that mechanical transmission alone could explain the situation. Kleine's experiment on monkeys, confirmed by Bruce, showed that the flies may convey the disease 21 days after one feeding upon a monkey infected with sleeping sickness. In another experiment by Taute, which is reported by Kleine, infection was produced on each of the first three days after feeding. From the fourth to the tenth day no infection resulted. The flies then became infective again and produced the disease from the eleventh to the forty-fourth day. Kleine<sup>53</sup> concludes that the period of development or extrinsic period of incubation in the fly is about 20 days or a little less. Flies remain infective at least 75 days. Not all flies which

<sup>53</sup> Bull. of the Sleeping Sickness Bureau, No. 7, 1909.

drink blood containing trypanosomes become infective. The proportion is about 1 in 20. Of the flies caught in nature in endemic areas, from 2 to 10 in one thousand are capable of transmitting the disease to animals. Novy has emphasized, and Minchin has corroborated the fact, that tsetse flies may harbor non-pathogenic as well as pathogenic trypanosomes, a fact which impairs the value of a great deal of the microscopic work which has been done. As a means of avoiding the accident of dealing with naturally infected flies, it is best to use those which have been bred and raised in the laboratory.

**Prevention.**—The prevention of sleeping sickness in the present state of our knowledge depends first upon isolation of the sick, protecting both the sick and the well against fly bites, and the suppression of the flies themselves. The sick should be isolated in a location where *Glossina palpalis* is absent, or in a well-screened and carefully managed hospital. It is especially important to isolate all those who carry the infection in the early stages of the disease, whether they feel sick or not. It is not sufficient simply to isolate those who have enlarged glands but careful blood examinations must be made. The trypanosomes have been found in the circulating blood of persons with normal lymph glands.

All persons taken to the hospital and detention station are given a thorough treatment with atoxyl (a combination of arsenious acid and anilin oil). Atoxyl is one-tenth as toxic and contains about three times as much arsenic as arsenious acid alone. The dose is from  $\frac{3}{4}$  to 3 grains (0.05-0.2 grams) subcutaneously, combined with antimony in the form of tartar emetic.

The extermination of the tsetse fly seems a hopeless task. The larvae remain in the body of the mother fly until fully developed and are then dropped on moist soil, in which they burrow to undergo transformation to the adult state; therefore, clearing of the land in limited locations largely diminishes the number of flies. Clearing the brush exposes the earth to the sun, and the surface becomes dry and hard, so that flies die during the pupal period. This measure has limited possibilities, but is useful, as Shirata points out, around ports, in the neighborhood of villages, wharves, and other places.

The tsetse fly may also be fought by suppressing its food supply. It must obtain the blood of some vertebrate animal every two or three days. The German Commission has shown that on the banks of the Victoria Nyanza the tsetse fly lives largely upon crocodile blood. This fact was discovered by the interesting observation that the flies frequently contain parasites peculiar to the crocodile's blood. Koch believes that the disease may be successfully controlled by destruction of the crocodiles, a theory which later research has rendered very unlikely, for the flies feed upon other animals.

THE IMPORTANT TRYPANOSOMES—(Modified from Nacht and Mayer)

Zoological Name	First Described by	Name of the Disease	Animals Infected in Nature	Geographical Distribution	Transmitted by
<i>Tr. lewisi</i> (Kent, 1880)	Chaussat, 1850 Lewis, 1878	Generally produces no noticeable symptoms	Rats, <i>Mus rattus decumanus</i> , <i>rudecens</i>	Apparently everywhere these rats occur	Rat fleas (according to Rabinowitsch and Kempner) <i>Haematopinus spinulosus</i> (Burmeister) according to v. Prowazek
<i>Tr. theileri</i> (Laveran, Bruce, 1902) <i>Tr. evansi</i> (Steel, 1885)	Theiler, 1902 Evans, 1880	Gall sickness Surra	Cattle Horses, cattle, camels, dogs and other mammals	South Africa (Transvaal, Orange Cape), India, Indo China, Philippines, Mauritius, North Africa	<i>Hippobosca rufipes</i> (?) <i>Tabanus tropicus</i> and <i>lineola</i> (?) <i>Stomoxys calcitrans</i> and <i>nigra</i> (?)
<i>Tr. brucei</i> (Plimmer & Bradford, 1889)	Bruce, 1894	Nagana	Most mammals, especially domestic animals	Greater part of Africa	<i>Glossina morsitans</i> and <i>fuscus</i> <i>Glossina pallidipes</i> (?)
<i>Tr. conigerdum</i> (Doflein, 1901)	Rouget, 1894 Schneider & Bufard, 1899	Dourine	Horses	Europe (Spain, Hungary, South Russia), south coast of Mediterranean, North Africa, Asia Minor, Persia, N. America, Chile (?)	Transmitted by coitus <i>Haematopinus spinulosus</i>
<i>Tr. equinum</i> (Voges, 1901)	Elmassian, 1901	Mal de Cadéras	Horses	South America (Argentina, Bolivia, Brazil, Uruguay, Paraguay)	<i>Musca brava</i> ; <i>Stomoxys calcitrans</i> and <i>nebulosa</i> (?)
<i>Tr. gambiense</i> (Dutton, 1902) <i>Tr. Castellani</i> (Krusse, 1903) <i>S. urundense</i> (Castellani, 1903)	Dutton, 1901 Castellani, 1903	Sleeping sickness	Man	Equatorial Africa	<i>Glossina palpalis</i>
<i>Tr. dimorphon</i> (Dutton & Todd, 1904)	Dutton and Todd, 1904		Horses	Senegambia	<i>Glossina palpalis</i> (?) <i>Stomoxys</i> (?)
<i>Schizotrypanum cruzi</i>	Aragao, 1910	Barbiero fever	Man	South America	<i>Conorhinus megistus</i>

Authorities advocate the extermination of big game on the belief that they are the vertebrate reservoir of the parasite. This, however, requires further study before attempting to put such a radical measure into effect.

Todd and Wolbach<sup>54</sup> suggest a systematic examination of the natives in the endemic area by gland palpation and gland puncture. The latter consists in withdrawing a drop of fluid from one of the enlarged lymphatic glands by means of a hypodermic syringe. The little drop of bloody fluid thus obtained is examined as a fresh preparation under the microscope for trypanosomes. By this method these investigators found at least 0.8 per cent. of the population of the Gambia to harbor trypanosomes. If all the infected individuals could be collected in villages for observation, treatment, and isolation, it would do much to limit the disease.

*Chagas' Disease*, or Brazilian trypanosomiasis, is caused by *Trypanosoma cruzi*, and transmitted by *Lanus magistus* (*Triatoma magista*), a predacious bug which has acquired a liking for human blood.

Trypanosomes are the cause of numerous diseases in animals, as will be seen by reference to the table on page 320. So far as known, sleeping sickness and Chagas' Disease are the only important diseases of man produced by trypanosomes. Kala-azar, however, is produced by a flagellated protozoön parasite which is closely allied to the trypanosomes.

Practically all animals are susceptible to almost all trypanosomes. The trypanosomes which infect man may readily be transmitted to monkeys, guinea-pigs, rabbits, etc.

### DEER-FLY FEVER

#### (Pahvent Valley Plague)

Deer-fly fever is a mild specific febrile infection due to *Bacterium tularense*, and transmitted by Crysops, a biting fly. The disease is limited to the rural population of Millard County, Utah. It is characterized by enlargement of the lymph glands, which drain the bitten area, and by a fever of septic type lasting from three to six weeks. The site of the bite and the affected lymph glands become tender, inflamed and commonly suppurate. There is marked prostration and the patient is confined to his bed. Probably two dozen cases occurred in the Pahvent Valley in Utah in each of the years 1917, 1918 and 1919. The disease is mild; the first case known to have terminated fatally was reported in 1919.

*Bacterium tularense* was discovered by McCoy and Chapin<sup>55</sup> in 1912

<sup>54</sup> *Annals of Tropical Medicine and Parasitology*, Vol. V, No. 2, Aug., 1911, p. 245.

<sup>55</sup> *Public Health Bull. No. 53*, U. S. Public Health Service.

as the cause of a plague-like disease of rodents in California. The year before, McCoy<sup>56</sup> described this new plague-like disease which he found in the ground squirrels of California. *Bacterium tularense* grows only on coagulated egg yolk. It is a small coccobacillus, and is doubtless identical with the organism described by Francis<sup>57</sup> as the cause of deer-fly fever in Utah. Wherry and Lamb<sup>58</sup> described an infection of man with this organism.

Francis has shown that guinea-pigs and rabbits are susceptible when inoculated with blood or with pus from a suppurating gland of a patient. The disease in experimental animals is fatal; the lesions are caseation of the lymph glands and small necrotic foci throughout the liver and spleen. The infection presumably is kept alive in Utah in rabbits and perhaps other rodents.

### PAPPATACI FEVER

(*Three-day Fever, Phlebotomus Fever, Sand-fly Fever*)

Doerr and Russ,<sup>59</sup> and also Doerr, Franz, and Taussig originally described a three-day fever which occurs on the shores of the Mediterranean; it is also known in India, Egypt and South America. The cause of pappataci fever, or sand-fly fever, is not known. The period of incubation is 3 to 5 days; the onset is sudden. Uncomplicated cases are never fatal. The disease occurs in epidemics with a high incidence rate. Pappataci fever has many resemblances to dengue fever. It is transmitted through the bite of a dipterous insect—*Phlebotomus papatasi*. This little gnat only bites in darkness and only in houses. Prevention consists in using a fine mosquito netting, and insecticidal agents.

### FLEAS

Fleas are laterally flattened, wingless creatures related to the Diptera. They pass through a complete metamorphosis: egg, larva, pupa, and imago. The adult female flea deposits her eggs among the hair or fur of the host animal, but, unlike the eggs of many ectoparasites, they are not fastened to the hairs and therefore fall freely to the ground. The eggs are oval, whitish, and smooth and about half a millimeter long. The larvae escape from the eggs in 2 to 5 days. They are able to break the egg shell by a slender process on the top of the head which disappears after the first molt. The larva is a slender, legless, cylindrical creature,

<sup>56</sup> *Public Health Bull. No. 43*, U. S. Public Health Service.

<sup>57</sup> *Public Health Rpts.*, U. S. Public Health Service, Sept. 12, 1919.

<sup>58</sup> *Jour. Inf. Dis.*, 1914, Vol. 15, p. 331.

<sup>59</sup> *Schiffs und Tropen Hyg.*, 1909, Vol. XIII, No. 22, p. 693.



whitish or yellowish in color, with a head and 13 segments. There are a few scattered hairs or bristles on the body, and at the tip is a pair of corneous processes. At the front of the head is a pair of biting jaws or mandibles. The larvae feed on almost any kind of refuse. They have been reared on the sweepings from rooms. There is always some organic matter in such dust, and this is doubtless their nourishment. In houses the larvae usually crawl into cracks or in carpets, where they feed and grow. Those that infest wild animals probably feed on the refuse in the nests or retreats of these animals. It will be noticed that, unlike the mosquito, the larval and pupal stages of the flea are not aquatic. They remain in the larval stage from a week to ten days,

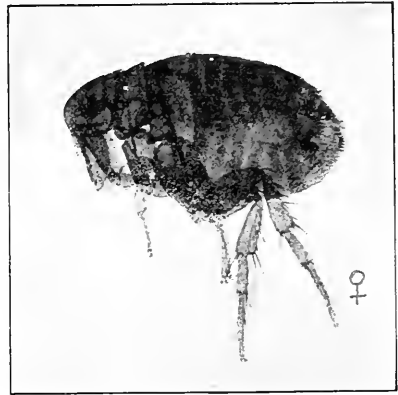
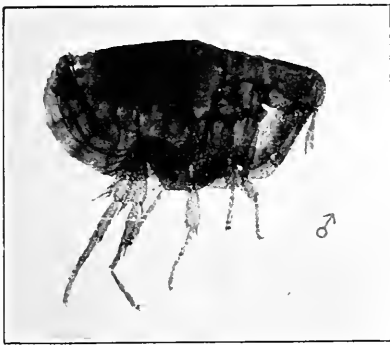


FIG. 40.—THE INDIAN RAT FLEA (*Xenopsylla cheopis* Rothsc.)<sup>60</sup>

sometimes two weeks, molting the skin three times in this interval. Then they spin flat, white, silken cocoons in which they transform to the pupal stage. In from 5 to 8 days the adult flea emerges from the cocoon. The period of their transformation is affected by the temperature and moisture. In warm, damp weather a generation may develop in 10 days or 2 weeks, but usually about 18 days to 3 weeks elapse from the egg to the adult. Although some moisture is necessary for their development, an excess is apt to destroy the larvae.

The leaping ability of adult fleas is familiar to all. This, however, has been greatly exaggerated. The British Plague Commission determined that fleas jump 3 to 5 inches, never over 6. No part of the leg is particularly enlarged, so that the jump is made by the entire leg, as in the leaf-hopper insect, and not by the femur of the hind leg, as in the grass-hopper. Fleas do not vary much in size. They are mostly about 2 to 3 millimeters long. The adult insect has a hard, strongly chitinized body. The mouth parts resemble somewhat those of the mosquito. Both the male and the female flea are capable of piercing the skin

<sup>60</sup> Formerly *Loemopsylla cheopis*.

to obtain blood and thus transmit infection. Fleas, as a rule, prefer certain hosts, but are not as particular in this regard as are many parasites. Those species which are best known are found to attack several hosts, including man. This is one reason that makes them dangerous so far as plague and other infections are concerned. Over 300 species



FIG. 41.—THE COMMON RAT FLEA OF EUROPE AND NORTH AMERICA (*Ceratophyllus fasciatus* Bosc.).

are described. Formerly all fleas were classified in the single family Pulicidae, genus *Pulex*; now they are arranged in many genera and these genera grouped into families.<sup>61</sup> *Pulex serraticeps* or *Ctenocephalus canis* occurs all over the world, infesting cats and dogs, also many other animals. They are frequently brought into houses upon domestic animals, and thus become troublesome to man. *Pulex irritans* is the

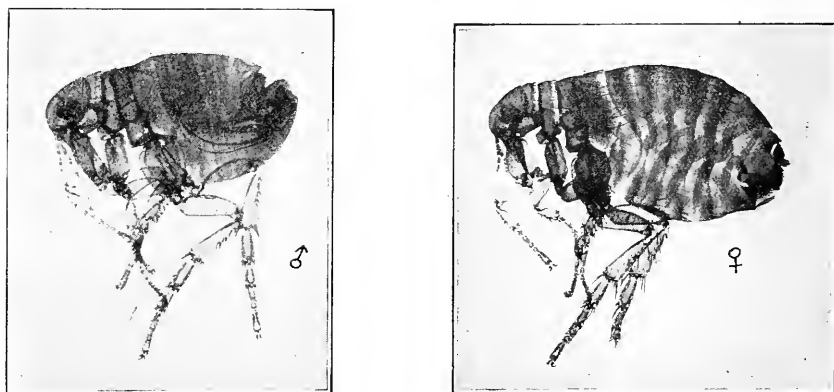


FIG. 42.—THE HUMAN FLEA (*Pulex irritans* Linn.).

human flea, sometimes called the "house flea" or "common flea." The fleas concerned in the transmission of plague are *Xenopsylla cheopis*, the India rat flea, and *Ceratophyllus fasciatus*, the common rat flea of Europe and North America. Plague may also be transmitted by *Cteno-*

<sup>61</sup> Banks: "The Rat and Its Relation to the Public Health," P. H. and M. H. S., p. 69.

*cephalus felis*, the cat flea; *Pulex irritans*, the human flea; *Ceratophyllus acutus*, the squirrel flea, and doubtless other genera and species.

In addition fleas act as intermediate hosts for certain tapeworms (*Dipylidium caninum*), and doubtless are the mechanical or biological carriers of other infections. Nicolle incriminates the flea in typhus fever.

**Pulicides.**—Adult fleas succumb to the agents applicable to insects in general. Mitzmain<sup>62</sup> has shown that water is of little value in the destruction of mature fleas. Glycerin is also practically inert as a pulicide, but tincture of green soap is very quick and effective. Kerosene (coal oil) is a very efficient flea destroyer. An emulsion of petroleum and soft soap, with or without naphthalene, is a good pulicide. Formalin, phenol, mercuric bichlorid, and tricresol in the strength used as disinfectants are of little value in killing fleas. Powdered sulphur seems to be of no value.

Hydrocyanic acid is the most efficient of the gases because it kills both the fleas and their eggs. The amount used is 2½ ounces of sodium cyanid per thousand cubic feet of air space. See page 515. Sulphur dioxid, 3 pounds per thousand cubic feet, and also disulphid of carbon will kill fleas, but cannot be depended upon to destroy their eggs. Chloroform or ether first anesthetizes fleas, and if continued kills them. This is important for the safe handling of rats, squirrels, and other plague animals. The host may be chloroformed and the fleas and other ectoparasites removed with a comb. The anesthetic may be controlled by practice so that the host will recover and the fleas die, or both recover, or both die, as may be desired.

In flea-infected houses the larvae, living in the cracks of the floor, etc., may be controlled by sprinkling a thin coating of flake naphthalene on the floor and then leaving the room tightly closed over night. In the morning the naphthalene may be swept up and what remains used again.

Kitasato<sup>63</sup> confirms the efficacy of the method of collecting rat fleas by turning guinea-pigs loose in a building. The fleas collect upon the guinea-pigs and both the fleas and the pigs may then be examined for plague bacilli.

## RELATION OF PLAGUE TO RATS AND FLEAS

Plague is primarily a disease of the rat and secondarily of man. This fact is now firmly established not only by the recent experiences, but especially through the admirable studies of the Indian Plague Com-

<sup>62</sup> *Public Health Reports*, July 29, 1910, Vol. XXV, No. 30, p. 1039.

<sup>63</sup> Kitasato, S.: "Bubonic Plague and Rat Fleas." *Berl. klin. Wchnschr.*, Oct. 13, L, 41, pp. 1881-1928.

mission,<sup>64</sup> which established beyond doubt the fact that plague may be and generally is transmitted from rat to rat and from rat to man through the agency of the flea—*Xenopsylla cheopis*—and sometimes by *Ceratophyllus fasciatus*, et al. During some plague epidemics it has been noted that the rats die in great numbers before and during the outbreak. It is now known that this epizootic in the rat is true plague. In nature, rats suffer both with acute and chronic plague.

In the laboratory, rats may be infected with plague by ingestion, by application of the virus to mucous or cutaneous surfaces, or by subcutaneous inoculation. In nature, rats may become infected by any of these means, but probably flea transmission is the only one that ordinarily operates to any extent.

Rats are great travelers, and have carried the plague to all quarters of the globe. A more complete discussion of the rat and its relation to plague and other diseases will be found on page 335.

Within the past few years it has been discovered that, while the rat is the great medium for the spread of plague, the disease was probably preserved from extinction in Thibet by another rodent, the marmot (*Arctomys bobac*). The tarbagan, a fur-bearing rodent, infected trappers and traders, who in turn started the epidemic of pneumonic plague in Manchuria in 1910-1911. In California the infection has gotten into the ground squirrels (*Citellus beecheyi*), in which the disease will doubtless be kept alive for many years to come. To realize the full importance of these discoveries, it is only necessary to call to mind that, in order to eradicate plague a warfare against the rat alone is not sufficient, but must include the rodents mentioned and perhaps others.

Simond in 1897 advanced the theory that plague was carried by fleas. This theory was developed by J. Ashburton Thompson and others and conclusively proved by the Indian Plague Commission. The exact method by which the flea transmits the infection from animal to animal is not definitely understood. The mouth parts appear not to remain infected. It is improbable that the salivary secretions contain the microorganisms. It is known that the plague bacilli may live in the digestive tract and be passed in live and virulent numbers in the dejecta. It is easy to understand how some of the infected dejecta may be rubbed or scratched into the little wound produced by the flea bite.

Bacot and Martin<sup>65</sup> found that *Xenopsylla cheopis* and *Ceratophyllus fasciatus* may transmit plague during the act of sucking by regurgitating some of the blood. These investigators found that in a proportion of infected fleas the plague bacilli develop to such an extent in the esophagus and proventriculus as to occlude the alimentary canal at the entrance to the stomach. Fleas in this condition are not prevented from sucking

<sup>64</sup> *Journal of Hygiene*, Vol. VI, No. 4; Vol. VII, Nos. 3, 6; Vol. VIII, No. 2.

<sup>65</sup> *Ibid.*, Plague Supplement, III, p. 423, 1914.

blood as the pump is in the pharynx, but they only succeed in distending an already obstructed esophagus, and on cessation of the pumping act some of the blood is forced back into the wound. Such fleas are persistent in their endeavors to feed, and this renders them particularly dangerous.

When it was found that the common rat flea of Europe, the *Ceratophyllus fasciatus*, does not readily bite man, considerable doubt was thrown upon the part played by the flea in plague transmission. These negative results, however, are offset by the convincing positive proofs of the British Plague Commission in India, and by McCoy and Mitzmain in San Francisco, who showed that under certain conditions the rat flea will bite man, especially if the natural food supply is limited,



FIG. 43.—A SQUIRREL FLEA (*Hoplopsyllus anomalus* Baker.).

and that these fleas may feed on a man's hand even in the presence of a rat.

Raybaud <sup>66</sup> calls attention to the fact that the rat flea (*Ceratophyllus fasciatus*) is able to hibernate for a month or 45 days without nourishment, and that virulent plague germs may persist unharmed in its stomach during this length of time and even longer. This fact may be of importance for the transmission of plague to a distance.

Bacot and Martin <sup>67</sup> found that infected fleas which were fed regularly might live for 50 days, at from 10 to 15° C. and 23 days at 27° C. and remain infected at death.

The Commission for the Investigation of the Plague in India <sup>68</sup> found that infection conveyed by fleas might take place three weeks after the flea population had any opportunity of imbibing infected blood. Bacot <sup>69</sup> has observed that fleas (*Ceratophyllus fasciatus*) are able to carry the

<sup>66</sup> *Presse Médicale*, March 8, 1911, No. 20.

<sup>67</sup> *Jour. A. M. A.*, Apr. 10, 1915, LXIV, 15, p. 1251.

<sup>68</sup> Reports on Plague Investigations in India, *Jour. Hyg.*, 1906, VI, 435.

<sup>69</sup> Observations on the length of time that fleas (*Ceratophyllus fasciatus*) carrying *Bacillus pestis* in their alimentary canals are able to survive and retain the power to reinfect with plague, *Jour. Hyg.*, Plague Supplement IV, 1915, 770.

bacillus of plague for periods up to 47 days and subsequently infect a mouse.

The indications thus are, that plague infection may persist in fleas at least 1 or 2 months in cold weather and subsequently give rise to an epizootic.

The development of plague bacilli in the flea, as well as the activity of the flea itself, is restricted both in very hot and very cold weather. Extremes of temperature are therefore not favorable for the spread of the bubonic form of the disease. The pneumonic form spreads best when the weather is very cold.

It should be remembered that, according to the observations of Nuttall and Yersin, flies and possibly other insects may also occasionally convey the infection. Walker<sup>70</sup> considers, as the result of experiments, that bedbugs and other biting insects play an important rôle in the transmission of plague. Bacot<sup>71</sup> has demonstrated that bedbugs are capable of carrying *Bacillus pestis* and may thus infect mice after a period of 48 days' starvation.

### RATS AND OTHER RODENTS

Rats, mice, squirrels, and other rodents have become a serious problem in preventive medicine, and their habits and methods of suppression may be considered conveniently at this place. Plague being primarily a disease of rats, the prevention and suppression of this infection resolve themselves into a war upon these rodents. For the control of plague it is, therefore, necessary to have a knowledge of the life history and methods of attacking the problem in the lower animals. In addition to plague, rats are a reservoir of trichinosis. They are responsible for infectious jaundice, for the transmission of certain tapeworms and other parasites. They are subject to leprosy, cancer, and numerous other diseases, some of which concern man. Rats and mice also are carriers of *B. enteritidis*, which is connected with food infection.

Rodents comprise more than one-third of all living species of mammals, and exceed any other mammalian order in the number of individuals. They have no canine teeth, but strongly developed incisors. Only the front of the incisors is covered with enamel, which keeps them sharp and chisel-like, owing to the more rapid wearing away of the softer dentine. The incisor teeth continue to grow throughout the life of the animal. The most extensive family of rodents is the *Muridae*, which includes the true rats and mice, typified by the genus *Mus*.

<sup>70</sup> Walker: *Indian Med. Gaz.*, 1910, No. 3, p. 93.

<sup>71</sup> Notes on the Development of *Bacillus pestis* in Bugs (*Cimex Lectularius*) and Their Power to Convey Infection, *Jour. Hyg.*, Plague Supplement IV, 1915, p. 779.

Trouessart, in his "Catalogus mammalium," enumerates 250 species of *Mus* described before 1905. Since that date a number of new forms have been described.

The genus *Mus* is characterized by narrow, ungrooved incisors; three small-rooted molars; soft fur mixed with hairs, sometimes with spines; a rudimentary pollex (thumb) having a short nail instead of a claw; a long tail bearing rings or overlapping scales and often naked or nearly so. The ears are rather large, the eyes bright and prominent, and the muzzle somewhat pointed.

The distinction between rats and mice is arbitrary and based on size. Of the many species of the genus *Mus* only three or four have developed the ability to adapt themselves to such a variety of conditions as to become cosmopolitan. Four have found lodgment in America:

The common house mouse, *Mus musculus*.

The English black rat, *Mus rattus*.

The Egyptian or roof rat, *Mus alexandrinus*.

The brown rat, *Mus norvegicus* (formerly *decumanus*).

The black rat and the roof rat differ from each other mostly in color, and some zoölogists regard them as races of the same species. The brown rat is also known as the gray rat, barn rat, wharf rat, sewer rat, and Norway rat.

The black rat (*Mus rattus*) has been known in Europe since the twelfth century, and from there has been carried to America. The brown rat (*Mus norvegicus*) came later, and, as it is more destructive, larger, and more ferocious, it is rapidly driving the black rat before it. The brown rat differs somewhat in habits from the black rat, especially in that it burrows, which protects it against its enemies and renders its suppression more difficult.

The house mouse holds its own everywhere against the brown or Norway rat, as it is able to get into holes too small for the rat to follow. Albinism and melanism occur in all species; pied forms are common. The white rat of the laboratory is an albino form of either *Mus rattus* or *Mus norvegicus*.

**Breeding and Prevalence.**—The brown rat is more prolific than either the roof rat or the black rat. The brown rat reproduces from three to five times a year, each time bringing forth from 6 to 9, and sometimes as many as 22 or 23, young. They breed more rapidly in temperate and equable climates than in those of great variability. The number of rats is only limited by the food supply and opportunities to nest. Few people have any conception of the enormous numbers of rats in cities and on farms. Although few are seen in the day time, at night they fairly swarm along river fronts and wharves, as

well as in sewers, stables, warehouses, markets, and other places where food may be found. A few instances will illustrate the prolific habits and give an idea of the destructive tendency of rats.

In 1901 an estate near Chichester, England, was badly infested with rats;<sup>72</sup> 31,981 were killed by traps, poisons, and ferrets, while it is estimated that tenants, at the threshing, destroyed fully 5,000 more. Even then the property was by no means free from rats.

During the plague of rats on the island of Jamaica, in 1833, the number killed on a single plantation in a year was 38,000.<sup>73</sup> The injury to sugar cane on the island caused by the animals was at that time estimated at half a million dollars a year.

The report of the Indian Famine Commission in 1881 affords one of the best illustrations of the number of rats that may infest a country. An extraordinary number of the animals at that time inhabited the Southern Deccan and Mahratta districts of India.<sup>74</sup> The autumn crop of 1878 and the spring crop of 1879 were both below the average, and a large portion of each was destroyed by rats. The resulting scarcity of food led to the payment of rewards for the destruction of the pests, and over 12,000,000 were killed.

The average life of a rat is about two years.

**Migration.**—The migrations of rats have often been recorded. The brown rat is known in Europe quite generally as the migratory rat; the Germans call it the *Wanderratte*. Pallas relates that in the autumn of 1772 they arrived from the East at Astrakhan, southeastern Russia, in such great numbers and so suddenly that nothing could be done to oppose them. They crossed the Volga in immense troops. The cause of this general migration was attributed to an earthquake, but, since similar movements of the same species often occur without earthquakes, it is probable that only the food supply of the animals was involved in the migration which first brought the brown rat to Europe.

Seasonable movements of rats from houses and barns to the open fields take place in the spring, when green and succulent plant food is ready for them. The return movement takes place in the autumn. This seasonal migration is notable even in large cities. In 1903 a multitude of migrating rats spread over several counties of western Illinois. They traveled in great armies and invaded the farms and villages of Rock Island and Mercer counties, and caused heavy losses during the winter and summer of 1904. In one month Mr. Montgomery of Mercer county killed 3,435 rats on his farm. He caught most of them in traps.

In England a general movement of rats inland from the coast oc-

<sup>72</sup> *The Field*, London, Vol. C, p. 545, 1902.

<sup>73</sup> *New England Farmer*, Vol. XII, p. 315, 1834.

<sup>74</sup> *British Med. Jour.*, Sept. 16, 1905, p. 623.



curs every October. This is known to be closely connected with the closing of the herring season. During the fishing the rodents swarm to the coast attracted by the offal left in cleaning the herring, and when this food fails the animals troop back to the farms and villages.

An invasion of rats (*Mus rattus*) in the Bermuda Islands occurred about the year 1615. Within two years they had increased so alarmingly that none of the islands was free from them. The rodents "devoured everything that came in their way—fruits, plants, and even trees"—so that for a year or two the people were nearly destitute of food. A law was passed requiring every man in the island to keep 12 traps. In spite of all efforts the animals continued to increase; but they finally disappeared, so suddenly that it is supposed they must have been victims of a pestilence.

While stationed upon Angel Island in San Francisco harbor I observed several migrations of rats between the army post and the quarantine station, which were about a mile apart and separated by an intervening ridge. Everyone is familiar with the sudden invasion of stores, factories, and other structures with these rodent pests, which causes considerable economic loss.

**On Vessels.**—Rats are found on all vessels; they are great travelers. It is through this seagoing tendency that the rat has become cosmopolitan. Rats get on board vessels readily as they lie at their dock; sometimes they are carried on board in the cargo.

It is very important to prevent the introduction of rats on vessels at plague-infected ports; it is also important to prevent the passage of rats from ship to shore, particularly if the vessel is from a plague port. In order to accomplish this, it is necessary to exercise particular care. In extreme cases the ship should not approach the dock, but the cargo should be handled by means of lighters. When the ship lies at its moorings in a stream or in the open bay, rats may get on board by swimming, and climbing in through the hawse pipe. Rats rarely swim more than one-quarter to one-third of a mile. If the vessel ties up at the dock, inverted funnels should be placed on the hawsers. The gang-planks should be watched during the day and always taken up at night. Vessels from plague ports should always be treated with sulphur dioxide, preferably when empty, and always before leaving, and also en route, to kill the rats that may be on board. A wise measure in international sanitation would be to require all vessels, whether trading at plague ports or not, to fumigate for rats no less than three or four times a year. For destruction of rats on vessels, see page 505.

**Food.**—Rats are not strictly herbivorous, as might be inferred from their dentition; they are practically omnivorous. Their bill of fare includes grains and seeds of every kind; flour, meal, and all food products

made from them; garden vegetables, mushrooms, bark of growing trees, bulbs, roots, stems, leaves, and flowers of herbaceous plants; eggs, chickens, ducklings, squabs, and young rabbits, milk, butter, and cheese; fresh meat and carrion; fish, frogs, mollusks, and crustaceans; they are also cannibals. This great variety of food explains the ease with which rats maintain themselves in almost any environment.

**Habits.**—The roof rat (*Mus alexandrinus*) and the black rat (*Mus rattus*) are more expert climbers than the brown rat, which is larger and clumsier. In buildings the brown rat keeps mainly to the cellar and lower parts, where it commonly lives in burrows. From these retreats it makes nightly excursions in search of food. The roof rat and the black rat live in the walls or in the space between ceilings and roofs. Rats readily climb trees to obtain fruit. In the tropics the roof rat and the black rat habitually nest in trees. In the open, rats seem to have defective vision; by daylight they move slowly and uncertainly; on the contrary, at the side of the room and in contact with the wall they run with great celerity. This fact suggests that the *vibrissae* (whiskers) serve as feelers, and that the sense of touch in them is extremely delicate. The animals always prefer narrow places as highways—another circumstance which may be made use of in placing traps.

The ferocity of rats has been grossly exaggerated. They fight fiercely when cornered. They sometimes bite sleeping infants and adults. Ordinarily the probability of being bitten by rats is remote, and the bite is not usually poisonous. Miyake<sup>75</sup> has described a "rat-bite disease," called in Japan Sodoku, or rat-bite fever.

**Rat-Bite Fever.**—Rat-bite fever is<sup>76</sup> a rare and curious infection sometimes following a rat bite. In all only 80 cases of human infection have been reported in the literature up to 1918. The symptoms come on after the wound has healed. There is inflammation of the bitten part with swelling of the lymph glands, paroxysms of fever of the relapsing type which may last a very long time, and an eruption of the skin which usually occurs during the second febrile paroxysm. The case fatality is about 10 per cent.

The cause of rat-bite fever is probably a spirochete described by Japanese investigators—*Spirochaeta morsus muris*.<sup>77</sup> This spirochete is found in the blood of rats and also in human cases. It is not found in the saliva of infected rats and the infection is supposed to be transmitted during the bite by blood caused by wounds of the gums. Bearing upon a spirochete as the cause of this infection, salvarsan seems

<sup>75</sup> *Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1902; also Proescher, *Internat. Clinics*, IV, 25th Series, p. 77.

<sup>76</sup> *Journ. Exp. Medicine*, Vol. XXIII, No. 1, January 1, 1916, p. 39.

<sup>77</sup> *Ibid.*, 1916, XXIII, p. 249; 1917, XXV, No. 1, p. 33; 1917, XXV, No. 1, p. 45; 1919, XXXI, No. 4, p. 366.

to be specific in the experimental disease in animals; favorable results are reported for man.

Other infections may follow rat bites. Thus, Schottmuller in 1914 described *Streptothrix muris rattii*. The same or a similar streptothrix was also found by Blake in a fatal case at the Peter Bent Brigham Hospital in Boston, by Ruth Tunnickliff in Chicago, and by Tileston in New Haven. *Acute infectious jaundice*, due to the *Spirochaeta icterohemorrhagiae*, is an infection of rats transmitted to man. The disease occurs in outbreaks, especially among troops, and is discussed on page 335.

**Plague in Rats.**—It is now known that rat fleas are responsible for most cases of human plague of the bubonic type, and in addition are the most frequent medium by which plague is carried from one locality to another. They also convey the plague infection to other rodents, such as ground squirrels.

The clinical manifestations of plague in rats are not very evident. It is generally said that a plague-infected rat staggers about with a drunken gait, loses fear of its natural enemies, and is readily captured. Rats experimentally infected show no marked manifestations of illness until shortly before death, when they become quiet, crouch in the corner of the cage, and try to hide. It is rather surprising that comparatively few dead plague rats are found in endemic centers. In the San Francisco campaign McCoy estimates that certainly not more than 20 per cent. of the infected rodents were found dead, the remainder being trapped.

Rats suffer both with acute plague and chronic plague, the lesions of which differ.

The diagnosis of plague in rats may be made macroscopically. The Indian Plague Commission, which had the opportunity of examining an enormous number of plague rats in Bombay and elsewhere in India, state that "the results of tests carried out for the purpose of comparison make it manifest that the naked eye is markedly superior to the microscopic method as an aid in diagnosis, and as the result of our experience we are prepared to make a diagnosis of plague on the strength of the macroscopical appearance alone, even though the other results of cutaneous inoculation and culture are negative and the animals show signs of putrefaction." The experience of McCoy and others in the Federal Plague Laboratory in San Francisco leads to the same conclusion. It should be remembered, however, that occasionally plague occurs in rats without gross lesions. This has been observed by Dunbar and Kister and also by McCoy. In any critical case the bacteriological confirmation is essential.

Acute plague in rats is characterized by engorgement of the subcutaneous blood vessels and a diffuse pink color of the subcutaneous structures and muscles. The diagnosis may often be inferred at the

first incision. The lymphatic glands of the neck, axilla, groin, or pelvis are enlarged and frequently surrounded by a hemorrhagic exudate and edema. The liver is granular with focal necroses, the spleen enlarged and friable, and pleural effusions are common.

Chronic plague in rats has been encountered in a considerable number of cases among *Mus rattus* in the Punjab villages of Kasel and Dhand. It has not been found in California. In the chronic disease the lesions consist of purulent or caseous foci, usually of the visceral type; that is, they occur as splenic nodules and abscesses, or mesenteric abscesses. Sometimes the abscesses are situated in the regions of the peripheral lymph glands. Plague bacilli are either absent or very scanty upon microscopic examination in these abscesses, but they may be recovered by cultural methods or more surely by inoculating the material into susceptible animals. There is no evidence to show that chronic rat plague has anything to do with the recurrence of acute plague among the rats.

Rats may be infected by the ingestion of infective material or the application of virulent plague bacilli to a mucous or cutaneous surface, or by subcutaneous injection of the microörganism. The infection may also be transferred from rat to rat through the agency of the flea. In nature the mode of transference probably takes place through all of these methods, but commonly through the flea.

Contrary to the general impression, the wild rat has a considerable resistance to plague infection. The Indian Plague Commission found that 59 per cent. were immune when inoculated by the subcutaneous method from the spleen of infected rats. A series of experiments conducted in the Federal laboratory in San Francisco also showed a high grade of immunity, especially among the large rats. About 15 per cent. of small rats and about 50 per cent. of large rats were found to be immune when inoculated with highly virulent material. The experiments demonstrated that this immunity is not acquired through a prior attack of the disease, but must be a natural immunity.

The natural subsidence of plague among rats in any community is a point about which much more evidence must be obtained before we can speak with any degree of authority. It may be due to a lack of susceptible material, possibly to a loss of virulence of the organism, but it seems more probable that it is due to a change in the number or activities of the rat fleas.

In a rat survey to determine the existence of plague the number of rats examined should be at least 1,000 for every 10,000 of the human population, and a preliminary survey should be made in order that the most promising locations shall be trapped.

## RAT-BORNE DISEASES

ACUTE INFECTIOUS JAUNDICE <sup>77a</sup>

(Epidemic Catarrhal Jaundice—Weil's Disease.)

Infectious jaundice, or epidemic catarrhal jaundice, has been known for a long time to occur among troops, among sewer workers, among miners, and among agricultural laborers working in wet soil, as rice planters; also people who handle food, at least in Japan, are said to be attacked with especial frequency. It was recognized as a clinical entity by Ozenam, 1849; Monneret, 1859; Laverau, 1865; Lancerau, 1882; Landouzy, 1882; Mathieu, 1886; and Weil, 1886, who described four cases with typical symptoms; the disease is very often called by his name.

It is an acute infection, caused by the *Spirochaeta icterohaemorrhagiae*, and characterized by malaise, prostration and gastro-intestinal symptoms at the onset; by fever of varying degree, and by jaundice of varying intensity and duration. In severe cases bleeding from mucous surfaces and albuminuria are common. Light cases are clinically indistinguishable from ordinary catarrhal jaundice.

In most outbreaks the mortality is low, but in Japan the infection is both more prevalent and more virulent than in Europe or America. Among the Japanese the case fatality rate is as high as 38 per cent., while in European soldiers in the Great War it did not exceed 2 or 3 per cent. The infection is endemic on all continents among rats. The disease in man is associated with moist soil and moderate temperature; that is, few cases occur in the hottest or coldest weather. Sporadic cases are recorded, but usually the disease occurs in epidemic form, often with a high attack incidence.

The cause of acute infectious jaundice is the *Spirochaeta icterohaemorrhagiae* of Inada,<sup>78</sup> (1916) and his co-workers. Noguchi<sup>79</sup> believes the spirochete belongs to a special genus and has named it *Leptospira icterohaemorrhagiae*.

An account of an outbreak of jaundice among troops in the War of 1812 has come down to us. Not less than 71,691 cases occurred among white troops of the Union Army in the American Civil War. In the South African War 5,648 cases of epidemic jaundice occurred among the British troops. Many cases of acute infectious jaundice occurred among the troops on both sides of the Rhine in the World War. It prevailed from Belgium to Gallipoli.

<sup>77a</sup> A complete bibliography to date is contained in Neil's article on "The Problem of Acute Infectious Jaundice in the United States," *U. S. Public Health Reports*, Reprint No. 466, May 10, 1918.

<sup>78</sup> *Journ. Exp. Med.*, XXIII, 377, Mar., 1916.

<sup>79</sup> *Ibid.*, XXV, 755, May, 1917.

Official statistics give no adequate idea of the prevalence of this disease, as large numbers of men continued on duty throughout their illness. Regimental medical officers have stated that as many as one-tenth of their men actually in the trenches were jaundiced. In one battalion there were 100 cases during October, but only 36 were regarded as of sufficient severity to be sent into a field ambulance. It was called trench jaundice. A number of epidemics of catarrhal jaundice have been reported among the civil population of the United States. A list of these outbreaks is given by Neil.<sup>80</sup>

**The Relation of the Disease to the Rat.**—Acute infectious jaundice is a disease primarily of rats, secondarily of man. About 10 per cent. or more of all wild rats, wherever examined, harbor the spirochetes. Rats have a remarkable immunity to the infection, gained perhaps through long association between parasite and host. The spirochetes live in the kidneys of the rats and are excreted in the urine. They have also been found in the blood and other organs, and in the mouth.

Noguchi found the spirochetes in rats caught about the Bronx; Jobling and Eggstein found 10 per cent. of the rats examined in Nashville to be infected; Neil 10 per cent. of the rats in Washington; and Otteraaen found the parasites in the rats of Chicago. This, therefore, reveals a latent danger to which we have been constantly exposed, but from which we can escape as long as sanitary conditions are satisfactory.

The credit of first finding the *Spirochaeta icterohaemorrhagiae* in rodents belongs to the Japanese investigators who first demonstrated these parasites in the kidneys of field mice. Further investigations in the coal mining regions of Japan showed that 40 per cent. of the wild rats harbored the organism, and that many cases of infectious jaundice in human beings occur in this region.

**Transmission.**—Just how the disease is usually transmitted from rat to rat and from rat to man is not entirely clear. There are several possibilities. There is scant evidence that the infection is transmitted from man to man.

The spirochete is found in the kidney of the rat and is excreted in the urine which contaminates the soil, and infection takes place either through the skin or by the mouth. Susceptible animals may be infected by either route. The infection will pass through the unbroken skin of guinea-pigs. The spirochete is frail,<sup>81</sup> but may live three days in moist soil; it soon dies when dried. This probably explains the relation of the infection to moist soil and a moderate temperature. It also makes clear the reason why the wet trenches, overrun with rats, favored the transfer of the disease from rats to man during the World War.

<sup>80</sup> U. S. Public Health Reports, May 10, 1918.

<sup>81</sup> Journ. Exp. Med., May 1, 1918, p. 609.

The spirochete has been found in the mouth of rats and the infection has been transmitted to guinea-pigs by the bites of such rats. This probably is not the usual method of spread in nature.

Foulerton<sup>82</sup> found *Spirochaeta icterohaemorrhagiae* in the feces of infected guinea-pigs, and its presence in the feces of cases of spirochetel jaundice in man may be assumed.

There is no adequate evidence that any insect plays a part in the transmission of the disease, although the experimental evidence in this regard is by no means complete.

*Prevention* consists in warfare against rats (page 338). The disease is not known to be communicated directly from man to man. Sanitation both in civil and military life to guard against contamination with rat excrement is an essential element of prophylaxis. Shoes should be worn, especially in wet soil and where the infection abounds. Food must be carefully guarded against rats and mice, for infection by the mouth occurs, and food soiled with rat urine is hazardous. The heat of cooking is sufficient to kill the spirochete. Prophylaxis against this disease is a question of biologic cleanliness.

### RAT LEPROSY

An infection resembling leprosy occurs spontaneously among rats and bears a close resemblance to the disease in man, but it seems that rat leprosy is not communicable to man. For a further discussion of rat leprosy see page 414.

### TRICHINOSIS

The three most important hosts for the *Trichinella spiralis* are man, swine, and rats. The infection is spread by one animal eating the flesh of another. It is, therefore, evident that if the disease occurred only in hogs and man it could be controlled. Hence, a well-directed public health campaign against trichinosis should consider the eradication of rats, especially around slaughter houses, butcher shops, hog pens, and similar places.

Trichinosis is very common among rats; they become infected by eating each other, by eating scraps of pork found on the offal pile of slaughter houses, butcher shops, or in swill. Swine become infected by eating rats and infected offal. Man becomes infected almost exclusively by eating pork or boar meat that has not been thoroughly cooked. See page 830.

*Food infection* due to the Gaertner group of bacilli may be associated with rats and mice, for these rodents may be carriers of these micro-organisms. The opportunity for food to become contaminated with rat and mice feces is frequent in the slaughter house and butcher shop, in

<sup>82</sup> *Jour. Pathol. and Bacteriol.*, Vol. XXIII, No. 78, October, 1919.

the grocery and home, and in storage and transportation. See page 704.

**Other Parasites.**—Rats and mice may harbor eleven species of internal parasites which also occur in man. Several of these are of academic importance only.

Those which concern us principally, in addition to *Trichinella spiralis*, are *Hymenolepis nana*, *Hymenolepis diminuta*, and *Labdium intestinalis*. Rats are also susceptible to experimental infection with *Trypanosoma gambiense*, the cause of sleeping sickness, but are not known to play any part in the spread of this disease under natural conditions.

Lynch<sup>83</sup> states that the rat (*Mus norvegicus*) suffers from spontaneous amebic dysentery similar to that occurring in man. The rat is, therefore, a possible disseminator of dysentery amebas pathogenic for man.

Rats have also been accused of dragging typhoid from the sewers to our food. The connection is close and the possibility apparent. A recent outbreak of typhoid fever in an asylum has, in fact, been traced to this source by Dr. Mills.<sup>84</sup>

### ECONOMIC IMPORTANCE

The destruction of food, merchandise, and property by rats is so great that this alone would justify active measures of suppression, even though they were not responsible for plague, trichinosis, and other infections. Rats destroy grain while growing; invade stores, destroy flowers, laces, silks, carpets; eat fruits, vegetables, meat, etc., in the market; destroy by pollution ten times as much as they eat; cause conflagration by dragging matches into their holes; gnaw lead pipes and floors of houses; ruin artificial ponds and embankments by burrowing; destroy eggs and young poultry; damage foundations, floors, doors, piers; in short, they have become the worst mammalian pest among us. It is estimated that in the United States alone the losses due to rat depredations are over \$167,000,000 annually computing the upkeep of a rat at one-half cent a day.<sup>85</sup>

### SUPPRESSION OF RATS

The extermination of the rat is hopeless; they are very intelligent and cautious. Extermination seems a biological impossibility, for killing off large numbers gives the survivors an easier living. Millions of rats have been killed in India, Japan, San Francisco, and other places during the recent plague measures without making

<sup>83</sup> *Jour. A. M. A.*, LXV, No. 26, Dec. 25, 1915, p. 2232.

<sup>84</sup> *Brit. Med. Jour.*, January 21, 1911.

<sup>85</sup> *Public Health Bull.* No. 103, June, 1919.



an appreciable impress upon the numbers remaining. They may be exterminated and kept out of a limited area, such as a ship, a granary, a stable, a warehouse, a market, or local compound. In the well-built residential sections of a city, with concrete walks, asphalt streets, stone cellars, and few stables, there are very few rats. In ten years of residence in such a district in Washington I never saw or heard of one in the neighborhood. *Mus rattus* and *Mus alexandrinus* are much more difficult to suppress than *Mus norvegicus*; indeed it is probable that we have no very satisfactory method of dealing with these rats, owing to the fact that frequently they live in trees and in the fields.

The measures for the repression and destruction of rats will be considered under: (1) rat-proof buildings, (2) keeping food from rats, (3) natural enemies, (4) traps, (5) poisons, (6) domestic animals, (7) shooting, (8) fumigation, and (9) bacterial viruses.

**Rat-proof Buildings.**—This is a measure of first importance in the fight against rats. Rats can only gain entrance to a cement structure properly constructed through neglect or ignorance. They come in through drain pipes if left open; through doors, especially from alleys; and through basement windows. Once in, they intrench themselves in out-of-the-way places, nest behind rubbish, and are difficult to dislodge. The lower parts of the outer doors of public structures, such as markets and wharves, should be reinforced with metal to keep the rats from gnawing through. Basement windows should be screened and doors provided with springs to keep them closed. Screens or wire cloth to keep out the rats must be not less than 20 gauge nor greater than  $\frac{1}{2}$  an inch mesh. The special points of ingress and egress of rats which must be guarded against besides basement windows and doors are hatches, ventilators, skylights, unused chimney flues, and openings around water, sewer, gas, and steam pipes, and electric wires.

Foundation walls should be laid without a break around the entire building and should extend not less than 18 inches beneath the surface of the surrounding soil, and should always be flush with the under-surface of the floor above. Floor joists should be imbedded in this wall or the spaces between the joists filled in and completely closed up to the floor level. Ground areas should be concreted with a layer at least 3 inches in thickness, finished with a wearing surface of cement about  $\frac{1}{2}$  an inch thick. The walls of a wooden house should have one foot of concrete between the sheathing and lathing. All water and drain pipes should be surrounded with cement where they pierce the walls. Rat holes may be closed with a mixture of cement, sand, and broken glass, or sharp bits of crockery and stone.

Buildings may be raised from the surface of the ground on piers, thus rendering them rat-proof. Cribs for grain in the country can be so raised and further protected with metal netting.

Aside from dwellings, the chief refuges for rats in cities are sewers, wharves, stables, provision houses, markets, out-buildings, slaughter houses, restaurant kitchens, bakery shops, candy factories, and uninhabited structures. Modern sewers are highways and not nesting places for rats. They find a safe retreat from nearly all enemies under wooden sidewalks. In the country it is important to build corn cribs, barns, and granaries rat-proof with the liberal use of cement, iron sheeting, or galvanized iron netting.

**Keeping Food from Rats.**—Well-fed rats mature quickly, breed often, and have large litters. A scarcity of food helps all other suppressive measures. Garbage and offal must be disposed of so that rats cannot get at such stuff. Well-covered garbage cans should be required and the garbage frequently removed and burned. To deposit it upon the ground anywhere only invites and nourishes rats and other vermin. Slaughter houses are centers of rat propagation. The offal is best disposed of by burning. Care should also be taken as to the disposal of remnants of lunches in office buildings and the disposal of organic waste generally. Produce in provision stores may be protected with wire cages.

**Natural Enemies.**—The natural enemies of the rat are the larger hawks, owls, snakes, skunks, foxes, coyotes, weasels, minks, dogs, cats, and ferrets. The persistent killing off of the carnivorous birds and mammals that prey upon rats has been an important factor in the increase of these rodents in the United States. Rats actually destroy more eggs, chickens, and game than all the wild animals combined.

**Traps.**—There are many kinds of traps, such as the guillotine, spring trap, the cage trap, the barrel and pit trap. One of the best is the old-fashioned wire cage trap. The rats get in but cannot get out. In placing the trap it is advisable to leave a rat in as a decoy. The trap should be placed along runways, or the entrance to the trap may be arranged so that the rats first have to go through a pipe, as they like to explore dark passages. It requires ingenuity to trap rats successfully. They are very wary and avoid man-smell. To guard against this the traps may be burned and then smeared with the bait, always handling them with tongs or properly prepared gloves. Cheese, bacon, grain, and also meat, vegetables, or bread are the best baits.

**Poisons.**—Poisons are objectionable in dwellings, owing to the odor of the dead rats. They are of service in granaries, stables, wharves, storage depots, garbage dumps and similar places where rat-proofing is difficult or too expensive. Most rat poisons are dangerous to children as well as to chickens and other domestic animals, and, therefore, the greatest care must be exercised in their use. It requires experience in laying out poisons; the old rats are very smart and will refuse the bait unless artfully concealed and judiciously placed.

The principal poisons used for rats are barium carbonate, strychnin,

arsenic, and phosphorus. In several states the law requires that notice of intention to lay poison must be given to persons living in the neighborhood. Poisons for rats should never be placed in open or unsheltered places. In buildings and yards occupied by poultry the following procedure is recommended: Two wooden boxes should be used, one considerably larger than the other, and each having two or more holes in the sides large enough to admit rats. The poisoned bait should be placed in the bottom and near the middle of the smaller box, and the larger box should then be inverted over the other. Rats thus have free access to the bait, but fowls are excluded.

The cheapest and most effective poison is barium carbonate. This may be made into a dough with four parts of meal or flour to one part of barium carbonate. A good plan is to spread the barium carbonate upon fish, on toasted bread (moistened), or upon ordinary bread and butter.

Strychnin is effective and may be used by inserting the dry crystals in a piece of meat, cheese, or sausage, which is placed in the runways.

Arsenic is popular; the powdered white arsenic (arsenious acid) may be used as described for strychnin or barium; or a stiff dough may be made by mixing twelve parts by weight of corn meal and one part of arsenic with white of egg. An old English formula is one pound of oatmeal, one pound of brown sugar, and a spoonful of arsenic.

Phosphorus is an effective and attractive bait. The yellow phosphorus in the proportion of one to four per cent. may be mixed with glucose or other suitable material. Kitano<sup>86</sup> soaks the phosphorus into bread, which is cut into pieces containing 0.025 gm. of phosphorus per piece. The use of phosphorus is very dangerous on account of fire. Rats poisoned with phosphorus may die on the premises and decompose, contrary to the statements sometimes made in the advertisements.

The following formula is recommended as a poisonous bait for rats, mice, squirrels, etc.:

Strychnin .....	1 oz.
Cyanid of potassium.....	2 oz.
Eggs .....	1 doz.
Honey .....	1 pint
Wheat or barley.....	30 lbs.

Stir eggs well, then mix in honey and again stir. Then put in dry powdered strychnin and cyanid and stir until well mixed. Put wheat in large box or can and pour in the mixture of poison and stir until it is well distributed over the wheat. Stir two or three times during

<sup>86</sup> *Am. Jour. Trop. Dis.*, III, 12, June, 1916, p. 635.

twenty-four hours, then spread out and dry. Before putting it out for squirrels add oil of rhodium, 1 dram.

Poisons and traps reduce the number of rats but do not eliminate them. Poisons and traps find their greatest usefulness in ridding large rat-proof structures of contained rats. Starving rats by keeping food from them is one of the best methods of suppression.

**Domestic Animals.**—A well-trained dog may be relied upon to keep the farm premises reasonably free of rats. Small Irish, Scotch, and fox terriers make the best ratters; the ordinary cur and the larger breeds of dogs seldom develop the necessary qualities for ratters.

However valuable cats may be as mousers, few of them care to catch rats. The ordinary house cat is too well fed and too lazy to undertake the capture of an animal as formidable as the brown rat. Koch has advised the breeding and distribution of cats capable and willing to attack rats.

**Shooting.**—Many rats may be shot as they come out to forage about sundown. This method is particularly effective in a large building which is suddenly overrun with the rodents. The shooting of a number of them upon two or three successive nights discourages the remainder, who leave for some other happier hunting ground.

**Fumigation.**—Rats may be killed with certainty in any inclosed structure by the use of sulphur dioxid, carbon bisulphid, hydrocyanic acid gas, or carbon monoxid. The methods of evolving these substances are described in Section XII. Hydrocyanic acid gas or sulphur dioxid are particularly useful to destroy rats on board ships, in cellars, stables, sewers, and places where they abound. Enormous numbers of rats are frequently killed when ships are fumigated with sulphur dioxid. I have seen buckets full thrown overboard from comparatively small vessels. Hobdy counted 310 on a lumber-carrying schooner of only 260 tons burden. The S.S. *Minnehaha*, a vessel only nine months in commission, fumigated in London in May, 1901, yielded a bag of 1,700 rats. See pages 513 to 518.

**Carbon Monoxid.**—Carbon monoxid is an exceedingly poisonous gas. From the fact that it has no odor, it is even more hazardous in practice than hydrocyanic acid. Carbon monoxid is fatal to all forms of mammalian life, but has no germicidal properties whatever. It has been used in Hamburg<sup>87</sup> and other ports for the destruction of rats on ships.

Carbon monoxid is a colorless, odorless gas, lighter than air. It forms a stable compound with the hemoglobin of the blood—carbon monoxid-hemoglobin. For the toxic action of this gas and its other properties see page 941. The particular advantages of carbon monoxid for the destruction of rats on board ship are that it may be generated

<sup>87</sup> Nocht and Giemsa: *Arbeiten a. d. kaiserlichen Gesundheitsamte*, Bd. 20, Erstes Heft, 1904, p. 91.

cheaply, is quickly effective, and does no injury to cargo or vessel. The disadvantages are that it is poisonous and inflammable. The addition of a little sulphur dioxide to the gas makes its presence known and tends to prevent accidents. After exposure the hold must be thoroughly ventilated, and it is customary to lower a mouse in a cage for 10 minutes to be sure that it is safe for a man to enter. Divers' helmets should also be kept in readiness so that the hold may be entered in case of need.

A gas generator has been made by Pintsch which furnishes a mixture consisting of CO, 5 per cent., CO<sub>2</sub>, 18 per cent., N, 77 per cent. These gases are generated by the incomplete combustion of coke. The mixture of gases is pumped into the hold of the vessel or other compartments where it is desired. The hold should be kept tightly closed from 7 to 8 hours. Funnel gases are also serviceable.

**The Bacterial Rat Viruses.**—Rats are notoriously resistant to bacterial infection.<sup>88</sup> Even plague usually fails markedly to diminish their prevalence. An epizootic of bacterial nature, therefore, cannot be classed with the natural enemies of the rat. We are not surprised, then, to learn that the bacterial rat viruses have signally failed to accomplish their mission.

These bacterial viruses belong to the colon-typhoid group of organisms. They are either identical with or closely related to the original bacillus of mouse typhoid (*B. typhi murium*) discovered by Loeffler, or the paratyphoid bacillus, type B, or the *Bacillus enteritidis* of Gaertner, which have been associated with gastro-intestinal disorders.

The claim that these rat viruses are harmless to man needs revision, in view of the instances of sickness and death reported by various observers. The pathogenicity for man depends upon the virulence of the culture, the amount ingested, the nature of the medium in which it grows, and many other factors.

Danysz virus (*B. typhi murium*) is pathogenic for rats under laboratory conditions, but has feeble powers of propagating itself from rat to rat. It rapidly loses its virulence, especially when exposed to light and air. The result depends largely upon the amount ingested. The other viruses have proved even less satisfactory.

Under natural conditions these rat viruses may be likened to a chemical poison, with the great disadvantage that they rapidly lose their virulence and are comparatively expensive. They also have the further disadvantage that chemical poisons do not possess of rendering animals immune by the ingestion of amounts that are insufficient to kill or by the ingestion of cultures that have lost their virulence.

<sup>88</sup> "The Inefficiency of Bacterial Viruses in the Extermination of Rats," M. J. Rosenau. "The Rat and Its Relation to the Public Health," Bulletin of the P. H. & M. H. S., 1910.

## SQUIRRELS AND PLAGUE

**Squirrels.**—In August, 1903, a blacksmith died of plague probably contracted from a squirrel in Contra Costa County, California. In 1904 Currie demonstrated the susceptibility of the ground squirrel to bubonic plague. In 1908 McCoy and Wherry discovered natural plague in ground squirrels. It was then learned that thousands of squirrels had died of some disease during 1904, 1905, and 1906. This epizootic was doubtless plague. It is now realized that plague has become endemic in California, in the squirrel. It is also believed that the disease has been kept alive in the endemic foci of Tibet in another rodent, the marmot (*Arctomys bobac*). The eradication of plague must, therefore, consider these and perhaps other susceptible wild animals.

California is overrun with three species of ground squirrels. The commonest is the *Citellus beecheyi*. They live in colonies in burrows or warrens. The booby owl is a frequent companion occupying the same burrow, and they probably spread the infection by carrying fleas. Squirrels become infected through fleas from each other and from rats. The squirrel flea (*Ceratophyllus acutus*) attacks man just as the rat flea does. The infection may also be conveyed to man through squirrel bites, as in the case of the child in Los Angeles studied by Stimson. Squirrels make good food for man, but since the danger has been realized the shooting or trapping of them for food purposes is now forbidden in California.

An outbreak of pneumonic plague in Oakland, California, during August and September, 1919, started with a man who went squirrel hunting in Berkeley Hills on August 11th and 13th, and took ill August 15th. The outbreak involved 14 cases, 13 of whom died.<sup>89</sup>

Plague in the squirrel may be recognized<sup>90</sup> by the gross anatomical lesions in the lymphatic glands, the liver, and lungs. The pneumonic form of the disease is common in the squirrel. Many cases are subacute or chronic. Smear preparations from squirrels dead of plague are frequently negative for plague-like bacilli. The diagnosis may, therefore, be made more surely by animal experimentation. Subcutaneous inoculation is surer than the cutaneous method, as the latter often fails on account of the comparatively few plague bacilli present in squirrel lesions.

Squirrels may be destroyed by various means. One of the most successful is to saturate cotton waste the size of an orange with carbon bisulphid and place it in the warren; then close the opening with wet

<sup>89</sup> Kellogg, W. H., An Epidemic of Pneumonic Plague. *Am. Jour. Pub. Health*, July, 1920, Vol. X, No. 7, p. 599.

<sup>90</sup> McCoy: *Jour. of Infect. Dis.*, Nov. 26, 1909, Vol. V, No. 5.

clay. Officers of the Public Health Service working in California have devised an apparatus for vaporizing carbon bisulphid and pumping the gas into the burrows. This method is reported to be much more successful than any other that has been employed. Poisoned bait, such as strychnin, phosphorus, or cyanid of potassium, is effective. Traps are not very successful, as the squirrel is wary. Natural enemies, such as the coyote, wolf, badger, skunk, mountain lion, the cobra snake, and red-tailed hawk should be encouraged.<sup>91</sup>

## THE PLAGUE

(*Peste*)

Plague is an infection primarily of rats and other rodents, secondarily of men; caused by *Bacillus pestis*. In addition to this specific definition the term plague still has a generic meaning. There is much confusion in the literature, because formerly all serious epidemics were called plague and we still speak of them as plagues.

The Philistines made offerings of golden images of the mice that marred the land to stay a pestilence II Samuel. The plague of Athens and the pestilence in the reign of Marcus Aurelius, according to Payne, may not have been this disease. Epidemics of varying severity occurred in Europe for over 1,100 years—from the sixth century in the days of Justinian to the middle of the seventeenth century. The most devastating was the "Black Death" of the fourteenth century which overran Europe and destroyed one-fourth of the population. The disease gradually subsided and disappeared from Europe and became endemic in a few remote parts of the world (page 350). We thought it had passed away, when suddenly, in 1894, it reappeared at Hongkong and from there again spread over the world. This recrudescence of a disease thought to be extinct is one of the most striking facts in epidemiology.

The recent pandemic is the most widespread of all, having been carried to the four quarters of the globe by trade and travel. It is quite as virulent as the Black Death of the fourteenth century; thus, from the autumn of 1896 when plague first gained a footing at Bombay, to the end of 1917, about 10 millions of people are reported to have died of the disease in India:—In 1904, there were 1,143,993 deaths from plague; in 1905, 1,069,140; in 1907, 1,315,892; in 1908, 156,480; in 1909, 178,808; in 1914, 296,623; in 1915, 438,866; in 1916, 276,195;

<sup>91</sup> In this chapter material has been freely drawn from "The Rat and Its Relation to the Public Health," Public Health and Marine Hospital Service, 1910, particularly articles by Lantz, McCoy, Brinckerhoff, Banks, Stiles, Rucker, Creel, Holdy, Kerr, and Rosenau. This book may be obtained by addressing the Surgeon-General or the Superintendent of Public Documents, Washington, D. C.

in 1917, 537,404. The Manchurian outbreak in the winter of 1910-11 was the pneumonic type of the disease; it was virulent and extensive, and claimed over 45,000 persons in a few months.

In 1664-65, the Black Death in London carried off 70,000 of a population then numbering 500,000. A graphic description is given by Defoe in "A Journal of the Plague Year." Numerous references to the disease will be found in Pepys' Diary. Benvenuto Cellini describes his own case in his autobiography. The disease profoundly affected the economic, social and political history of Europe. Plague started in Stratford-on-Avon in July, 1564, when Shakespeare was a baby three months old. From July to December of that year, 237 deaths are recorded in the parish register of the little vicarage of Avon. The infection swept away entire families. Fortunately, not a Shakespeare is on the list. How much has mankind lost throughout the world's long history by the untimely death of genius on account of preventable infections!

There are now four endemic foci in the United States—one on the Pacific coast and three in the Gulf states. The number of cases in the United States and their occurrence is shown in the table on the following page.<sup>92</sup>

In considering the prevention of plague it is necessary to recognize that the different types of the disease are spread in different ways. At least three clinical types are now recognized: (1) bubonic, (2) pneumonic, and (3) septicemic.<sup>93</sup> In the bubonic and septicemic types of the disease the plague bacillus is locked up in the glands, blood, and other tissues and organs of the body, and is not eliminated in the usual excretions. These forms of the disease are therefore, not "contagious," but are spread mainly through the agency of the flea. On the other hand, in the pneumonic type of the disease plague bacilli are contained in enormous numbers in the sputum. The disease is transmitted directly by close association with a patient having plague pneumonia. The pneumonic type of the disease usually follows when the infection is taken into the system through the respiratory channel; on the other hand, it may result from infection through a flea bite.

Bubonic plague is an insect-borne disease and has an entirely different epidemiology from pneumonic plague, which is a contact infection.

Pneumonic plague may assume epidemic proportions, especially in the cold weather and under circumstances where people come in close association. This was the case in the Manchurian epidemic of 1910-1911 which occurred during the winter and was one of the most virulent

<sup>92</sup> From data collected by Dr. G. W. McCoy.

<sup>93</sup> Occasionally other varieties occur in which the chief manifestations are in the skin and subcutaneous tissues, or in the intestines, causing diarrhea. In the latter case the infection is excreted in the feces.



## PLAGUE—HUMAN CASES IN THE UNITED STATES

Date	1900	1901	1902	1903	1904	1907	1908	1909	1910	1911	1913	1914	1915	1919	1920	Total
California	22	26	35	17	10	170	7	1	2	3	2		1	1	1	298*
New Orleans												30	1	12	7	50
Texas															31	31
Florida															10	10
Total	22	26	35	17	10	170	7	1	2	3	2	30	2	13	49	389

\* This includes 17 cases of squirrel origin.

epidemics of modern times, the mortality being over 90 per cent. Epidemics of pneumonic plague are restricted to northern climates, as northern Asia and the northern higher regions of India. A limited outbreak was reported in 1919 from California, which started from an infected squirrel.

Teague and Barber<sup>94</sup> explain the rapid spread of pneumonic plague in Manchuria and the failure of this type of the disease to spread in India upon the assumption that in the warm temperatures of India the droplets quickly dry and the plague bacilli soon die, whereas in Manchuria the temperature and humidity do not favor evaporation and hence the droplets of sputum persist longer in the cold atmosphere and the plague bacilli remain alive longer.

The *Bacillus pestis* (Yersin, 1894) has more than fulfilled Koch's laws. Several accidents in which pure cultures have been inoculated into man, producing all the symptoms and lesions of the disease, have added to the proof that this organism is the cause of plague (Vienna, 1898, Ann Arbor, 1902, and also in laboratories in Russia, Berlin, and Japan). The plague bacillus is comparatively easy to isolate and grows readily on artificial culture media, and has characteristics that readily distinguish it from all other species. It is a short rod with rounded ends, with a tendency to bi-polar staining, not motile, decolorized by Gram's method, and grows well at room temperature though less luxuriantly than at 37° C.

Recognition of the plague bacillus rests upon the following characteristics: (1) Curious involution forms upon salt agar within 24 hours; (2) stalactite growth in liquid media; (3) characteristic lesions produced by experimental plague in guinea-pigs, rabbits, rats, etc. Kolle's method consists in rubbing the material containing the plague bacillus upon a shaved area of the skin of a guinea-pig. The plague bacilli penetrate the skin, leaving other organisms behind. The skin of the guinea-pig thus acts as a differential filter. (4) The final test of the identity of the plague bacillus is the fact that its pathogenicity may be neutralized by the use of antiplague serum.

The *Bacillus pestis* does not live a saprophytic existence in nature. It is readily killed by drying, sunlight, heat, and the usual germicides. The organism does not live long in the soil or upon the floors of houses, as was once commonly supposed. There is, therefore, comparatively little danger from these sources.

**Immunity.**—One attack of plague usually protects for life. Occasionally second attacks are noted in the same person. In such cases the second attack is usually mild. This is an old observation and led

<sup>94</sup>Teague, O.: "A Further Note on the Influence of Atmospheric Temperature on the Spread of Pneumonic Plague," *Philippine Jour. Sc., B., Tropical Med.*, 1913, VIII, 241.

to the employment of persons with a plague history or a plague scar in hospitals and laboratories.

Artificial immunity of either an active or passive nature may be acquired by various procedures. The passive immunity produced by the injection of antiplague serum lasts only about three to four weeks. The active immunity produced by vaccination of cultures may be depended upon for about six months.

*Haffkine's prophylactic* consists of a killed culture of the plague bacillus, which is injected subcutaneously. Haffkine used a bouillon culture, six weeks old, grown at 25-30° C. and killed at 65° C., for one hour. One-half of one per cent. of phenol is then added. From 2 to 3.5 c. c. (this was later increased to 20 c. c.) of this vaccine are injected subcutaneously. Ten days later a second injection of a still larger amount is given.

In twelve districts in India 224,228 persons were inoculated with Haffkine's prophylactic. Of these 3,399 took the disease. Of 639,600 not inoculated in the same districts 49,430 were attacked. C. J. Martin concludes that the chances of subsequent infection are reduced four-fifths, and the chances of recovery are 2.5 times as great as in the cases of the non-vaccinated.

The German Plague Commission prepared their prophylactic vaccine from a fresh virulent agar culture, suspending the bacilli in salt solution or bouillon. The organisms are killed at 65° C. for one to two hours, and 0.5 per cent. phenol added. The amount injected represents one agar culture.

Lustig and Galeoti extract the immunizing substance from the bacterial cell (endotoxin) with weak potassium hydroxid. This nucleoprotein is collected and dried, and thus permits of exact dosage. The amount injected is two to three milligrams of the dry extract dissolved in water.

Terni and Bandi recommend the peritoneal exudate of plague-infected guinea-pigs, sterilized fractionally at 50° C., and the addition of 0.5 per cent. of phenol, 0.25 per cent. sodium carbonate, and 0.75 per cent. sodium chlorid.

Shiga prefers a combined active and passive immunity produced with killed cultures and antipest serum, because this mixed immunizing process has the advantage of producing milder reactions.

Kolle and also Strong started out from the principle that a much higher degree of immunity is produced by living microorganisms than dead ones, and recommended the use of live attenuated cultures. Strong has a strain, an entire agar culture of which may be injected into man without harm. In Manila 42 persons were given a preventive inoculation with this culture.

The reactions which follow vaccination with a plague culture,

whether alive or dead, are sometimes marked. The symptoms consist of a rise in temperature to 39° C., malaise, depression, and headache, and swelling and pain at the site of the inoculation. The symptoms usually pass away in 24 to 48 hours.

The production of an active acquired immunity has a distinct practical usefulness in the prevention of the disease, although it cannot take the place of rat and flea eradication. It has been used on a large scale by Haffkine in India, and to a lesser extent by others in many parts of the world during the recent plague pandemic. Those who get plague after Haffkinization usually have a mild form of the disease, which, in the experience in India, rarely results in death. It is of first importance in protecting small communities, on shipboard, in camps and barracks, at quarantine stations, in plague laboratories, among rat brigades, as well as for physicians, nurses, and others who are exposed.

McCoy and Chapin<sup>95</sup> state that there is no evidence indicating that vaccination for plague has ever controlled an outbreak. A community should not be allowed to delude itself into the belief that plague may be controlled in this manner.

*Yersin's serum* is obtained from a horse that has received repeated injections of plague cultures; at first killed plague cultures, afterward living bacilli, are used. At most this antitoxic serum is weak; it has feeble and transient protective properties, and slight if any curative power. Very large quantities must be administered early in the disease to obtain any effect at all.

**Endemic Foci.**—There are four historic endemic foci in which plague has slumbered for ages. One is on the eastern slope of the Himalayas, in the province of Yünnan. The great epidemic in Hongkong in 1894 came from this center. A second endemic focus near, and perhaps connected with the first is on the western slope of the Himalayas. From here the infection was carried to Bombay in 1896, where it still prevails. A third plague focus exists from about the center of Arabia to near Mesopotamia. From here the infection was dragged to Samarkand, the Black Sea, and Persia. The fourth endemic area was discovered by Koch in 1898 in the interior of Africa, near the source of the White Nile in Uganda. We must now add to this a fifth endemic focus, for plague has obtained a foothold in California in the ground squirrels, which will take years of well-directed energy to control. The disease also has gained a foothold in the Gulf States—Louisiana, Texas and Florida; and is endemic in many parts of India, Africa, South America and Asia.

**Management of a Plague Epidemic.**—The handling of a plague epidemic is conducted along two definite lines of activity. One is to find and care for the human cases, the other consists in a warfare against

<sup>95</sup> *U. S. Public Health Rpts.*, Vol. XXXV, No. 28, July 9, 1920, p. 1647.

rats. The organization and general management of a plague campaign do not differ radically from similar work in other epidemics (see page 495). Cases of the disease must be sought for and early diagnosis confirmed; all deaths from no matter what cause must be investigated, and the body examined by an expert before burial is permitted. A bacteriological laboratory is a *sine qua non*. Cases of the disease should be isolated and the usual disinfection of excreta and surroundings exercised. Particular care must be taken that the isolation wards are vermin-free. The place from which the case is removed should be given a preliminary disinfection with sulphur dioxid or other substance that may be depended upon to kill rats and fleas, and a search made in the neighborhood for secondary cases both in man and rodents.

The campaign against the rat is expensive and difficult, but must be vigorously prosecuted to insure success. The rat warfare may be briefly summarized as a simultaneous attack upon the habitation and food supply of the rat; the destruction of rat burrows and nesting places; the separation of the rat from his food supply by concreting and screening such places as stables, warehouses, markets, restaurants, etc.; the prevention of the entry of the rat into human habitations by the use of concrete, wire netting, or other barriers; and the use of poisons, traps, etc. For further consideration concerning rats and their eradication see page 338. All the rats that are caught in traps or found dead are brought to the bacteriological laboratory, where they are examined and careful records kept concerning the species, the location, the place where the rat was caught, the character of the infection, etc. As it is a hopeless task to exterminate rats from a large city, Heiser has proposed a practical plan which proved effective in Manila. A list of the places in which the plague-infected rats were found was made. Each was regarded as a center of infection. Radiating lines, usually five in number, were prolonged from this center, evenly placed like the spokes of a wheel. Rats were caught along these lines and examined. Plague rats were seldom found more than a few blocks away. The furthestmost points at which the infected rats were found were then connected with a line, as is roughly shown in the diagram, Figs. 44 and 45. The place inclosed by the dotted line was regarded as a section of infection. The entire rat-catching force was then concentrated along the border of the infected section, that is, along the dotted line. They then commenced to move toward the center, catching the rats as they closed in. Behind them ratproofing was carried out. One section after another was treated in this way, until they had all been wiped out. Once weekly thereafter rats were caught in the previously infected sections and at other places, especially those which had been infected in years gone by. Since the above system was adopted plague has disappeared in the city of Manila, and at a cost of only a small

fraction of that of a general rat extermination campaign. A campaign along these same general lines has also been successful in New Orleans.

**Quarantine.**—Plague infection is frequently carried overseas in vessels. When this happens it is more apt to be due to the disease in the rat than man. Maritime quarantine, therefore, finds its greatest justification in keeping out plague. To be successful, measures must be directed almost entirely against the rat. Rats may be kept down on board a vessel by the frequent use of sulphur dioxid. All vessels

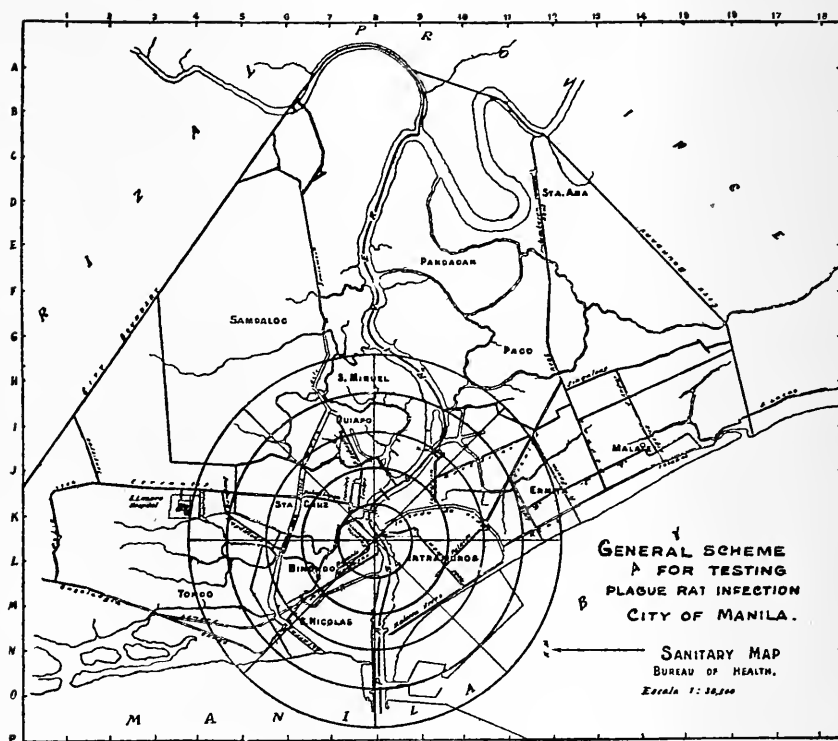


FIG. 44.

trading with a plague-infected port should have each cargo compartment fumigated with this gas, or better, hydrocyanic acid, at least when it is empty, at the port of departure. The vessel must be again fumigated on arrival. Both at the infected port and at the port of arrival, care must be taken to prevent the ingress and egress of rats. The period of detention of the personnel for a plague ship is seven days. For further details concerning quarantine see page 498.

**Prevention—Summary.**—The principles and many of the details for the prevention of plague have been stated in the foregoing pages, and need not be repeated.

Personal prophylaxis consists in avoiding the infected regions and guarding against flea bites. Physicians and nurses should remember that the pneumonic form of the disease is highly "contagious" in the ordinary sense of the term. Attendants and persons who come in contact with such cases may protect themselves with Haffkine's prophylactic. Individual measures to guard against droplet infection, such as the wearing of masks or veils of cheesecloth, may be resorted to. The bubonic and septicemic forms of the disease are not, as a rule, directly

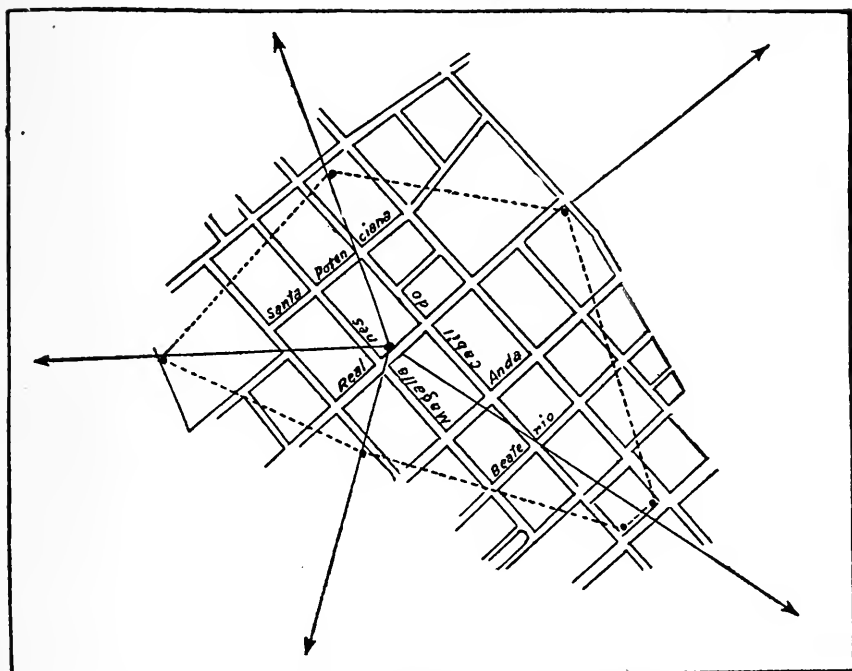


FIG. 45.—ISOLATED PLAGUE-INFESTED CENTER, MANILA, P. I.

communicable, and, therefore, the preventive measures recommended for typhoid fever are effective.

The ordinary germicidal solutions, such as bichlorid of mercury, 1-1,000, carbolic acid, 2½ per cent., formalin, 10 per cent., are effective against the *Bacillus pestis*. Of the gaseous disinfectants, sulphur dioxide is preferred, because it not only kills the frail plague bacillus, but also destroys rats, fleas, etc.

Cases of plague should be isolated in a well-screened room otherwise free of insects. Fabrics and other objects which become contaminated with the discharges should be thoroughly disinfected by proper methods.

It is important to have prompt reports of all cases of suspected

plague, and the diagnosis must be confirmed by bacteriological methods. In all plague centers there should be a special hospital and also a laboratory where diagnostic work may be carried on; this is an essential part of the equipment for a successful campaign. A traveling laboratory organized like a flying squadron for quick service should be provided to furnish this service wherever it may be demanded.

The prevention of plague, after all, is reduced to warfare against rats and fleas. This has been fully discussed. All seaport towns having communication with plague countries should examine rats caught about the wharves and other places for plague. This, in fact, should be one of the routine duties of the port sanitary authorities. Plague may slumber in the rats for years before human cases occur. Other preventive measures are obvious from the nature of the infection and its mode of transmission, or have already been stated in the preceding pages.

Plague quarantine, see page 505.

## TICKS

Ticks belong to the family Ixodidae; quite a number of different species are known to attack man.

Ticks, or wood lice, are not true Insecta, but belong to the acarines which include the mites, and are closely allied to spiders and itchmites (scabies). Ticks have an unsegmented body with eight legs in the adult stage and six legs in the larval stage. In some of their habits they resemble bedbugs. So far as is known, they take no vegetable food, but live on blood. Ticks are ectoparasites of man and many animals. They frequently hang tenaciously to the skin, in which they partly bury themselves. If covered with oil or vaselin, thus closing their breathing pores situated behind the fourth pair of legs, they may be induced to release their hold. If pulled off roughly the head (capitulum) is likely to break off and remain in the skin. Sulphur in some form is useful to destroy ticks in the adult stage. Sulphur ointment is particularly obnoxious to this group of parasites. Arsenic and crude oil also act as poisons to the tick, and may be used by local application. McCormack states that tick bites cause paralysis.

The life cycle of the tick consists of four distinct stages, viz., egg (embryo), larva, nymph, and adult. The eggs are invariably deposited on the ground in large masses. The larvae which emerge from the eggs are minute six-legged creatures. The larvae attach themselves to a suitable host, upon which they feed, then usually drop to the ground and molt, becoming nymphs. The nymphs have eight legs. The nymph waits until it can attach itself to a host, engorges blood, usually drops,



molts its skin, and becomes adult. Ticks take at least two, and sometimes four or five, years to mature. They hibernate during the winter. They prefer shady places, and are destroyed by sunshine; hence, clearing the land and cultivation are good measures of eradication. The life history of the tick differs from the mosquito in that the larval and pupal stages are not aquatic.

It was first shown by Smith and Kilborne that in the case of Texas fever the microörganism within the adult tick passes into the egg and is, therefore, transmitted "hereditarily" to the next generation. The infection of Rocky Mountain spotted fever, of canine piroplasmosis, and probably also that of African tick fever, is also transmitted by the female to the next generation. Tick-borne diseases are not always transmitted in nature in this way. The virus may be transferred directly by the larva, the nymph, or the adult. Thus, some ticks leave their host repeatedly, and the parasites they draw from one animal may be injected into another animal either during the same or at a subsequent stage in the development of the tick.

Ticks upon domestic stock may be controlled by dipping, spraying, or by hand methods. The arsenical dip has practically displaced all others for the destruction of ticks in the various parts of the world. Arsenical solutions containing sodium arsenite in amounts equivalent to about 0.2 per cent. arsenious oxid ( $\text{As}_2\text{O}_3$ ), or less according to the frequency of dipping and other conditions, give the best results in killing ticks without injury to the stock. This strength of arsenic, however, will not kill or prevent egg-laying by all the engorged females. Crude petroleum oils have been used to a considerable extent. They are more expensive than the arsenical dip, and dangerous to cattle under some conditions. Serious losses have followed the use of heavy oils in dry regions, or where it has been necessary to drive the cattle any considerable distance after dipping.

A commonly used formula for arsenical dip is as follows:

Sodium carbonate (sal soda).....	24 lbs.
Arsenic trioxid (white arsenic).....	8 lbs.
Pine tar .....	1 to 2 gals.
Water .....	sufficient to make 500 gals.

The above formula may be used when treatments are given not oftener than every two weeks, but in some tick-borne diseases more frequent dippings are necessary owing to peculiarities in the life histories of the various species of ticks, and weaker solutions, although less effective in destroying ticks, must be used to avoid injury to the cattle.

Sometimes dipping is not practical. Instead of driving cattle considerable distances to dipping vats it will be found sufficient to treat

them thoroughly by hand methods. The procedure consists simply in applying the arsenical mixture liberally by means of rags, mops, or brushes, or by means of spray pumps. Crude oil may be used by hand instead of the arsenical solution.

The following diseases transmitted by ticks will be given brief consideration: Texas fever (*Margaropus annulatus*), South African tick fever (*Ornithodoros savignyi*), Rocky Mountain spotted fever (*Derma-centor venustus*), and relapsing fever (*Ornithodoros moubata*); although it is probable that the latter disease is also transmitted by the *Argas persicus* and perhaps other biting insects.

### TEXAS FEVER

Texas fever or splenetic fever is also known as bovine malaria, tick fever, and hemoglobinuria. The disease does not affect man. It is confined to cattle, and is of very great economic importance. Texas fever is an infection which should be understood by all sanitarians, on account of its scientific and historic importance. The cause of this infection and its mode of transmission were ascertained in 1893 by Smith and Kilborne. The discovery that the tick is the intermediate host of Texas fever opened an entirely new principle in the sanitary sciences.

Texas fever is caused by a protozoön parasite. This parasite was first named *Pyrosoma bigeminum* on account of the twin-like, pear-shaped forms commonly seen in the red corpuscles. This genus was changed by Patton in 1895 to *Piroplasma*. These terms having been preoccupied, the present name of the parasite is *Babesia bigemina*.<sup>96</sup>

The contagium is carried by the cattle tick, *Boöphilus bovis*, now *Margaropus annulatus*. This tick lives upon the skin and feeds upon the infected blood, becomes sexually mature at the last molt; the female drops to the ground and lays about 2,000 eggs; the newly hatched larvae attach themselves to the skin of a fresh host, which they infect. This explains the long extrinsic period of incubation in this disease, 40-60 days, 30 days of which are required for the development of the larvae and the remainder for the development of the parasite within the host.

### ROCKY MOUNTAIN SPOTTED FEVER

Rocky mountain spotted fever is an interesting infection, with a very limited geographic distribution. The symptoms closely resemble those of typhus fever, including an eruption, first macular then petechial. This may go on to gangrene of the skin, due to thrombi of the peripheral vessels. Irritability and hyperesthesia of the skin are common symptoms

<sup>96</sup> These various names are given for the reason that they are all found in the literature.

and are due to infiltration of the peripheral nerves. There is no leukocytosis, but an increased number of mononuclear cells.

The disease is very mild in Idaho and very virulent in Montana, which has a case fatality as high as 90 per cent. About 500 cases occur in the United States a year. The disease prevails especially in the spring.

Rocky Mountain spotted fever may be distinguished from typhus fever in the guinea-pig:—After intraperitoneal injection of infected blood, the period of incubation in Rocky Mountain spotted fever is 3 days, while in typhus it is 9 to 11 days; typhus does not show the scrotal and foot lesions of Rocky Mountain spotted fever; the virus of typhus is much less virulent for guinea-pigs; there is no cross immunity:—the two diseases are therefore distinct.



FIG. 46.—THE TEXAS FEVER TICK (*Margaropus annulatus*).

Rocky Mountain spotted fever is widely spread over seven states in the Rocky Mountain region; namely, Colorado, Idaho, Montana, Nevada, Utah, Oregon, and Wyoming, and is also found in California, South Dakota, Washington and British Columbia. The disease has been studied especially in the Bitter Root Valley of Montana, where it is limited to the western slope.

Wilson and Chowning first suggested that the tick acts as the carrier of Rocky Mountain spotted fever. This was proved by Ricketts in 1906, who showed that the particular tick is *Dermacentor andersoni*,<sup>97</sup> *Dermacentor modestus* and *Dermacentor marginatus* also transmit the infection. The infection may be transmitted by the larva, the nymph, and both the adult male and female ticks. The disease is transmitted to susceptible small animals by the larvae and nymphs; but the mouth parts of these immature forms are probably not strong enough to feed on man and other large animals, which are infected by the adult ticks. The infection is also transmitted "hereditarily" through the ticks to their larvae. The disease has been transmitted from man to monkey

<sup>97</sup> Also called *D. occidentalis* and *D. venustus*.

and the guinea-pig, and also from monkey to monkey and from guinea-pig to guinea-pig. Rabbits, ground squirrels, woodchucks, and other animals are susceptible.

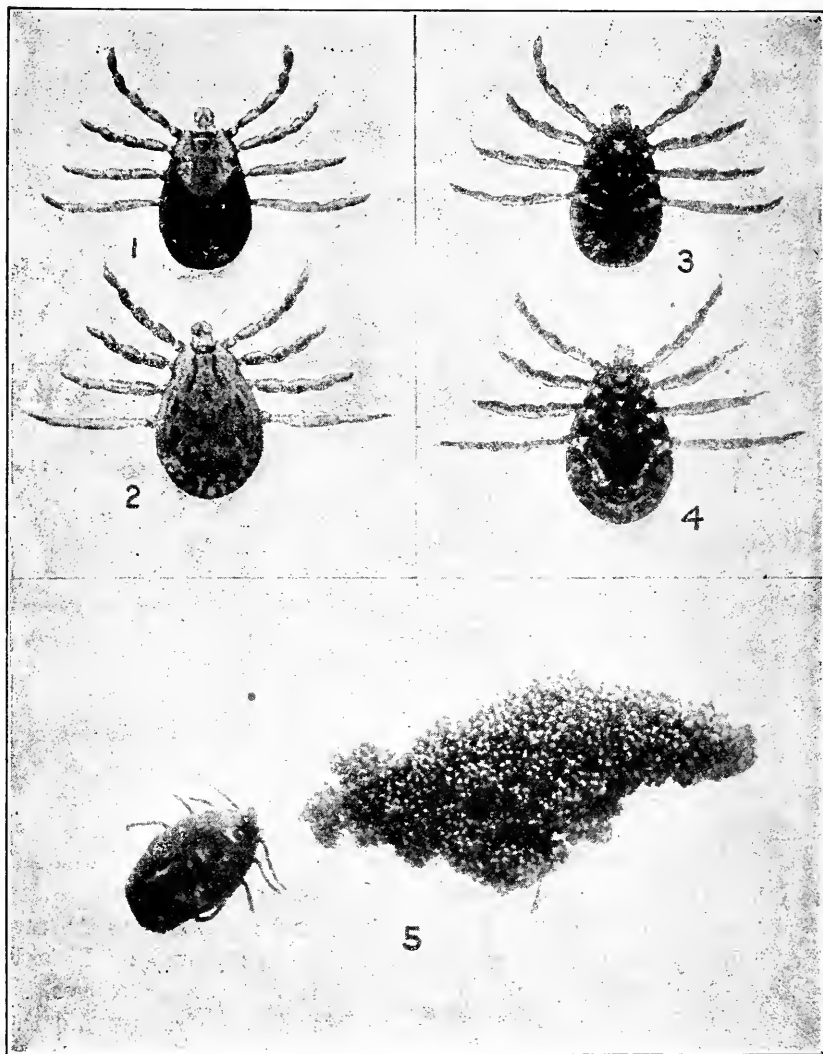


FIG. 47.—ROCKY MOUNTAIN SPOTTED FEVER TICK. (*Dermacentor venustus*).

1, Adult female, unengorged, dorsal view; 2, Adult male, dorsal view; 3, Adult female, unengorged, ventral view; 4, Adult male, ventral view; 5, Adult female in act of depositing eggs.

Infected ticks have actually been found in nature. Ricketts found one out of 296; Maver, 2 out of 402; and McClintic, 6 out of 1,037. The ticks were collected from known infected districts and fed on

guinea-pigs in groups. McClinton died of Rocky Mountain spotted fever while studying the disease.

Mayer<sup>98</sup> has proved by experiment that different species of ticks collected from various regions [*Dermacentor marginatus* (Utah), *Amblyomma americanus* Linnaeus (Missouri), and *Dermacentor variabilis* (Mass.)] are able to transmit the virus of Rocky Mountain spotted fever. The inference is that the disease may find favorable conditions for its existence in localities other than those to which it is now limited.

One attack of the disease establishes a very high degree of immunity. No authentic case of a subsequent attack in man is known, and laboratory animals have always been found completely immune after a primary infection. The blood serum of recovered cases contains protective properties of a rather high degree for guinea-pigs (King). The virus is not filterable through a Berkefeld filter.

Ricketts found "bodies" in the blood of human and experimental cases and also in the tissues and eggs of infected ticks. These observations have been confirmed by Wolbach,<sup>99</sup> who finds bacillus-like bodies in the lesions of Rocky Mountain spotted fever. The characteristic form is a short rod, in pairs and clusters, growing in great numbers in the lesions of the blood vessels, testicle, skin, and subcutaneous tissues. Wolbach later identified these bodies as *Rickettsia*, which are described on page 372.

This organism has not been grown in artificial culture media. It invades all the tissues of the tick, even the ova and the spermatozoa, which accounts for "hereditary" transmission of the infection. In man these Rickettsia bodies are mainly localized in the smaller peripheral blood vessels, causing proliferating endarteritis.

The prevention of Rocky Mountain spotted fever is directed entirely against the tick. Ticks are to be avoided in the infected region. If it is necessary to work in the fields and woods and about animals where these ticks abound, the bites should at once be cauterized with strong carbolic acid. In endemic regions the entire body and clothing should be examined twice daily for ticks.

The ultimate control of Rocky Mountain spotted fever depends upon the suppression of the *Dermacentor andersoni* and related ticks in infected areas. This, perhaps, is not so hopeless a task as may at first seem likely.<sup>100</sup> Henshaw and Birdseye<sup>101</sup> found ticks either in the immature or adult stage upon twenty species of five hundred mammals

<sup>98</sup> *Jour. Infect. Dis.*, April 12, 1911.

<sup>99</sup> *Journal of Medical Research*, March, 1916, Vol. XXXIV, 1, pp. 121-126, and XLI, 1, Nov., 1919.

<sup>100</sup> Fortunately the *Dermacentor andersoni* is the only tick in the endemic region which attacks man.

<sup>101</sup> U. S. Dept. of Agr., Bureau of Biol. Survey, *Cir.* 82.

examined in and around Bitter Root Valley. The mammalian hosts of fever ticks fall naturally into two groups: those that harbor chiefly adult ticks and those that harbor the younger stages. In the former class belong mountain goats, bears, coyotes, badgers, woodchucks, and possibly elk, deer, mountain sheep, rabbits, and domestic stock, such as horses, cattle, and sheep. Those of the second class harboring the nymphs and larvae are mainly rodents and comprise ground squirrels, woodchucks, chipmunks, pine squirrels, mice, and wood rats. These smaller animals are too agile to permit the adult ticks to remain upon them.

Unquestionably the great bulk of fever ticks (*Dermacentor andersoni*) which become engorged in the Bitter Root Valley do so on domestic stock—horses, cattle, sheep, and sometimes dogs. They obtain the ticks from the pastures and other uncultivated land infested by wild animals. It is obvious, therefore, that, if the domestic animals in the valley are rendered tick-free by dipping, spraying, or by some other equally effective method, the chances of the infection of human beings will be vastly lessened.

The measures proposed for the eradication of the tick are as follows: Clearing and cultivation of tillable land; burning over of foothills and "slashings"; killing of small wild mammals; dipping of domestic animals in arsenical dip; spraying and removing ticks by hand from domestic animals. Each one of these measures has a rational basis in the bionomics of the tick *Dermacentor*, but although all of these methods have been attempted on the west side of the Bitter Root Valley for three years or more they have not greatly diminished the number of ticks to be found nor the number of deaths from spotted fever. The extent and inaccessibility of the infested territory, and the consequent expense have rendered the problem difficult. Fricks<sup>102</sup> recommends sheep grazing to diminish the number of ticks, for the reason that ticks die upon sheep, and many of the engorged females are not fertilized on account of the difficulty experienced by the males in propelling themselves through the thick wool in search of the females.

McClintic infected Rhesus monkeys and guinea-pigs with spotted fever and treated them with the following drugs: salvarsan, sodium cacodylate, and urotropin. The results obtained, however, do not indicate that any of these drugs possess any value whatever either as a prophylactic or in the treatment of spotted fever, but, on the contrary, their administration seems on the whole rather to intensify the severity of the disease in the animals compared with the course of the disease in the controls.<sup>103</sup>

<sup>102</sup> Hunter, W. D., and Bishopp, F. C.: "The Rocky Mountain Spotted Fever Tick," *Bureau of Entomology Bull. No. 105*, U. S. Dept. of Agr.

<sup>103</sup> *U. S. Pub. Health Reports*, Vol. XXVII, No. 20, May 17, 1912, and XXVII, No. 32, Aug. 8, 1913, p. 1647.

## JAPANESE RIVER FEVER

Japanese river fever occurs along the river bottoms with a preference for sandy soil. Clinically, it resembles typhus fever. It is transmitted by a small mite (*Leptus akamushi*) which lives upon field mice. The field mouse is the reservoir of the infection. The disease also occurs in Sumatra and Formosa and probably in China. It is also known as tsutsugamushi disease.

## RELAPSING FEVERS

Relapsing fever, also called famine fever, tick fever, and seven-day fever, is found upon all the five continents of the globe. Epidemics of this disease have been reported, especially from Ireland and Russia. The infection prevails in India, where Vandyke Carter of Bombay made his classic investigations. Relapsing fever was epidemic in New York and Philadelphia in 1869. It has not reappeared in epidemic form, but cases occasionally occur in various parts of the United States. The disease has receded from civilization where sanitation is practical and hygiene is observed.

The term "relapsing fever" includes a group of tropical, febrile infections caused by different, but very closely allied, spirochetes—*spirochaudinniae*. The European relapsing fever is caused by *S. recurrentis* and transmitted by bedbugs and lice. The relapsing fevers of East and West Africa are caused by *S. duttoni* and transmitted by the tick (*Ornithodoros moubata*). The North African, or Algerian relapsing fever is caused by *S. berbera* and is transmitted by lice (*Pediculus vestimenti* and *Pediculus capitis*). The relapsing fever of Asia and India is caused by *S. carteri* and is transmitted by lice. These various spirochetes resemble each other morphologically, but show a difference in pathogenicity to laboratory animals and are further distinguished from each other by specific agglutinins.

Relapsing fever is characterized by sudden onset, intense frontal headache and pains of back and limbs. The fever continues from three to five days and falls by crisis. The temperature remains normal for about a week, when the fever repeats itself. There may be four or five such relapses, sometimes ten. The spirochetes are found in the peripheral blood only during the febrile period.

Obermeier in 1868 discovered the "spirillum" in the blood—*Spirillum*<sup>104</sup> *obermeieri*. Carter and Koch in 1878 showed that the infection may be transferred to apes by the inoculation of the blood of a patient. Münch and Moczutkowski transferred the disease by the inoculation of relapsing fever blood to healthy individuals. Koch and also Dutton and

<sup>104</sup> *Spirillum* was changed to *spirochaeta* and then to *spirochaudinni*.

Todd succeeded in demonstrating that the spirochetes of African relapsing fever multiplied in the tick (*Ornithodoros moubata*), and that the bite of this tick may convey the disease to healthy men. The spirochetes are found in the coxal glands and in the feces of the tick, which is rubbed into the wound made by the tick bite. Other insects, as bedbugs, fleas, biting flies, and lice, may convey the infection. Lice do not infect by biting, but when the insects are crushed and rubbed into a scratched surface of the skin.

Leishman<sup>105</sup> has demonstrated that the *Spirochaeta duttoni* may be transmitted "hereditarily" in the tick. He has obtained positive results in the second generation, the bites of which were infective for mice and monkeys. Attempts to carry the infection to the third generation in the tick have so far failed. Leishman considers the hereditary transmission of the infection as biological evidence that the spirochetes belong to the protozoa rather than the bacteria.

Schuberg and Manteufe<sup>106</sup> found that a temperature of 22° C. is not favorable for the spirochete in the *Ornithodoros moubata*. This was shown by experiments upon rats in which the infection through the bite of the tick disappeared more quickly at 22° C. than at higher temperatures.

One attack protects against subsequent attacks. Second attacks occur among negroes in Africa after years but are very light. The only susceptible animals are man, the apes, mice, and rats.

The prevention of relapsing fever is based upon sanitation of the environment and personal and domestic cleanliness and the avoidance of tick and other bug bites. Personal prophylaxis depends upon keeping aloof from vermin-infested places, especially where the disease prevails. Manson suggests that a mosquito net, a vermin-free bed well off the ground, and a night light are indispensable in Africa, where the nocturnal habits of the *Ornithodoros moubata* render the hours of sleep especially dangerous. This tick has habits somewhat similar to those of a bedbug, and lives in cracks of the walls and floors of the native huts. Salvarsan is a specific remedy.

## LICE

Lice are degraded, wingless insects, and are divided into two groups according to their method of feeding. The *Mallophaga* included biting lice, like the bird lice which feed on the hair and feathers of animals, but do not suck blood. As far as is known, these lice do not transmit disease. The *Anoplura*, or sucking lice, feed upon blood, and is the group concerned in the transmission of disease. Lice do not travel much,

<sup>105</sup> *Lancet*, Jan. 1, 1910, Vol. I, p. 11.

<sup>106</sup> *Zeitschr. f. Immunitätsforschung*, Orig. Bd. 4, 1910, p. 512.



and keep fairly close to one host, so they are not as dangerous as some more active parasites.

Human lice belong to three species: *Pediculus capitis*, head lice; *Pediculus vestimenti* or *corporis*, clothes or body lice; *Phthirus pubis*, pubic or crab lice. Nuttall<sup>107</sup> and Bacot<sup>108</sup> regard the head louse and clothes louse as races of the same species, and so Nuttall united them under the title *Pediculus humanus*, designating the head louse as *capitis* and the clothes louse as *corporis*.

*Pediculus corporis* is often called the "body louse" or "clothes louse," or the "grayback" of Civil War days, or "cootie" in the World War. This louse, also known as *Pediculus vestimenti*, is a parasite which depends upon human blood for sustenance and man's body and clothing for prolonged life and reproduction. The size varies with its maturity; a newly hatched louse is about the size of a pin head, while a full grown, well fed louse is about one-sixth of an inch in length. The louse has a smooth, hard, chitinous covering, which is impenetrable to most chemicals.

The body is divided into head, thorax and abdomen. At the sides of the head are two antennae, the mouth has a long sharp stylet or stabber which is used for puncturing the skin. This stylet consists of three parts which are so formed as to make a hollow tube through which the blood flows. Attached to the thorax are six legs which are joined, and at each end is a single large claw. The abdomen is divided into six or eight segments. The terminal one is indented in the female and rounded in the male. The abdomen of the female is broader than that of the male. There is some evidence that there are more females than males. Both sexes bite and convey disease.

The life histories of *Pediculus capitis*, *P. corporis*, and *Phthirus pubis* are similar, in that the insects, after emerging from the egg, undergo three molts before attaining sexual maturity.

The eggs or nits are laid on fibers of clothing or body hair. They prefer to lay eggs on rough material such as felt, wool or flannel, but will deposit eggs on silk. The eggs are ovoid, about 1/25 of an inch long, with a granulated cap or operculum; they are firmly cemented to the hair. The freshly laid egg is almost transparent, but as the embryo develops it assumes a yellowish color. The empty shell is hard and remains attached after the louse has emerged. The shell and the cement is resistant to chemicals, no solution will remove it without first destroying the hair or fiber to which it is attached. At the temperature which ordinarily exists between the skin and the clothing, the eggs hatch in from seven to ten days, but if kept in a cooler atmosphere, the incubation period is lengthened. The first molt occurs after two days; the second,

<sup>107</sup> *Parasitology*, IX, 293; X, No. 1; X, No. 4; X, 375-382; X, 383.

<sup>108</sup> *Brit. Med. Jour.*, 1, 788-9, June 3, 1916.

two days later; and the third, after three days. A complete cycle from egg to egg takes about sixteen days.

Oviposition in *Pediculus humanus* commences twenty-four to thirty-six hours after the emergence of the female from the third larval skin. The number of eggs laid depends upon the food supply and the temperature at which the female is maintained. Under optimum natural conditions, three hundred eggs represent the normal number which a female is capable of laying. Bacot<sup>109</sup> states that a female louse under ideal conditions might have four thousand offspring during her lifetime. The average life of a louse is from thirty-five to forty days, probably a little less for the males. Development of eggs is eight days at 32° C., which is the optimum temperature. This period may be lengthened or shortened by varying the temperature. Therefore, persons who remove their clothing at night will become less heavily infested than those who wear their clothing continuously. The periodic cooling of the clothing and contained lice leads to their progeny being materially reduced.

Lice feed immediately after emerging from the egg. A young louse will die within twenty-four hours if no food is obtainable, while a well fed louse can live ten days away from its host. Lice feed many times during the day. They feed most frequently at night when the host is at rest. When lice become ravenous with hunger they feed to excess and may rupture their intestinal canal. The louse depends upon the salivary secretion to dilate the capillaries so that blood flows freely. While feeding, the insect passes excreta, which contains a large proportion of undigested red blood cells.

Vermin infestation is spread either by contact with infested persons themselves, their clothing or their personal effects. One vermin-infested man may spread lice to many of his associates. The soldiers abroad believed that trenches and dugouts were "lousy" and that they obtained their infestation from them. This was not exactly true, for the infestation was obtained owing to the overcrowding in these places. Lice desert their host when the person has fever or dies.<sup>110</sup> In the first instance the excessive heat drives them off, and in the latter the lack of food supply. Lice may be dislodged by brushing and so fall to the ground. It has been found that lice buried at a depth of four inches will crawl to the surface. They may be blown by wind. Lice are ordinarily not found in bedding and blankets unless recently occupied by vermin infested individuals.

Lice are most often found in those parts of the garment which are in closest contact with the body, such as the fork of the trousers, waistline, armpits and neck. They are found in the inner as well as

<sup>109</sup> *Parasitology*, IX, 228-258, Feb. 26, 1917. *Proc. Royal Soc. Med.*, London, X, 61-94, June, 1917.

<sup>110</sup> Observed by Plotz during typhus fever epidemic in Serbia and Bulgaria, 1915-16.

the outer garments. Lice may be found on any garment or article worn by an infested man. In conducting inspections for lousiness, it is important to remember this, and to bear in mind that the body louse may lay its eggs on the hair of the head as well as any other hairy part of the body. This is of importance, and neglect of it leads to unsatisfactory results. The delousing of clothing alone is not sufficient.

*Pediculus capitis*, or the head louse, is perhaps the commonest variety of louse in civil life. Sobel<sup>111</sup> states that about twenty-two per cent. of the school children in New York are infested, some 150,000 to 185,000 cases being reported during the years 1909 to 1912. *P. capitis* shows no material difference in its biology from the *P. corporis*. It lays fewer eggs and is perhaps shorter lived. It is found mostly in children, especially in girls on account of their long hair, and in old people. It is fond of the temporal and occipital regions. Although the hairy head is the common habitat, still it may be found on other parts of the body, in which case it would be difficult to say whether it was *corporis* or *capitis*. This insect is spread by contact such as occurs in schools, and by brushes and hats. The common clothes-hook in school houses may be a method of transfer. If hair is worn short infestation rarely occurs. It has been reported by Goldberger<sup>112</sup> that the head louse may transfer typhus fever.

An effective treatment is to anoint the head with a mixture of equal parts of kerosene and vinegar or kerosene and olive oil; head to be wrapped in a towel over night and shampooed in the morning. Repetition of this procedure may be necessary. Combing with a fine warm comb will remove the nits. In males the hair should be cut (see page 1347).

*Phthirus pubis*, crab louse.—This insect looks unlike *Pediculi* and closely resembles a crab. It is about one-sixteenth of an inch long. It is usually found in the pubic and perianal region, but may be found over the abdomen and chest, axillae and down over the thighs. Crab lice have been found in the eyebrows. The nit is laid near the base of the hair. *Phthirus* feeds almost continuously, and hence dies rapidly when removed. A female lays about twenty-five eggs in her lifetime. Eggs hatch in about seven days. Development is the same as *Pediculus*. This insect is transmitted mainly by contact in lodging houses, houses of prostitution, bath tubs, and from toilet seats. It has not been known to transmit disease. Treatment consists in shaving. If skin irritation is present apply some bland ointment. The use of blue ointment may cause skin irritation and therefore should not be so commonly employed.

**Lice Bites and Transmission of Disease.**—Lice most likely transmit disease by way of the excreta, the virus gaining entrance through the

<sup>111</sup> N. Y. Med. Journ., XCVIII, 656-664, Oct. 4, 1913.

<sup>112</sup> Public Health Reports, XXVII, 297-307, 1912.

punctured wound made by the louse while feeding, or scratched in by the individual. Mueller and Urizio<sup>113</sup> were able to transmit typhus fever even without the bite of the insect. Mueller himself contracted typhus fever as the result of an accident, in which an emulsion of lice feces spilled on his hands. The period of incubation was 17 days.

The effects of the presence of lice upon men differ according to individual susceptibility. Persons who are constantly vermin infested are immunized against the salivary secretion, and the local reaction of the bites is very slight. Sometimes only a slight puncture wound is discernible. In persons who have never been lousy before, the local reaction is intense and indicated by an urticarial wheal or hemorrhagic spot. Lice bites in themselves may cause a mild febrile reaction and a generalized eruption resembling measles.<sup>114</sup>

**Delousing.**—The best delousing methods should not only destroy lice and their eggs, but also the viruses transmitted by the insect. Fortunately, the viruses of relapsing fever, typhus fever and trench fever are comparatively frail; they are destroyed at 70° C. moist heat for 30 minutes. Lice and nits are killed at this temperature; also at 55° C. dry heat in 5 minutes. It is a comparatively simple matter to kill lice and their nits—only the administrative aspect of the problem presents any real difficulty. The most frequently used methods are heat, chemicals or storage.

*Heat.*—Dry heat is convenient, but not effective in large scale operations because it lacks the power of penetration. Dry heat has the advantage in the case of leather material and rubber goods, which may be thus disinfested without injury. Shoes are rarely infested; in fact, leather and rubber articles as a rule need not be treated except in the presence of heavy infestations or an epidemic. Steam penetrates better, is quicker, surer; and it also disinfects.

Heat may be applied in a great variety of ways:—boiling water, Serbian barrel, steam, flat iron, hot oven, hot air boxes or huts, steam disinfectors.

The *flat iron* was employed in some armies. The method is effective, but impracticable on a large scale as it is time-consuming. If used in connection with a delousing plant, the number of ironers would have to equal the number of bathers so that the clothes would be ready for the men when they came out of the bath. It takes about 15 minutes to iron a uniform and underclothes.

*Hot ovens* have been used. This method may be applied on a small scale. Care must be observed not to scorch the clothing. A very effective hot air method is the hot air hut, described by Captain Orr of the

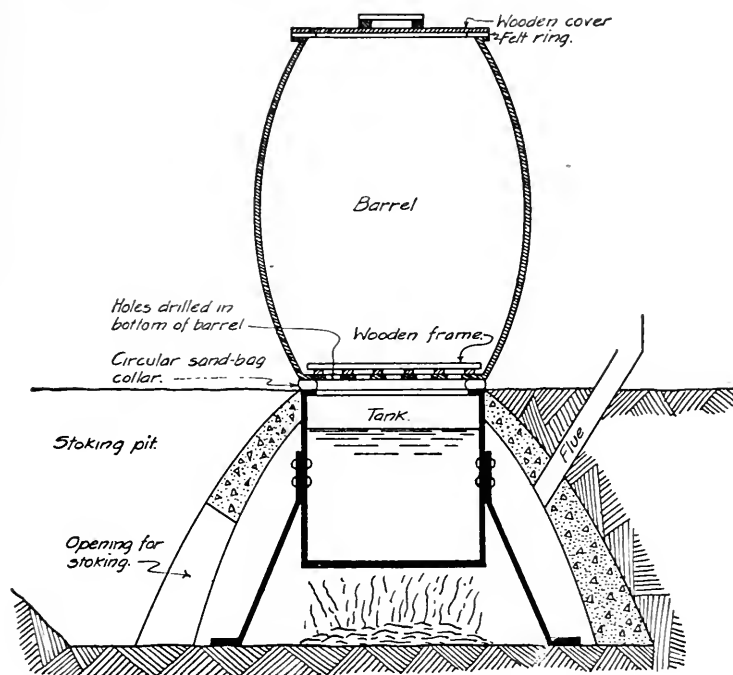
<sup>113</sup> *Riforma Medica*, Aug. 30, 1919, XXXV, No. 35, p. 734.

<sup>114</sup> Hirschfelder and Moore: *Arch. Int. Med.*, Apr. 5, 1919, XXIV, No. 4, p. 419.

<sup>115</sup> *Parasitology*, Vol. X, No. 4, p. 441, May, 1918.

Canadian Army.<sup>115</sup> The penetration with dry heat is not as complete as when using steam. Stagnant hot air is less effective than circulating hot air. In the front area, in dugouts and trenches, the hot box<sup>116</sup> may be used. This box is based on the principle of the fireless cooker, and used by heating a piece of metal, and placing the clothing, which is protected from coming in contact with the metal, over it. The temperature obtained is sufficient to destroy lice and eggs.

*Hot water.*—Lice and eggs immersed in water at 70° C. for 30



SERBIAN BARREL

FIG. 48.

minutes are killed with certainty—this method is not practical on a large scale.

The *Serbian barrel* is one of the best improvised methods for de-lousing with steam. It was used during the typhus campaign in Serbia and Bulgaria. It consists of a large barrel, the bottom of which is freely perforated, while the top is removed and replaced by a weighted lid. At the lower end is a sand bag collar to prevent the escape of steam, which enters the barrel from a metal boiler upon which it rests. both barrel and boiler being imbedded at their junction in the brick work forming the furnace. The furnace may be made long and narrow,

<sup>115</sup> Devised by Harry Plotz, War Department.

with a chimney at one end, and the boilers and barrels placed in series. It is important that steam be generated rapidly. The clothing to be deloused is placed in at the top and the lid placed on tightly. After the steam is generated, the clothing remains in the barrel for one hour.

All clothing, except leather material, rubber and celluloid, may be handled in this manner. There are various other improvised methods for obtaining steam such as boxes and huts.

*Steam Disinfectors.*—The large commercial steam disinfectors are the best and quickest way of delousing large quantities of clothing. With the aid of the vacuum, penetration is sure and the materials are both disinfested and disinfected. Steam may also be used in improvised methods in a freight car, obtaining the steam from the locomotive; or in the compartments of a ship.

The *steam laundry* is a good delousing apparatus, provided live steam is run into the wash wheel. It takes about 15 minutes to insure a proper temperature.

Clothing can be freed of lice by *storage*. Sufficient length of time must elapse for the adult lice to die and nits to hatch. Nuttall<sup>117</sup> advises clothing stored in a dry temperature for two to three weeks. Since hatching has been delayed thirty-five days by low temperature, it would be safe to allow thirty to forty days during cool weather.

*Chemicals* are used for two purposes; to destroy lice and nits on clothing and hair, or to repel them. Numerous licides have been recommended, but experience has shown most of them to be worthless; they may destroy lice, but rarely do they destroy nits.

The most effective insecticides for louse control are kerosene, naphthalene, carbonbisulphid and lysol. The English employed the N. C. I. powder with some success. This consists of

Naphthalene .....	96 per cent.
Creosote .....	2 per cent.
Iodoform .....	2 per cent.

The commercial naphthalene is the best. This powder acts as a repellent; therefore it should be dusted into the clothing frequently—every three days. The best results are obtained by dusting the seams of the clothing freely and then rolling in a blanket. Care must be exercised in using the powder in the fork of the trousers, as it may cause smarting. Some observers have had just as good results with crude naphthalene. A powder consisting of talc, 20 gms., creosote, 1 c. c., sulphur, 0.5 gms., has been suggested by Moore,<sup>118</sup> and is supposed to be effective. It causes less irritation to the skin than the N. C. I. powder.

<sup>117</sup> *Parasitology*, IX, pp. 293-294; X, No. 1, Nov., 1917; X, No. 4, May, 1918; X, pp. 375-382; X, pp. 383-405.

<sup>118</sup> *Journ. Lab. and Clin. Med.*, III, 1917-18, p. 261.

In conjunction with the N. C. I. powder, the English use a mixture known as Vermijelli, which consists of:

Crude mineral oil.....	5½ pints.
Soft soap .....	3 lbs.
Water .....	About ½ pint.

This is smeared in the interior seams of the clothing. Impregnation of underclothing with various chemicals has given unsatisfactory results. Sachets are only effective for a short time.

Various *fumigation methods* have been recommended, but experience has shown that most of the gases do not destroy nits. The value of sulphur and formaldehyd has been overestimated. Nits are not destroyed. The use of hydrocyanic acid gas has been recommended, and it was found that 3 ounces to 3½ ounces per 100 cubic feet would be sufficient to kill adult lice and to prevent eggs from hatching, when the surface of the clothes are freely exposed to the fumes for one-half hour. When clothes are tightly packed in trunks, 6 ounces per 100 cubic feet with 25 inch vacuum should be used for two hours in special apparatus. As this gas is very dangerous, it should not be employed in camps. It does not destroy bacteria. Chlorpicrin has been recommended by Moore,<sup>119</sup> who states that it penetrates clothing and is said to kill lice and eggs. He uses 4 c. c. to 1 cubic foot for 30 minutes.

**Lice as a Military Problem.**—The control of vermin infestation and louse-borne diseases was one of the important sanitary and medical problems of the World War. As an army problem, the unprecedented scale of the war, combined with the conditions under which it was fought, led to a prevalence of lice among soldiers that has never been equaled before. No army was spared from widespread vermin infestation, and diseases transmitted by this pest. The louse not only transmits typhus fever, trench fever and relapsing fever, but its presence disturbs the morale of the soldier by causing irritation of the skin and scratching, often followed by infection, loss of sleep and impaired efficiency. The loss of life from typhus fever in Serbia and Roumania was enormous, and the non-effective rate from trench fever was so high as to cause serious concern.

Vermin infestation in our army was prevalent. It is said that practically every man that reached the front area became infested. Any large assemblage of soldiers is likely to contain a few verminous individuals, who are primarily the cause of the trouble, which is greatly aggravated by the crowding and camp conditions.

The method of excluding vermin infestation and louse-borne disease by returning troops was handled in the following manner:<sup>120</sup> All

<sup>119</sup> *Journ. Lab. and Clin. Med.*, III, 1917-18, p. 261.

<sup>120</sup> War Department Order.

troops were detained for two weeks at foreign ports before boarding a transport, during which time contagious disease was isolated and delousing was practiced. All troops were again examined on transports as soon after departure as possible, and reëxamined again after six days. During the intervening time, each soldier was instructed to examine his clothing daily for vermin. On arrival in the United States, civilians were carefully kept from coming in contact with soldiers. All soldiers were sent to the nearest camp, where delousing was again practiced. An area was set aside for the receipt of "unclean" troops, and following delousing they were placed in a clean area. Up to July, 1919, about 2,000,000 troops were returned to the United States, and not a single case of a louse-borne disease was introduced into this country, and vermin infestation was not carried into civil communities by demobilized soldiers.

The delousing plant <sup>120a</sup> devised by Major Harry Plotz is shown in Figure 49. It can handle 200 soldiers and their equipment an hour. The U. S. Public Health Service also has efficient plants at its maritime quarantine stations, and traveling railroad equipment for work on the Mexican border.

### TYPHUS FEVER

(*Typhus Exanthematicus*)

Typhus fever was formerly confused with typhoid fever. Louis in 1829 named typhoid fever, but it remained for one of his pupils, Gerhard, clearly to lay down the difference between the two diseases. Previous to that time, typhus fever was prominent and prevailing, while typhoid fever was unknown as such and probably did not occur in great epidemics. Up to the time of the World War, the situation was reversed; typhoid fever had become pandemic, while typhus fever had receded with civilization and improvements in sanitation. Since the beginning of the World War, epidemics of typhus fever have occurred in Serbia, Bulgaria, Turkey, Russia, Poland, Germany and Mexico. The history of this disease has been repeated again. War followed by poverty and distress associated with vermin infestation favors the spread of typhus fever.

Typhus fever is a disease of cool and temperate climate, and is found in Europe, Asia, Africa and America, the most common foci being Russia and the Balkans, Ireland, Poland, Galicia, Spain, Italy and Mexico. In ten years, 1871-80, in Ireland 7,495 deaths were reported from typhus fever; in three years, 1909-11, the number had fallen to 143. It is reported that Serbia lost 150,000 people from this disease alone, during the winter of 1915-16.

<sup>120a</sup> The details of construction and operation are described in *J. A. M. A.*, Feb. 1, 1919, Vol. LXXII, p. 324.



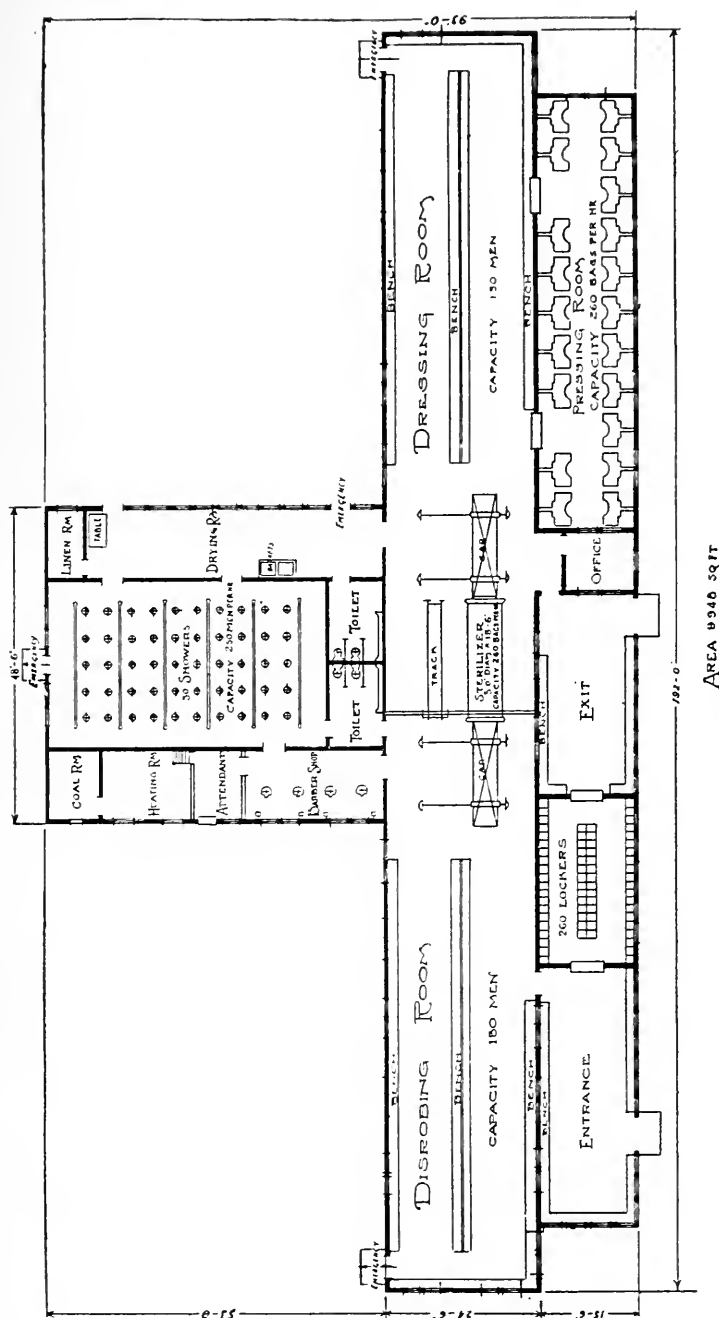


FIG. 49.—DELOUSING PLANT.

Typhus fever prevailed in epidemic form in the United States in New York in 1881-1882, and again in 1892-1893, and in Philadelphia in 1883. Since then, except for a few sporadic cases at our seaports, the disease has been thought to be non-existent in the United States. However, Anderson and Goldberger have shown the close relationship between the symptom complex known as "Brill's Disease" and typhus fever, and believe that European typhus fever and the typhus fever or "tabardillo" of Mexico are the same disease. It is now evident that typhus fever has been smoldering in New York a great many years, certainly since 1896, when Brill first observed the cases which he described. The disease in New York is generally mild. It is believed that some cases are not diagnosed; therefore, we face a new sanitary problem in this country. Typhus fever in virulent form is now (1921) being reintroduced into the United States with the tide of immigration from epidemic centers.

Typhus fever, when prevalent in epidemic form, has been said by the older writers to be one of the most highly contagious of febrile diseases; doctors and nurses and others in close contact with the disease being almost invariably stricken. Typhus fever claims more victims in the medical profession than any other epidemic disease. The loss of life of physicians in Serbia and Bulgaria was particularly high. The sad case of Ricketts, who lost his life in endeavoring to unravel this pathologic puzzle in Mexico, is still fresh in our minds. Others who have sacrificed their lives in studying this disease are Donnelly and Macgruder in Serbia, Husk in Mexico, and Jochmann and Prowazek in Germany.

The period of incubation is from five to twenty days, with an average of twelve. Typhus epidemics prevail during cold weather—the disease dies down in summer, probably due to the fact that heat renders lice sluggish. One attack confers a very definite immunity, second attacks being very unusual.

**Etiology—Rickettsia.**—*Rickettsia* are small, bacteria-like bodies, probably belonging to the protozoa. They stain with difficulty; best with Geimsa or one of the modifications of Romanowski's stain. *Rickettsia* occur in pairs and clusters within the cells in typhus and Rocky Mountain spotted fever and without the cells in trench fever. They are small—a pair measures about one micron long. They do not grow in artificial culture media. They are frail and easily killed. *Rickettsia* appear to be a group of microorganisms especially adapted to insect life. Some representatives of the group are pathogenic for man and animals.

*Rickettsia prowazeki* is now believed to be the cause of typhus fever. It was named by da Rocha Lima <sup>121</sup> in memory of Ricketts and Prowa-

<sup>121</sup> *Deutsch. med. Woch.*, July 3, 1919, p. 732.

zek, both of whom succumbed to typhus while investigating the disease.

*Rickettsia prowazeki* found in typhus fever and Rocky Mountain spotted fever differs from *Rickettsia pediculi*, associated with trench fever, in that the former is found especially in the epithelial cells of the alimentary canal of the louse, while the latter occurs only in the lumen of the alimentary canal, and not in the cells of the louse.

Wolbach<sup>122</sup> states that the pathology of typhus fever consists largely of lesions of the blood vessels. There is disintegration of the endothelium and proliferation causing thrombi and hemorrhages, also perivascular infiltration with cells. These lesions in the brain account for the delirium and other mental symptoms which are prominent in typhus fever. Similar lesions of the blood vessels of the skin produce the macular and hemorrhagic eruption. The thrombi give rise to gangrene which is often symmetrical.

**The Weil-Felix Reaction.**—The blood of typhus fever patients agglutinates a proteus-like organism, and this reaction is specific and diagnostic, despite the fact that the proteus-like bacillus is not the cause of typhus fever.<sup>123</sup> This reaction appears to be due to the fact that typhus fever blood contains non-specific agglutinins, for it will not only actively clump the proteus-like bacilli, but also typhoid, dysentery and many other bacilli.

The disease may be transmitted by blood inoculations to man, chimpanzees, lower monkeys and guinea-pigs. The reaction in animals is quite typical, characterized by an incubation period which varies from 7 to 10 days in guinea-pigs, and rise of temperature from 7 to 11 days, usually ending by crisis. An animal that has gone through such a reaction is immune. A large percentage of guinea-pigs is immune to the first blood inoculation and many are naturally immune. The virus as it exists in the circulating blood does not pass through a Berkefeld filter. It is not killed by freezing for 8 days, but is deprived of virulence by heating at 55° C. for 15 minutes.

**Transmission.**—Tobias Coberus, in the beginning of the 17th century, associated the louse with typhus fever, but Nicolle, Compte and Conseil, in 1909, were the first to report the transmission of typhus fever by the bite of the louse (*Ped. vestimenti*). Their work was suggested by the successful transmission of relapsing fever through lice, by Sergeant. Since the work of Nicolle and his collaborators, his work has been confirmed by Ricketts and Wilder, Anderson and Goldberger, and others. Goldberger has shown that the head louse (*Ped. capitis*) may also transmit this infection. The period of infectivity in lice, following exposure on typhus patients, is reported to vary from 2 to 10 days

<sup>122</sup> *International Jour. of Public Health*, Sept., 1920, I, No. 2; *Journ. Med. Res.*, Nov., 1919, p. 197; *Journ. Inf. Dis.*, July, 1915, p. 1.

<sup>123</sup> *Wien. klin. Wochenschr.*, XXIX, No. 2, 1916.

by different observers. Rickettsia bodies have been found in the stomach wall of typhus infected lice by Prowazek, da Rocha Lima, Wolbach and others.

The feces of typhus-infected lice are infective for animals. There is a difference of opinion as to the method of transmission of typhus fever by the louse; that is, whether it occurs by the bite or through the excreta. The disease is most likely introduced through the feces, the virus gaining entrance through the punctured wound made by the louse while sucking, or scratched in by the host.

The rôle of the body louse in the transmission of typhus fever will receive ready support from students of the epidemiology of typhus fever, for this disease presents all the characteristics of an insect-borne disease. In practice, the control of lice has greatly reduced the incidence of the disease. Since the transmission of the disease by the louse has been shown, we can understand why typhus fever prevails in epidemic form only in overcrowded, filthy, unhygienic surroundings, and the truth is readily understood of the oft quoted sentence of Hirsch that "the history of typhus is the history of human wretchedness."

**Prevention.**—The disease has been greatly decreased in civilized centers with a diminution of lousiness. The prevention of typhus now focuses itself upon the eradication of the body louse—a question of personal cleanliness. Typhus fever is also a social problem in that it is so closely interwoven with squalor, ignorance and poverty. Measures primarily directed to the destruction of lice and their eggs are described on page 366.

In the presence of a typhus epidemic, a separate typhus hospital should be established and a separate building or enclosure for typhus contacts. When a case of typhus fever is discovered, the patient should be removed to the typhus fever hospital, never treated at home. All the clothing should be removed in the receiving ward, and all articles of apparel taken away. This material should be disinfected by steam and placed in a storeroom; never allowed to be taken into the ward. The hair of the head, axillary and pubic region should be cut with a hair clipper. The hair should be carefully collected and burned. The patient is then bathed, using warm water and a kerosene soap mixture. Patients can be rapidly handled if the receiving department is divided into a receiving room, barber shop, bath room, drying room, and examining room. The patient is given clean pajamas in the examining room and then sent to the ward. Stress is laid on this procedure of admitting patients, in order to prevent lice from getting into the ward.

Daily vermin examinations are made on the patients and in the bedding. Lice wander from the host during fever; hence they may be found in the bedding. This, no doubt, accounts for the high incidence among physicians and nurses. All attendants in the wards and all

nurses and doctors should wear louse-proof suits. This is a garment made of heavy muslin, like pajamas, which goes over and covers the shoes and is tied about the neck. A hood may be attached. Cotton gloves are sewed in the sleeves by machine stitching. Nurses should wear the same garment with a skirt. A sterilized garment should be put on each time the attendant, doctor or nurse enters the ward. On leaving the ward, the garment is removed by an attendant, preferably a typhus immune, placed in a bag and steamed. A shower room and clothes closet should be provided near the exit of the ward, where nurses may change their costume. Under no circumstances should visitors be allowed into the ward. In typhus-stricken countries, one must be extremely cautious of the attendants. As these people usually come from the peasant class, where the epidemic prevails, their habits of cleanliness are usually very primitive. They must be taught the value of cleanliness, supplied with proper living quarters and repeatedly inspected for vermin. They should be isolated during the epidemic. It is preferable to have typhus immunes as attendants in the hospital.

The room from which the patient is removed should be fumigated with sulphur, or, better, hydrocyanic acid gas, and cleaned with kerosene, and should then be closed for two weeks if possible. A portable steam disinfector is useful to disinfest and disinfect fabrics, etc., in a typhus campaign. Carriages and wagons which carry patients to the hospital should be carefully inspected for lice and cleaned. If patients are removed on trains, the cars should be cleaned by vacuum cleaner and washed. During an epidemic, all plush on railway cars should be removed; abroad only freight cars or third-class cars are employed.

All contacts should be isolated for fourteen days at least; twenty-one days would be better, in a separate building or camp, being carefully deloused before entering. They should be directed to examine their clothing daily for lice and should be inspected for vermin by medical officers daily. Their temperature should be taken twice daily and daily inspections made for the first symptoms of the disease.

An educational campaign should be carried on in the cities by lectures in public places and schools, pamphlets, sermons and moving pictures. As typhus fever is usually associated with ignorance, poverty and distress, sanitary instructions as well as proper clothing and food should be supplied the stricken people.

The fact should be kept constantly in mind that the louse is necessary for the spread of typhus fever, just as the mosquito is for the spread of malaria, and our efforts towards prophylaxis should be conducted with this point continuously in mind. Even with the knowledge of the mode of transmission of typhus fever, individual prophylaxis is still somewhat difficult, especially where infected insects abound in thickly populated centers.

## TRENCH FEVER

Trench fever is a specific infection due to a filterable virus transmitted by the louse *Pediculus humanus*, var. *corporis*. The disease is characterized in its early febrile stage by recurrent pyrexia, headache, giddiness, a slow pulse in comparison to the degree of fever, sweating, polyuria, and a moderate leukocytosis at the height of the fever. Trench fever is never fatal, and complete recovery usually takes place. A certain percentage of the patients, however, pass into a stage of chronic ill health; that is, they suffer with recurrent pains in the limbs, headache and nervous manifestations, such as mental depression, excessive tendency to sweating, disordered action of the heart, mild degree of anemia, and some loss of weight. The infection in some cases is very persistent, and acute febrile relapses may occur after months of quiescence.

The Trench Fever Commission of the American Red Cross<sup>124</sup> concluded, as a result of extensive researches as follows:

1. Trench fever is a specific infectious disease; it is not a modified form of typhoid or paratyphoid fever, and is not related, from an etiological standpoint, to these diseases.

2. The organism causing the disease is a resistant filterable virus.

3. The virus causing trench fever is present particularly in the plasma of the blood of trench fever cases, and such plasma will produce the disease on inoculation into healthy individuals.

4. The disease is transmitted naturally by the louse *Pediculus humanus*, Linn., var. *corporis*, and this is the important and common means of transmission. The louse may transmit the disease by its bite alone, the usual manner of infection, or the disease may be produced artificially by scarifying the skin and rubbing in a small amount of the infected louse excrement.

5. A man may be entirely free from lice at the time he develops trench fever, the louse that infected him having left him some time previously as its host, and the louse need only remain upon the individual for a short period of time in order to infect him.

6. The virus of trench fever is also sometimes present in the urine of trench fever cases, and occasionally in the sputum, and the disease may be produced in man by the introduction of the virus in the urine or sputum through the scarified or otherwise abraded skin.

7. Since the urine and sometimes the sputum of trench fever patients

<sup>124</sup> Trench Fever. Report of Commission, Medical Research Committee, American Red Cross: Major Richard P. Strong, Major Homer Swift, Major Eugene L. Opie, Captain Ward J. MacNeal, Captain Walter Baetjer, Captain A. M. Pappenheimer, Captain A. D. Peacock, and Lieutenant David Rappoport. Oxford Univ. Press, 1918.

are infective, these should be sterilized in order to avoid the possibility of accidental infection from them.

8. In order to prevent trench fever or limit its spread, and thus save man-power for the armies, greater efforts must be made to keep soldiers in general from infestation with lice.

The method of transmission of trench fever was still further elucidated by the work of Byam and his associates on the British Trench Fever Commission.<sup>125</sup> They found that biting by infected lice was not of itself sufficient to transmit the disease, but that the excreta of such lice, rubbed into the scarified skin, would do so with great regularity. The excreta were found to be infective only after an interval of seven days or more after feeding on the trench fever patient; this fact suggests the possibility that the organism undergoes a developmental cycle within the louse. Lice were found to remain infective for a period of at least twenty-three days after feeding on the patients. These experiments indicate that infection in nature probably occurs by rubbing in the louse excreta in the process of scratching.

The cause of trench fever is believed to be *Rickettsia pediculi*, which are described on page 373. The lesions of the disease are largely vascular, similar to those described for typhus fever and Rocky Mountain spotted fever.

Trench fever is a war disease. While it is not fatal, the morbidity resulting from it exceeded that from any other disease on the western front in the World War. No epidemics of the disease have been reported in civil life.

The prevention of trench fever resolves itself primarily upon an attack against lice. In addition, urine, sputum and other secretions are infective and disinfection must be practiced. The Red Cross Commission recommends the following measures:

Exceedingly great care should be taken completely to disinfect all patients as soon as practicable, and particularly upon their entering the hospital. Patients on entrance should be carefully bathed, and subsequently sponged with alcohol. Their clothing and blankets should be removed, and, whether or not lice or ova are found upon them, should be carefully sterilized by moist heat at a temperature not below 70° C. for half an hour, since it is possible for the virus to be still present on the clothing. It should be borne in mind that a man with trench fever may be entirely free from lice at the time that he develops symptoms of the disease. Trench fever patients should at all times be carefully protected from louse infestation, and inspection of them for lice should be made daily. They should be treated in separate wards. As the urine contains the virus and is infective, it should be sterilized during the active stages of the disease. Sputum cups should be provided for

<sup>125</sup> *Jour. A. M. A.*, LXXI, pp. 21, 110, 188, 1918.

patients, and any expectorated sputum and saliva from them sterilized. Officers should regard the systematic destruction of lice as one of the most urgent of their duties, and should exercise every effort to prevent louse infestation among soldiers and to see that any of them infested with lice are promptly disinfected and their clothing sterilized. The above precautions are of the utmost importance in order to prevent the further spread of trench fever among troops.

## BEDBUGS

*Cimex lectularius* has been carried by man to all parts of the inhabited world. It has become a true domesticated animal and has accommodated itself well to the environment of human habitations. The bedbug has no wings and a very flat body, which enables it to hide in the narrowest chinks and cracks of beds and walls. It may subsist for incredibly long periods of time without food. It is nocturnal in its habits.

The pronounced odor of this insect is produced by certain glands opening on the back of the abdomen in young bugs and on the under side of the metasternum in the adults. The odor is common to most members of the group to which this insect belongs. It is useful in plant bugs, protecting them from their enemies.

The bedbug<sup>126</sup> undergoes an incomplete metamorphosis, the young being very similar to their parents in appearance, structure, and habits. The eggs are white, oval objects having a little projecting rim around one edge, and are laid in batches of from six to fifty, in cracks and crevices where the bugs go for concealment. The eggs hatch in a week or ten days and the young escape by pushing the lid within the projecting rim from the shell. At first the larvae are yellowish-white, nearly transparent, the brown color of the more mature insect increasing with the later molts. During the course of development the skin is shed five times, and with the last molt the minute wing pads, characteristic of the adult insect, make their appearance. Marlatt found that under favorable conditions about seven weeks elapse from the egg to the adult insect, and that the time between molts averages about eight days. Without food they may remain unchanged for an indefinite time. Ordinarily but one meal is taken between molts, so that each bedbug must puncture its host five times before becoming mature, and at least once afterward before it can develop eggs.

The presence of bedbugs in a house is not necessarily an indication of neglect or carelessness. They are very apt to get into trunks and satchels of travelers or may be introduced in the homes upon the cloth-

<sup>126</sup> The Bedbug, *U. S. Public Health Rpts.*, Dec. 10, 1920, p. 2964.



ing of servants, workmen, or visitors. The bedbug is quite capable of migrating from one house to another. Ships are almost sure to be infested with them. They are not especially limited by cold, and are known to occur well north. They thrive particularly in old houses which are full of cracks and crevices, in which they can conceal themselves beyond easy reach. The biting organ of the bedbug is similar to that of other hemipterous insects. The skin of the host or victim is pierced with four thread-like hard filaments or setae, which glide over each other with an alternating motion and thus pierce the skin. The blood is drawn up through the beak, which is closely applied to the point of puncture. The bite of the bedbug is decidedly irritating to

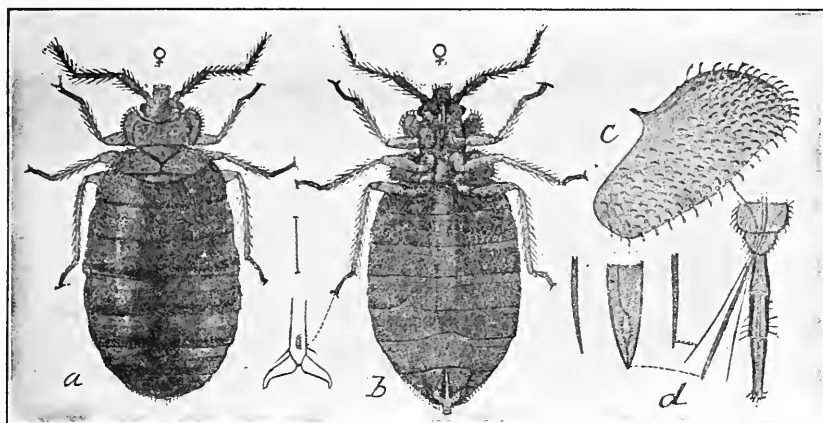


FIG. 50.—THE BEDBUG.

*a*, Adult female, gorged with blood; *b*, Same from below; *c*, Rudimentary wing pad; *d*, Mouth parts. After Marlatt.

some individuals, resulting in a swelling and disagreeable inflammation.

**The Suppression of Bedbugs.**—On account of its habits of concealment the bedbug is usually beyond the reach of the ordinary insect powders, which are practically of no avail against it. If iron or brass bedsteads are used, the eradication of the insect is made easier. Large wooden bedsteads furnish many cracks and crevices into which the bugs can force their flat thin bodies, and extermination becomes a matter of considerable difficulty. The most practical way of eradicating bedbugs is by a very liberal application of gasoline, benzene, kerosene, or any other of the petroleum oils. These must be introduced into all crevices with small brushes or feathers, or by injecting with small syringes; a saturated solution of corrosive sublimate in water is also of value, and oil of turpentine may be used in the same way. The liberal use of scalding hot water or soap suds wherever it may be employed without damage to furniture is also an effectual method of destroying both eggs and active

bugs. Fumigation with hydrocyanic acid gas, sulphur dioxide, or carbon bisulphid are alike effective. Several fumigations may be necessary. Crevices in warm parts of the room are favorite nesting places, as under picture moldings, or over door frames. Finally, the room should be renovated, all imperfections and cracks closed and sealed with paint.

In sleeping cars and other places where hydrocyanic gas may be used without fear of accidents, this is the most efficacious and least destructive method.

The bedbug has long been under suspicion as an intermediate host in the transference of many communicable infections. There is more than a suspicion that it is concerned in relapsing fever, in kala-azar, and it has been accused of carrying the bacteria of plague, leprosy, and many other diseases. On the other hand, there is no convincing evidence that the bedbug is the usual and ordinary insect transmitter of these or any other disease at present known to us. When the bedbug acts as an intermediate host, it apparently does so by mechanical transmission of the virus on the mouth parts—and this occurs only under grossly unsanitary conditions. Notwithstanding the minor rôle which must be assigned the bedbug as a carrier of disease, its presence is an offense against sanitary decency.

### LEISHMANIASIS

(*Kala-Azar*, "*Dum-Dum Fever*," *Oriental Sore*, *Etc.*)

Leishmaniasis <sup>127</sup> is a specific infection caused by a minute flagellated animal parasite. The disease usually runs a chronic course and is characterized by irregular fever, enlargement of the spleen and anemia. It is found in most tropical countries, but is unevenly distributed. It occurs as slowly progressing epidemics, and also is endemic in parts of India, China, northern Africa, and South America. There are three clinical forms:

(1) *Indian kala-azar* (splenic anemia) is a chronic disease characterized by a very large spleen, irregular fever and anemia; it occurs at all ages. It is caused by *Leishmania donovani*.

(2) *Mediterranean kala-azar* usually occurs in children under the age of five or six years. This form is found around the Mediterranean basin and is characterized by the severity of the associated anemia. It is caused by *Leishmania infantum*.

Laveran believes that the so-called Indian and Mediterranean forms of the disease are identical. This view, however, is not shared by other authorities. Both these forms are generalized infections and had a high mortality (70 to 98 per cent.) before the use of tartar emetic.

<sup>127</sup> Laveran, A.: Leishmaniasis. Kala-Azar. Bouton D'Orient. Leishmaniose Americaine. Pub. Masson et Cie., Paris, 1917.

(3) *Oriental sore* occurs throughout the tropical belt and passes under many names, such as, Tropical ulcer, Delhi boil, Aleppo boil, Biskra button, and Espundia. Oriental sore usually occurs upon the exposed surface of the body and starts as a papule, which subsequently ulcerates. The ulcer persists for months or years, finally healing spontaneously. It is thus a local and self-limited form of leishmaniasis. The parasite (*Leishmania tropica*) is found in great numbers in the ulcer, but apparently never becomes disseminated throughout the body. In South America a form of leishmaniasis (Espundia) occurs, which often extends to the mucous membrane of the nose and palate, causing extensive destruction of tissue with serious deformity.

The parasite, for a time commonly known as the Leishman-Donovan body, is found chiefly in the endothelial cells of the liver, spleen, bone marrow and lymphatic glands. It is of rounded or ovoid form, and contains two deeply stained granules representing nuclei. This body represents the non-motile phase of the life cycle of a flagellate. It was first demonstrated by Leishman<sup>128</sup> in 1900, from a case of "Dum-dum fever." Donovan<sup>129</sup> in 1903, found similar bodies in cases in Madras. James Homer Wright<sup>130</sup> was the first to demonstrate the parasite in a case of Oriental sore, at the Massachusetts General Hospital, in Boston. The nature of these parasites was not understood until Rogers<sup>131</sup> succeeded in 1904, in cultivating them in citrated blood and showed them to be flagellated. Later on, Novy's method<sup>132</sup> for the cultivation of trypanosomes was found to be especially useful. On Novy's medium, the parasite increases in size, develops a single flagellum, and becomes actively motile. The medium known as N. N. N. (Novy-Mac Neal-Nicollé) is the easiest to prepare and gives the best results. It consists of agar (16 grams), NaCl (6 grams), and water (9,000 c. c.), which is distributed in tubes, sterilized and cooled to 40°-50° C., when one-third its volume of rabbit blood obtained by cardiac puncture is added.

No marked differences have been discovered between the three "species" of *Leishmania* in morphologic or cultural characteristics. Immune reactions are feeble or wanting, which corresponds to the action of other animal parasites. A certain degree of immunity is present. Thus, Jewish physicians in Bagdad have long practiced inoculation of the virus upon the leg in order to prevent disfigurement of the face.

The period of incubation is irregular, and somewhat uncertain; in Oriental sore it may be months.

The precise mode of transmission of leishmaniasis is still in doubt.

<sup>128</sup> *Brit. Med. Journ.*, 1903, I, p. 1253.

<sup>129</sup> *Lancet*, 1904, II, p. 744; also *Brit. Med. Journ.*, 1904, II, p. 651.

<sup>130</sup> *Journ. Med. Research*, 1903, X, 3, p. 472.

<sup>131</sup> *Quar. Journ. Micros. Sci.*, 1904, XLVIII, p. 367.

<sup>132</sup> Contribution to *Medical Research*, dedicated to V. C. Vaughan, Ann Arbor, Michigan, 1903, p. 549.

The disease is limited to man, except that it occurs naturally in dogs, especially in the region of the Mediterranean. It may be transmitted experimentally to monkeys, dogs and mice. The disease can be reproduced in man and animals by inoculation of pure cultures, or tissue containing the parasites. It has long been observed that in regions where it is endemic, Oriental sore may follow injury to the skin, however slight, such as abrasions or insect bites.

Leishmaniasis is probably an insect-borne disease, although wound infection doubtless also occurs. Experiments designed to transmit the disease by blood-sucking insects have thus far proved unsuccessful. The development of the parasite has been observed in various blood-sucking arthropods. Patton<sup>133</sup> suspects the bedbug as the transmitter and finds that *Leishmania donovani* can develop into the flagellate stage in the digestive tract of the bedbug, although it survives for only a short time in this host. Temporary development has also been found to occur in mosquitoes, but no development whatever takes place in lice or fleas. It is a difficult problem to differentiate the developing forms of *Leishmania donovani* from herpetomonads which naturally occur in these insects.

A great advance in the treatment and prevention of leishmaniasis was made when it was discovered that tartar emetic and other compounds of antimony are specific for all forms of the infection. Vianna<sup>134</sup> in 1913, reported the effects of tartar emetic upon the disease occurring in Brazil. This was soon confirmed by Castellani,<sup>135</sup> 1914, and many others. Rogers employs intravenous injections of a 2 per cent. solution of tartar emetic. The first dose is 2 c. c. (for adults) which is increased up to 10 c. c. every two days, until symptoms appear, such as nausea and epigastric pains.

The prevention of leishmaniasis consists first in early diagnosis and specific treatment. Such measures generally applied would greatly decrease the amount of the infection and its liability to spread. A warfare against bedbugs, mosquitoes and other biting insects must be carried on, for even if some insect is not the intermediate host, the wound produced from a bite may be the point of entrance of the parasite which is very prevalent in the endemic centers. All wounds, however trivial, should be promptly treated and adequately protected.

It must be remembered that dogs around the Mediterranean basin have the infection and it is possible that children may contract the disease from them.

The parasites abound in the ulcers of the skin and intestinal mucosa,

<sup>133</sup> *Sci. Mem. Govt., India*, Nos. 27, 31, 1907-08.

<sup>134</sup> *Arch. bras. de Med.*, t. II, No. 3, p. 426; also, *Boletim de Soc. bras. de Dermat.*, 1913, t. II, No. 1.

<sup>135</sup> Report to the Advis. Com. for the Trop. Res. Fund, 1914, et *Revista di Pediatria*, 1915, fasc. 4.

from which they may be discharged in great numbers. Infection through various forms of contact, direct and indirect, must be considered and guarded against. Instances are recorded in which Oriental sore has been transmitted indirectly through the use of a towel and other objects.

### ROACHES

Roaches are among the commonest and most offensive of the insects which frequent human habitations. They are under suspicion of conveying several infections. There are no less than a thousand species of the family *Blattidae*. Four of these have become domesticated and cosmopolitan. They are *Periplaneta americana*, *Periplaneta australasiae*, *Blatta orientalis* and *Blatta germanica*.

The main difference between *Periplaneta americana* and *Periplaneta australasiae* is that the Australian roach differs strikingly in the brighter and more definitely limited yellow band on the prothorax, and in the yellow dash on the side of the wings.

*Blatta orientalis* or black beetle, is the common European and English species. The female is nearly wingless in the adult state. *Blatta germanica*, the German roach, has become world-wide in distribution: in this country it is styled the Croton bug. It is now the commonest and best known of the domestic roaches. It is light brown in color, and characteristically marked on the thorax with two dark brown stripes. It is the smallest of the domestic roaches, and multiplies more rapidly than any of them. It is also more active and wary than the larger species, and more difficult to eradicate.

*Structure and Habits.*—Roaches are smooth, slippery insects, in shape broad and flattened. The head is bent downward so that the mouth parts are directed backward, and the eyes directly downward, conforming to their groveling habits. The antennae are very long and slender, often having upward of 100 joints. The males usually have two pair of wings. In some species, as the Croton bug, the females are nearly wingless. The legs are long and powerful, and armed with numerous strong bristles or spines. The mouth parts are well developed and have strong biting jaws like those of a grasshopper, enabling these insects to eat all sorts of substances.

House roaches are particularly abundant in pantries, kitchens, bakeries, and other warm places. They are nocturnal in habits. Their numbers are often not realized unless they are surprised in their midnight feasts. Domestic roaches are practically omnivorous, feeding on almost any dead animal matter, cereal products and food materials of all sorts. They are believed to be cannibalistic. They eat or gnaw woolens, leather, and frequently damage the cloth and leather bindings of books. They soil everything with which they come in contact, leaving

a nauseous, roachy odor. Food so tainted is beyond redemption. This odor comes partly from the excrement, but chiefly from a dark-colored fluid exuded from the mouth of the insect, and also in part from the scent glands. Occasionally they migrate, which accounts for the way in which new houses frequently become suddenly overrun with these vermin.

The eggs are brought together within the abdomen of the mother into an egg capsule, which is a hard, horny pod. It is retained in this position sometimes for weeks, or until the young larvae are ready to emerge. The young are very much like the adults, except in point of size, and in lacking wings. They pass through a number of molts, sometimes as many as seven. The development of the roach is slow, and probably under the most favorable conditions rarely more than one generation per year is produced. The abundance of roaches is therefore apparently not accounted for so much by their rapidity of multiplication as by their unusual ability to preserve themselves from ordinary means of destruction, and by the scarcity of natural enemies.

Natural enemies of the roach are mice, rats, guinea-fowl, tree-frog, ichneumon fly, and other insectivorous animals.

The warfare against roaches consists of: (1) cleanliness; (2) elimination of breeding and hiding places; (3) fumigation; (4) poisons; (5) traps; (6) natural enemies. Scrupulous cleanliness and the keeping of food in jars or places inaccessible to the roach is of prime importance. All unnecessary corners, cracks and imperfections in the structure of the building that favor breeding and hiding places must be eliminated. Roaches may be killed with hydrocyanic acid gas, and also with sulphur dioxid—several fumigations are sometimes necessary. The best poison for roaches is sodium fluorid. This substance very finely ground and mixed with meal of some sort forms the basis of most roach powders found upon the market. The powder should be liberally dusted in all corners, drawers, closets and runways. Sodium fluorid is only toxic to insects when taken internally; it is ineffective against bedbugs probably because that insect cannot be induced to eat it. Other poisons sometimes used are: pyrethrum powder, flowers of sulphur, phosphorus paste, containing 1 or 2 per cent. of phosphorus in sweetened flour. Plaster-of-Paris, 1 part, flour 3 or 4 parts, may be set near a convenient flat plate containing pure water. The insects eat the mixture, become thirsty and drink, when the plaster-of-Paris sets and clogs the intestines. Many roaches may be trapped in a deep, smooth basin or jar. Sticks leading up to the rim of the trap make runways for the insects, which slip into the trap but cannot get out. The best bait for these traps is stale beer. The Croton bug is too wise to be thus trapped.

The roach has been shown by Fibiger<sup>136</sup> to become infested with a

<sup>136</sup> Fibiger, J.: *Berliner klin. Wochenschr.*, Feb. 17, 1913, L, No. 7, pp. 289-332.

round worm. When these infested roaches are eaten by rats, a cancerous-like growth develops in the stomachs of the rats, apparently due to the irritating presence of these worms. Herms and Nelson<sup>137</sup> and also Longfellow<sup>138</sup> have shown the possibility of the conveyance of typhoid and other infections by means of the roach. When we consider that house roaches feed upon all kinds of breadstuffs, milk and its products, meat, clothing, cooked and raw food; that they migrate from one apartment to another, following water and drain pipes, from cellar and sick room to living rooms and bedrooms; that they infest kitchens, store rooms and toilets, opportunity is evidently offered to drag infection mechanically from one place to another. Roaches must therefore be regarded as a sanitary menace.

**References.**—The literature upon insects and insect-borne diseases is very widely distributed. Many of the entomological facts contained in this chapter have been taken from "The Insect Book" by L. O. Howard and the many excellent publications of Howard and his colleagues of the Bureau of Entomology, Department of Agriculture. The Government publications may be had upon application to the Superintendent of Documents, Washington, D. C. Many of the facts concerning the prevention and destruction of mosquitoes have been taken from articles in the *Public Health Reports* of the Public Health Service. In the chapter upon insecticides free reference has been made to my own book upon "Disinfection and Disinfectants," as well as to my other writings and unpublished work in different phases of this subject. Other references are cited in the text. See also:

FANTHAM, H. B., STEPHENS, J. W. W., and THEOBALD, F. V., *The Animal Parasites of Man*, New York, 1920. Castellani, A., and Chalmers, A. J., *Manual of Tropical Medicine*, London, 1919.

<sup>137</sup> Herms, W. B., and Nelson, Y.: *Am. Jour. Pub. Health*, Sept., 1913, III, 9, p. 929.

<sup>138</sup> Longfellow, R. C.: *Am. Jour. Pub. Health*, Jan., 1913, III, 1, p. 58.

## CHAPTER V

### MISCELLANEOUS DISEASES

#### INFANTILE PARALYSIS

(*Acute Anterior Poliomyelitis*)

Infantile paralysis is an acute generalized infection, due to a filterable virus, occurring both in epidemic and sporadic form. The virus attacks the nervous system, with a special tendency to localization in the anterior horns of the gray matter of the spinal cord, hence the name anterior poliomyelitis.

Infantile paralysis is often called the Heine-Medin disease, from the fact that Heine<sup>1</sup> of Connstadt, in 1840, first established the disease as a clinical entity, and Medin,<sup>2</sup> a Swedish physician, in 1890, was the first carefully to study an epidemic and to recognize various clinical types, as the cerebral, bulbar, polyneuritic and ataxic forms of the disease. Bergenholz, in 1881, described an outbreak of eighteen cases in Sweden with sufficient accuracy to establish the epidemic form of the disease. The first outbreak described in the United States was reported by Caverley,<sup>3</sup> in 1896, in Vermont. Wickman,<sup>4</sup> of Sweden, in 1905-06, defined mild, non-paralytic types not before recognized, made the first systematic study of the disease from an epidemiological point of view, and found evidence that it was contagious, though usually slightly so. He directed especial attention to several factors in its spread, viz.: routes of travel, public gatherings of children, abortive or ambulant cases, and healthy intermediate carriers. In the spring of 1909 Landsteiner and Popper<sup>5</sup> succeeded in transmitting the disease to two monkeys by inoculating them with the spinal cord of a child who had died of infantile paralysis. Later in the year Flexner and Lewis<sup>6</sup> obtained the same results, and further transmitted the infection from monkey to monkey through an indefinite number of passages. To Harbitz and Scheel of Norway we are indebted for formulating the pathologic anatomy of the affection.

<sup>1</sup> Beobachtungen über Lähmungszustände der unteren Extremitäten und deren Behandlung. Stuttgart, 1840, F. H. Kohler.

<sup>2</sup> Verhandl. d. x. Internat. Med. Cong. 1890, Berlin, 1891, II, 6, Abth., 37-47.

<sup>3</sup> Jour. A. M. A., 1896, XXXVI, 1.

<sup>4</sup> Beiträge zur Kenntniss der Heine-Medinische, Krankheit, Berlin, 1897.

<sup>5</sup> Zeit. f. Immun., Orig., 1909, II, 377.

<sup>6</sup> Jour. A. M. A., 1909, LIII, 639.



The name, infantile paralysis, is misleading, for adults are attacked and paralysis is not constant. The period of incubation is not known, although stated to be 5 to 10 days, commonly 6. The case fatality rate varies in different epidemics from 4 to 27 per cent. Gastro-intestinal symptoms and fever lasting 3 or 4 days often precede the paralysis, although a child may go to bed well and wake up in the morning with paralysis and a slight fever.

Epidemics of poliomyelitis have prevailed in all quarters of the world. The disease has been most prevalent in the northern parts of Europe and of the United States. Epidemics have been more severe, and the case rates have been higher, in small towns and rural districts than in the more densely populated cities. Even in the cities the disease does not especially strike the crowded districts. Cold countries having marked seasonal variations in temperature have been most affected, but the disease is most prevalent in the warm, dry months, from May to November in the northern hemisphere and November to May in the southern hemisphere. A severe outbreak (3,840 cases and 380 deaths) occurred in Sweden in 1911 in the late fall—October and December. Sporadic cases may occur at any time throughout the year. The great majority (75 per cent.) of cases occur in children under five years of age and 98 per cent. under 15 years.

From the standpoint of prevention it is important to note that social and hygienic conditions apparently have no influence whatever in determining the infection. All classes are affected in about equal proportion. Sir Walter Scott gives a graphic account of his own case.<sup>7</sup>

Infantile paralysis has the ear marks of a new infection, although instances of sudden paralysis in babies said to be due to carelessness of the nurse, are found in the literature of antiquity and some of these are assumed to have been cases of infantile paralysis. It is quite certain that the disease has become more and more common and more wide-

<sup>7</sup>"I shewed every sign of health and strength until I was about eighteen months old. One night, I have often been told, I shewed great reluctance to be caught and put to bed; and after being chased about the room, was apprehended and consigned to my dormitory with some difficulty. It was the last time I was to show such personal agility. In the morning, I was discovered to be affected with the fever which often accompanies the cutting of large teeth. It held me three days. On the fourth, when they went to bathe me as usual, they discovered that I had lost the power of my right leg. My grandfather, an excellent anatomist as well as physician, the late worthy Alexander Wood, and many others of the most respectable of the faculty, were consulted. There appeared to be no dislocation or sprain; blisters and other topical remedies were applied in vain. When the efforts of regular physicians had been exhausted, without the slightest success, my anxious parents, during the course of many years, eagerly grasped at every prospect of cure which was held out by the promise of empirics, or of ancient ladies or gentlemen who conceived themselves entitled to recommend various remedies, some of which were of a nature sufficiently singular. But the advice of my grandfather, Dr. Rutherford, that I should be sent to reside in the country, to give the chance of natural exertion, excited by free air and liberty, was first resorted to." From "The Life of Sir Walter Scott," by J. G. Lockhart, p. 13.

spread of late years. The increase cannot be wholly accounted for by the fact that the disease is now better known and more readily recognized.

Following the first record of the disease in an epidemic form in Sweden in 1881, some groups of cases were reported in 1882 in Italy, and in 1886 in Norway, Germany and France. All these epidemics were small in numbers attacked. In 1887, Medin described an epidemic in Stockholm of forty-four cases, and this is the first important work on the subject. In 1894, an epidemic of 132 cases occurred in Rutland, Massachusetts, which was recorded by Caverley and McPhail. Small epidemics are recorded in the "nineties" in Italy, France, Australia, England, and America, and a larger one occurred in Vienna (forty-two cases), in 1898, and in Norway and Sweden in 1899. The last was described by Wickham. In the middle of the next decade, 1900 to 1910, the record of cases, which before had been limited to two figures, now reached to four figures, and during the years 1903-07, it may be said that the disease was pandemic in Norway and Sweden. During the years 1907-10, large epidemics occurred in the states of New York and Massachusetts. At the same time epidemics of the disease were recorded in Australia (Stephens), in Vienna (Zappert), Westphalia (Krause and Reckzek), in Paris (Netter), in Austria (Furnatt, Potpeschnigg, Lindner and Mallu), Switzerland (Hagenback), and in Russia (Jogichess).

Of the 8,054 cases reported in 5 years (1905-09), the United States contributed 5,514 cases or about five-sevenths of the total number. The number of outbreaks and the number of cases have progressively increased, as shown in the following table:

	Cases	Outbreaks	Av. No. of Cases per Outbreak
1880-1884 .....	23	2	11.5
1885-1889 .....	93	7	13.
1890-1894 .....	151	4	38.
1895-1899 .....	345	23	15.
1900-1904 .....	349	9	39.
1905-1909 .....	8,054	25	322.

Since 1910, the disease has shown a rapid increase. From 1910 to 1914 (inclusive), 18,800 cases were reported in the United States; and 31,500 cases in the two years 1915 and 1916. The disease was progressive, the epidemic grew in extent and intensity, until it became pandemic, and in 1916 swept the United States, involving numbers far in excess of anything hitherto recorded. In 1916 there were 29,000 cases and 6,000 deaths; Massachusetts reported 1,926 cases, and New York City alone over 8,928 cases and 2,407 deaths.<sup>8</sup> Since 1916 the disease

<sup>8</sup> See the splendid epidemiological study of the epidemic of 1916, *Public Health Bulletin No. 91*, July, 1918, by Lavinder, Freeman and Frost. Also the

has subsided, but has left thousands of crippled children. The after-care of infantile paralysis has become a public health problem of considerable magnitude, which requires special clinics under the care of competent orthopedists with muscle trainers and social service workers. (See Reports of the Harvard Infantile Paralysis Commission.)

The virus of the disease is present in greatest virulence or concentration in the spinal cord of infected persons and animals. One one-hundredth of a cubic centimeter of an emulsion of cord, or less, is sufficient to infect a monkey. The virus is also quite constantly present in the brain and other organs and tissues, as, for instance, the mucous membrane of the nose and pharynx, the mesenteric glands, the axillary and inguinal lymph nodes, also in the blood, and in the cerebrospinal fluid. The virus has been demonstrated in the intestinal secretions. The suspicion that the alvine discharges may, therefore, be virulent is sufficient indication that they should be disinfected in all cases until further knowledge of the subject is at hand. The virus has been grown by Flexner and Noguchi<sup>9</sup> as minute globoid bodies arranged in pairs, chains and masses in artificial cultures.

The experimental disease in monkeys may be produced by injecting the virus directly into the central nervous system, preferably the brain. Monkeys may also be infected by introducing the virus subcutaneously or into the peritoneal cavity, and even by intravenous inoculation. They have been infected by placing virulent material upon the healthy mucous membrane of the nose and also by inhalation of the infectious material forced into the trachea, and finally by introducing the virus into the stomach, along with an opiate, to restrain peristalsis. Leiner and Weisner have infected monkeys through the uninjured nasal mucous membrane. I have obtained similar results. Monkeys have so far never been known to contract the disease "spontaneously," even though they are kept in intimate association with infected monkeys. There are many paralytic diseases of the lower animals, but, so far as known, infantile paralysis as a natural infection is peculiar to man.

**Resistance of the Virus.**—The virus of infantile paralysis is killed by a temperature of 45° to 50° C. in half an hour; also by comparatively weak disinfectants, such as a 1-500 solution of permanganate of potash, 1 per cent. menthol in oil, a powder containing menthol, 0.5 per cent., salol, 5 per cent., boric acid, 20 per cent. (Landsteiner and Levaditi), and a dilution of perhydrol (Merck) equivalent to 1 per cent. of peroxid of hydrogen. The virus is not destroyed by very low temperatures nor by drying over caustic potash, or *in vacuo* for a considerable period. A virulent cord has been kept for almost 5 months in pure glycerin

"Epidemic of Poliomyelitis in New York City in 1916," published by the Department of Health, New York City.

<sup>9</sup> *Jour. A. M. A.*, Feb. 1, 1913, LX, 3, p. 362.

without losing its activity, resembling in this respect rabies, vaccinia, and other filterable viruses, and differing for the most part from non-spore-bearing pathogenic bacteria which are usually killed by pure glycerin in a short while. The virus remains virulent in ordinary water for 31 days,<sup>10</sup> and the same length of time in milk, first sterilized by heat.

**Immunity.**—One attack of infantile paralysis apparently confers a high degree of immunity. Recurrent cases and second attacks have been reported. Monkeys which have recovered from the infection show a high degree of resistance, in that they are not susceptible to infection by again inoculating them, and their blood serum contains antibodies capable of rendering the virus harmless. That is, if the blood serum of an immune monkey is mixed with an emulsion of virulent spinal cord and the mixture allowed to stand for several hours, the virus is no longer capable of producing the disease in susceptible animals. This property has been used by Anderson and Frost to corroborate the clinical diagnosis in abortive cases. The blood of a person who has not had the disease does not neutralize the virus; therefore, if the injection of the virus previously treated with human serum fails to produce the infection in susceptible monkeys, it may be taken as evidence that the serum contained specific antibodies and came from an individual who has had the disease. Monkeys often fail to respond to injection with fresh virus. Negative results must therefore be studied critically.

**Modes of Transmission.**—*Contact theory* (based upon the assumption that the virus is discharged from the mouth and nose and enters through the same channel).—There is evidence to support the theory that the disease is directly transmissible from person to person and there is a suspicion that healthy carriers play an important rôle in spreading the infection. This view was enunciated by Wickman and received support through the experiments of Kling, Pettersson and Wernstedt, and also Flexner. It is known that the mucous membrane of the nose and throat contains the virus, and in one case the salivary glands were shown to be infective. Osgood and Lucas demonstrated that the nasal mucous membrane of two monkeys experimentally inoculated with poliomyelitis remained infective for 6 weeks in one case and 5½ months in another. This observation strengthens the suspicion of the existence of chronic human carriers. If healthy carriers continue to spread the infection months after the attack, it increases the difficulty of suppressing the disease, and further renders doubtful the efficiency of strict isolation and prophylactic measures directed only to persons in the acute stage of the disease. The fact that the mucous membrane contains the virus is not, however, sufficient proof that the virus is liberated and discharged in sufficient amount in the secretions from the mouth and nose to be a menace. In a series of 18 cases Rosenau,

<sup>10</sup> Levaditi and Pasti, *Annal. de l'Inst. Pasteur*, XXV, 11, 805.

Sheppard and Amoss<sup>11</sup> were unable to demonstrate the virus in the nasal and buccal secretions obtained from persons in various stages of convalescence. Strauss<sup>12</sup> had similar negative results in a series of 10 cases. Amoss and Taylor<sup>13</sup> demonstrated that the normal nasopharyngeal secretions are able to neutralize the virus of infantile paralysis, and this may account for the negative results. Flexner and Amoss<sup>14</sup> find that the protective power of the nasal mucosa is not in itself adequate to prevent infection with the virus placed on it, since slight injury to such independent structures as the meningeal-choroid plexus favors the passage of the virus from the nose to the central nervous system. On the other hand, Kling, Pettersson and Wernstedt<sup>15</sup> report successful results: by experiments upon monkeys they demonstrated the infectiousness of buccal and intestinal secretions of living subjects.

The latest views of Flexner and Amoss<sup>16</sup> are that the virus is regularly present in the nasopharynx in cases of infantile paralysis in the first days of illness and especially in fatal cases; that it diminishes relatively quickly as the disease progresses, except in rare instances; and that it is *unusual* for the carrier state to develop. Hence, the period of greatest infectivity would be early in the disease.

*The Insect-borne Theory.*—Infantile paralysis shows no tendency to prevail in congested centers or to spread in hospitals, schools, institutions, and other crowded places; its seasonal prevalence corresponds to the seasonal prevalence of most insects, and does not correspond to the seasonal prevalence of diseases spread through secretions of the mouth and nose, such as diphtheria, scarlet fever, smallpox, etc. Many other factors, brought to light by the studies of the State Board of Health of Massachusetts upon the epidemiology of the disease, under the able direction of Dr. Mark Richardson, indicate that the disease is not a contagious one. These studies<sup>17</sup> gradually focused attention upon some insect, the stable fly (*Stomoxys calcitrans*) in particular. Rosenau and Brues<sup>18</sup> demonstrated that the virus may sometimes be transmitted from monkey to monkey through the bite of the stable fly. These results were

<sup>11</sup> Rosenau, M. J., Sheppard, P. A. E., Amoss, H. L., *Boston Med. and Surg. Jour.*, May 25, 1911, CLXIV, 21, pp. 743-748.

<sup>12</sup> Strauss, I., *J. A. M. A.*, April 22, 1911, LVI, 16, 1192.

<sup>13</sup> *Journ. Exp. Med.*, 1917, XXV, 507.

<sup>14</sup> *Journ. Exp. Med.*, Feb. 1, 1920, XXXI, 2, p. 123.

<sup>15</sup> Kling, C., Pettersson, A., and Wernstedt, W., Report from the State Medical Institute of Sweden to the XVth International Congress on Hygiene and Demography, Washington, D. C., 1912. Also, *Zeitschr. f. Immunitätsforsch. u. exper. Therapie*, Bd. XII, Jena, 1912.

<sup>16</sup> *Journ. Exp. Med.*, XXIX, 379, April, 1919.

<sup>17</sup> Richardson, M. W., *Monthly Bull.*, State Board of Health of Mass., Sept., 1912, 7, 9, pp. 308-315.

Lovett, R. W., Report to the Mass. State Board of Health, 1907. Report to the Mass. State Board of Health, 1908, 1909, 1910, 1911.

<sup>18</sup> Rosenau, M. J., and Brues, C. T., *Monthly Bull.*, State Board of Health of Mass., Sept., 1912, 7, 9, pp. 314-318. Also Brues and Sheppard, *Jour. of Econom. Entomology*, Aug., 1912, V, 4, 305.

soon confirmed by Anderson and Frost.<sup>19</sup> The insect-borne theory seems to fit the case as the disease is known in Massachusetts. Subsequent work by Rosenau, Anderson and others has given negative results. Even though infantile paralysis may occasionally be transmitted experimentally by insects biting monkeys in a cage, it seems improbable that this is the way the infection is spread from man to man in nature.

*Other Theories.*—It has been suggested that the virus may be air-borne in the sense that it is carried in the dust. Neustaedter and Thro<sup>20</sup> claim to have infected monkeys from dust collected from sick rooms. Richardson believes the infection comes from rats. Infected food, or transmission through wounds and other means, have not been ruled out of consideration.

A favorite explanation of the epidemiology of the disease is to regard it as a very communicable disease like measles, and much more widespread in the community than indicated by the paralytic cases. Most cases are mild, escape notice and leave protection. In accordance with this theory only the occasional severe case with paralysis comes to clinical diagnosis. In accordance with this view, we are dealing with a very common infection, always present in the community, but which in recent years has gained an increased virulence.

**Prevention.**—No definite or effective system of prevention can be formulated until we are sure of the mode of transmission. Meanwhile health authorities are entirely justified in requiring cases to be reported, isolated, and all known lines of preventive measures applied, such as disinfection, screening, and guarding against insects, allaying unnecessary dust, etc. The infection must be fought as one conveyed from man to man directly. Until the modes of transmission of the disease are established, however, we can have no confidence in our prophylactic measures, which most resemble the old "shotgun" prescription.

The following measures are recommended: The patient should be isolated as completely as possible in a clean, bare room, well screened to keep out insects. This is a good practice despite the fact that the disease shows no tendency to spread in children's asylums, hospitals, and other institutions, or even in the home. The same statement, however, was made of typhoid fever not many years ago. Visiting should be interdicted and only the necessary attendant should be allowed to come in contact with the patient. All discharges, including sputum, nasal secretions, urine, and feces, should be thoroughly disinfected, and special care should be taken that cups, spoons, remnants of food, etc., which may have become contaminated by the patient are burned, scalded, or otherwise purified.

<sup>19</sup> Anderson, J. F., and Frost, W. H., *Pub. Health Reports*, Oct. 25, 1912, XXVII, 43, pp. 1733-1736.

<sup>20</sup> Neustaedter, M., and Thro., W. C., *N. Y. Med. Jour.*, Sept. 23, 1911, XCIV, 13.

Towels, bed linen, and other fabrics should be boiled or dipped into a germicidal solution strong enough to destroy the typhoid bacillus. The nurse and physician should observe the same precautions regarding their hands and clothing as are recommended in attending a case of scarlet fever.

The period during which the isolation should be maintained cannot even be guessed at. Children are usually not permitted to return to school for at least three weeks, but, if chronic carriers play the important rôle suspected, this time would be far too short in many instances.

Since the virus can be killed experimentally by a 1 per cent. solution of peroxid of hydrogen, antiseptic gargles, sprays, and nose washes of this solution have been used by the patients, the nurse, and physician, and other members of the family. Germicidal chemicals applied to the nasal mucosa on which the virus has been deposited have no protective action and are of doubtful value; in fact, such substances may affect unfavorably the protective properties of the nasal mucosa. They may even be objectionable by injuring the delicate mucous membrane and thus favoring infection.

Normal mucous membranes are protective against this as against other infections of the upper respiratory tract. According to Flexner and Amoss, the normal nasal mucosa is an invaluable defense against infection with the virus of poliomyelitis, and the number of healthy and chronic carriers of the virus is probably determined and kept down through the protective activities of this membrane.

In the presence of an epidemic, street and house dust should be kept down by sprinkling, oiling, and the other means employed for this purpose. Dust should be allayed whether there is an epidemic of infantile paralysis or not. During epidemics children should be kept away from public gatherings, prohibited from using public drinking cups, and special attention given to the diet to prevent gastro-intestinal disorders, for many a case of infantile paralysis starts with a digestive upset.

The prevention of deformities in paralyzed children is important. Massage, exercise and all active measures are contraindicated during the acute stage and as long as there is tenderness. Special attention must be given to maintain a normal position of paralyzed limbs so as to prevent deformities which develop quickly. As soon as acute symptoms have subsided, muscle training should be instituted.

**EPIDEMIC ENCEPHALITIS**

*Epidemic encephalitis*, also called encephalitis lethargica, infectious ophthalmoplegia, acute encephalitis, and nona, is an acute infection due to a specific virus which is assumed to enter the system through the nasopharynx, and like infantile paralysis has a special affinity for the central nervous system, although for different areas and elements. The disease is characterized by progressive lethargy or stupor, lesions in or about the nuclei of the third pair of cardinal nerves, and fever. Ophthalmoplegia occurs in 75 per cent. of the cases.

The only epidemic appearance of any similar disease in the past has been in connection with epidemics of influenza. Following the pandemic of 1889-90, the mysterious nona appeared in northern Italy, and then in Hungary, and spread to Germany, France and Italy. Camerarius described a grip epidemic in Tübingen in 1718 and mentioned a sleeping sickness (Schlafkrankheit) in connection with it. In 1768, Lepecq de la Cloture described a "coma somnolentum" after the grip, and Ozanann mentioned epidemics of "catarrhal fever" with "soporosite" as having occurred in Germany in 1745, in Lyons in 1800, and in Milan in 1802. The disease did not follow the influenza epidemic which swept this country in 1889-90, but was observed after the 1918-19 outbreak. Von Economo described cases occurring in Vienna during the winter of 1916-17, and since then, cases have occurred in England, the United States, and France.

Flexner<sup>21</sup> points out that lethargic encephalitis is a communicable disease, imperfectly understood. Amoss<sup>22</sup> states that lethargic encephalitis is an epidemic disease, the main manifestations of which relate to injury inflicted upon the central nervous system, in particular the basal ganglia of the brain. This distinguishes it from poliomyelitis, which affects in particular the gray matter of the spinal cord and medulla oblongata. Furthermore, infantile paralysis prevails especially in warm weather, whereas lethargic encephalitis is reported mainly in the winter season, although recently cases have arisen in the midsummer months. Infantile paralysis is readily transmitted to monkeys, whereas this is doubtful with lethargic encephalitis. The two diseases are further distinguished by the fact that the blood serum of convalescent cases of infantile paralysis neutralizes the virus of that disease, while the blood serum of convalescent cases of epidemic encephalitis lacks this power. Loewe and Strauss claim to have reproduced the disease in rabbits and monkeys by the inoculation of brain material and nasopharyngeal washings; also by means of cultures.<sup>20a</sup>

<sup>20a</sup> *Jour. Inf. Dis.*, Sept., 1920; confirmed in part by Levaditi and Havier.

<sup>21</sup> *Jour. A. M. A.*, Mar. 27, 1920, Vol. LXXIV, p. 865.

<sup>22</sup> *Jour. Exp. Med.*, Feb. 1, 1921, XXXIII, 2, p. 187.



**CHICKENPOX***(Varicella)*

Chickenpox (*varicella*) is usually regarded as one of the minor communicable diseases in that the mortality is low, complications and sequelae not frequent. Chickenpox is not always a harmless disease; when it runs through an institution with many small children it occasionally develops malignancy. It may leave disfiguring scars; sepsis or erysipelas sometimes originate in the pustules; complications, such as pneumonia, nephritis, and gangrene of the skin also occur.

Chickenpox is very readily communicable and spreads through families or institutions, and occurs in more or less widespread epidemics. The cause of the disease and its modes of transmission are not known. The virus is contained in the content of the vesicle. The vesicles appear early on the mucous membranes and rupture as soon as they appear, rendering the disease communicable early, even before the exanthem is in evidence. The mode of transmission is directly from person to person; indirectly through articles freshly soiled by discharges from an infected person.

The disease is peculiar to man; animal inoculations have so far proved negative. The period of incubation is probably from 14 to 16 days; the maximum for public health purposes is 21 days. One attack produces a definite immunity. No age is exempt.

Health officers should require cases of chickenpox to be reported, if for no other reason than that it is often mistaken for smallpox. The differential diagnosis between chickenpox and smallpox is often an important and difficult public health matter. The distinction may be made by introducing some of the contents of the vesicle into the skin of a well-vaccinated person. If smallpox, an "immediate" reaction results; if chickenpox, no reaction results. Monkeys are not susceptible to chickenpox, but may be given smallpox.

The differential diagnosis may be made in doubtful cases by a histological examination of the pock, or by inoculating the contents of the vesicle upon the cornea of rabbits. Vaccine bodies are found in sections of the skin lesion in smallpox, not in chickenpox; the vesicle of the former is multilocular, the latter unilocular. The vesicle upon the cornea of rabbits produced by smallpox is distinct and contains the vaccine bodies; the lesion resulting from chickenpox is trifling and does not contain the vaccine bodies.

Force and Beckwith<sup>23</sup> state that rabbits previously vaccinated with vaccine virus will give a marked intradermal reaction with smallpox

<sup>23</sup> *Jour. A. M. A.*, Vol. LXV, No. 7, August 14, 1915, p. 588, Force and Beckwith.

vesicle contents in from twenty-four to forty-eight hours, but will not give such a reaction with varicella vesicle contents. I have not been able to obtain clean-cut results with this test.

The prevention of chickenpox depends upon isolation and disinfection at the bedside. Children with chickenpox should not be permitted to go to school.

Kling<sup>24</sup> favors vaccination with chickenpox virus, in the face of an epidemic in an institution. The response to such vaccination is slight and local. The virus is taken from a fresh, clear vesicle and introduced into the skin. Eight days later red papules appear at the site of "vaccination," which next day develop into typical vesicles of chickenpox, with a slight reddened areola. There are no general symptoms. Previous vaccination with smallpox does not prevent a positive reaction to vaccination with chickenpox, thus emphasizing the essential difference between the two diseases. An epidemic of chickenpox at the Stockholm Children's Hospital in August, 1914, was cut short by vaccinating all the well children with the virus from a chicken pox. Steinert<sup>25</sup> also obtained successful results. Michael's<sup>26</sup> results are less convincing.

Hess and Unger<sup>27</sup> obtained an immunity to varicella by means of an intravenous injection of the contents of the vesicles. In 38 instances it failed to protect in only one case.

## GLANDERS

Glanders or farcy is a widespread communicable disease of horses, mules, asses, and other animals, and is readily communicated to man. Cats may become infected by eating the flesh of glandered horses. Goats also have the disease. Cattle are immune. Guinea-pigs and field mice are very susceptible by experimental methods; white mice have a natural immunity. In both man and horses it is remarkable for its fatality. The disease is characterized by the formation of inflammatory nodules either in the mucous membrane of the nose (glanders) or in the skin (farcy). The nodules break down, leaving crater-like ulcers. On the skin the farcy buttons break down and discharge an oily material. The mortality is about 50 per cent. Glanders occurs both as an acute and chronic disease.

Glanders is caused by the *Bacillus mallei*, which corresponds to the spore-free bacteria so far as its resistance is concerned. In general the bacillus of glanders is killed by the same agents used against the tubercle bacillus, which it resembles in some particulars.

The infection may be introduced into the system either through the

<sup>24</sup> *Berl. klin. Wochenschr.*, Nov. 10, 1913, L, 45, p. 2083.

<sup>25</sup> *Zeitschr. f. Kinderheilkunde*, July 28, 1920, p. 94.

<sup>26</sup> *Arch. of Pediatrics*, Sept., XXXIV, No. 9, p. 702.

<sup>27</sup> *Am. Journ. Diseases of Children*, July, 1918, XVI, p. 34.

skin or mucous membrane, and is usually communicated directly from the horse to man by contact with the infected discharges. The disease is sometimes communicated from man to man. Washerwomen have become infected from the clothes of a patient.

The bacillus of glanders does not have a spore. It is comparatively frail and readily destroyed by the usual physical and chemical germicidal agencies used against spore-free bacteria. The bacillus, however, is frequently protected by albuminous matter or buried in the dirt of stables, water troughs, harnesses, and other objects. While the naked germs of glanders are readily destroyed, they are frequently hard to get at; cleanliness is, therefore, imperative.

The prevention of glanders in man depends primarily upon the suppression of the disease in horses. The only difficulty in controlling the disease in horses lies in the early diagnosis and recognition of mild or missed cases, which are very common. Horses affected with occult or latent glanders are important factors in the propagation of the infection, especially in the crowded parts of cities. The clinical diagnosis in the frank cases usually is made without difficulty from the characteristic symptoms and the lesions, but laboratory aid is necessary to discover the mild and atypical cases.

**Diagnosis.**—The diagnosis of glanders may be made by: (1) the mallein test, both subcutaneous and ophthalmic; (2) the agglutination test; (3) the Strauss reaction; (4) isolation of *B. mallei* in pure culture; and (5) complement fixation. All these tests serve a definite purpose. However, the mallein test, the agglutination test, and the Strauss reaction have certain limitations. The isolation of the glanders bacillus in pure culture is definite and final, but time-consuming. There is no absolute relation between complement fixation, agglutination and mallein tests in horses. An apparently healthy horse should not be condemned because one of these tests is positive but the animal should be studied further.

*The Mallein Test.*—Mallein is a product of the glanders bacillus corresponding to tuberculin. The injection of mallein into normal animals produces no reaction, whereas the injection into glanderous animals causes a rise in temperature and a local reaction about the lesions. With the mallein test a large proportion of latent and occult cases of glanders can be diagnosed, but the test must be made and interpreted by an experienced veterinarian, else the results may be unreliable. The mallein test fails to give a typical reaction in a considerable number of glanderous animals; on the other hand, a reaction may follow the injection of mallein in the absence of active glanders. Thus mallein is not an entirely reliable diagnostic agent and has never been considered as specific in the detection of this disease as tuberculin for the diagnosis of tuberculosis.

The *ophthalmic test* for glanders is reliable, and has a great advantage over other tests on account of its very simple application. It is only necessary to drop into one of the eyes of the animal three drops of concentrated mallein, or to dip a camel's-hair brush into mallein and introduce this into the conjunctival sac. The reaction usually commences in five or six hours after the introduction of the mallein and lasts from twenty-four to thirty-six hours. A positive reaction is manifested by swelling of the eyelids and a purulent secretion from the tested eye. Irritation of the conjunctivae due to cold weather, dust and other irritating influences must not be confused with a positive reaction.

*The Agglutination Test.*—The agglutination test is of value in all cases of recent infection, the blood serum possessing a very high agglutinating power—1-1,000 and higher. In chronic glanders the agglutinating power of the blood may be very low—1-400 or less; in some cases even lower than that of normal blood serum—which may be 1-800 and even higher. It is, therefore, plain that agglutination tests alone do not constitute an entirely satisfactory diagnostic method for glanders. It may be used as an adjunct to other tests.

*The Strauss Reaction.*—The Strauss<sup>28</sup> reaction for the diagnosis of glanders consists in inoculating material containing virulent *B. mallei* into the peritoneal cavity of male guinea-pigs, which causes an enlargement of the testicles, involving the scrotum; the testes become glued to their sheaths. A positive reaction associated with organisms resembling those of glanders, and typical cultures obtained from the lesions, are unfailing evidence of the presence of the specific virus. Failure to obtain the reaction is not proof that a suspected specimen may not have come from a horse or animal with glanders. Arms<sup>29</sup> recommends that it is better to use more than one guinea-pig in testing suspected material, and that, before inoculating, it is well to make a microscopic examination as a guide to the dosage. A culture made from the swab often aids in the early diagnosis. Guinea-pigs should be kept under observation for a month, and if a lesion of any kind is present an autopsy should be made and cultures taken.

*The Isolation of B. Mallei in Pure Culture.*—The bacillus of glanders may be isolated by introducing some of the suspected material subcutaneously and also intraperitoneally into male guinea-pigs. In this way pure cultures may be obtained from the pus or necrotic foci in the spleen, which follow subcutaneous inoculation; or from the characteristic enlargement of the testicle which is observed in animals inoculated intraperitoneally. The organism isolated must be studied for cultural, morphological, and biological characters. The isolation of the bacillus in pure culture gives positive information of unquestioned

<sup>28</sup> *Compt. Rend. Acad. d. Sc.*, 1889, CVIII, p. 530.

<sup>29</sup> *Jour. A. M. A.*, LV, 7, Aug. 13, 1910, p. 591.

character in any critical case. The method is not generally applicable to the diagnosis of glanders because it requires too much time and may occasionally fail to discover the bacillus. One of the chief difficulties is that the material is usually grossly contaminated with other pathogens.

*Complement Fixation.*—In 1909 Schütz and Schubert<sup>30</sup> published the results of their important work on the application of the method of complement fixation for the diagnosis of glanders. The splendid results obtained constitute, without doubt, the most reliable method for the diagnosis of glanders which we have at our command at the present time. The complement fixation test is, in fact, one of the most specific of the biological tests in immunity. It is readily applicable to the case of glanders. It has, however, less value in testing the blood of mules than horses because of the larger percentage of false positives in the former. The essential elements used in the test are as follows:

The *hemolytic* mixture consists of the washed red blood corpuscles of a sheep and the blood serum of a rabbit which has been injected with the washed red blood corpuscles of a sheep. For preparation see page 583.

*Complement.*—The complement is contained in the fresh blood serum of a healthy guinea-pig. For preparation see page 581.

*Antigen.*—This is an extract obtained by shaking glanders bacilli in salt solution. The bacillus is grown in pure culture on 2 per cent. acid, 6 per cent. glycerin agar. A luxuriant growth upon the surface of the medium is usually obtained in 48 hours. This is suspended in 0.5 per cent. carbolized normal salt solution, heated to 60° C. for four hours in order to kill the bacilli. After heating, the dead bacilli are shaken in the salt solution in a special apparatus for eight to twelve hours. The bacilli are separated in the centrifuge and the clear supernatant liquid is drawn off and preserved with 0.5 per cent. phenol. The strength and specific quality of each extract must be determined by suitable methods of titration, by control tests.

*Technic.*—The test is carried out by adding together, in proper proportions, the following: (1) The blood serum of the horse to be tested; (2) the antigen (extract of glanders bacilli); (3) complement (fresh guinea-pig serum); and (4) the hemolytic system. If the blood serum of the horse to be tested contains the specific amboceptors, these will unite with the bacteria, fix the complement, and thus prevent hemolysis. If the blood serum of the horse to be tested does not contain these specific amboceptors, this fixation of the complement cannot take place and hemolysis results. Therefore, the absence of hemolysis

<sup>30</sup>Schütz and Schubert: "Die Ermittelung der Rotzkrankheit mit Hilfe der Komplementablenkungsmethode." *Archiv für wissenschaftliche und praktische Tierheilkunde*. Bd. 35, Heft 1 and 2, pp. 44-83, 1909.

means the presence of glanders, and vice versa. The tests must always be carried out with controls and carefully conducted as to the amount of each substance used, the temperature and time.<sup>31</sup> The technic and interpretation is precisely that of the Wassermann reaction (page 583), except that the antigen is an extract of the glanders bacilli.

**Prevention.**—When glanders is discovered or suspected among horses in a stable, the horses in the infected stable should be tested in the

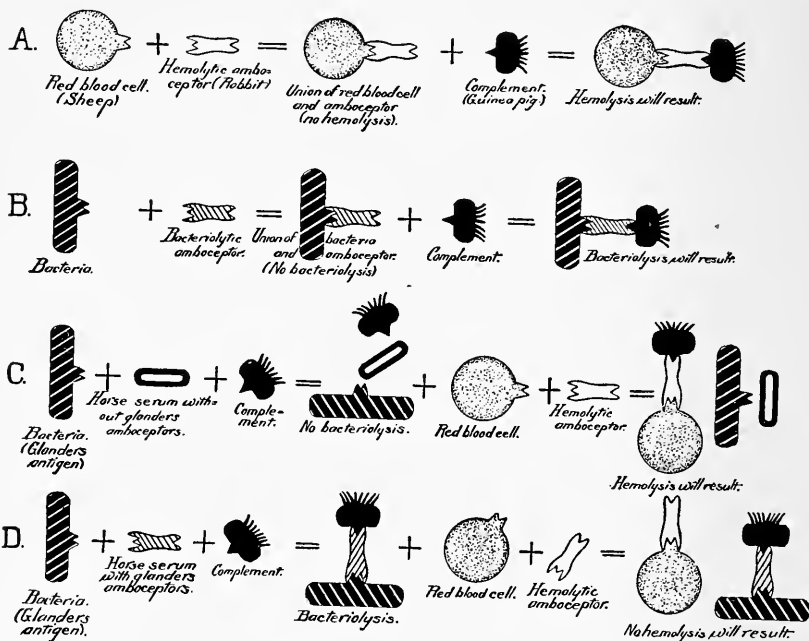


FIG. 51.—DIAGRAMMATIC REPRESENTATION OF COMPLEMENT FIXATION. Mohler and Eichhorn, Bull. 136, B.A.I., U. S. Dept of Agriculture.

A, Hemolytic system.

B, Bacteriolytic system.

C, Negative reaction with normal horse serum.

D, Positive reaction with glandered horse serum.

manner above described. All animals with glanders should be destroyed without further consideration. After these animals have been killed and properly disposed of, the stable should be thoroughly cleansed and disinfected. All other horses which have in any way been associated with the infected animals should be carefully watched and tested again after three weeks, and, should there be no indication of the disease in the second test, the stable may be considered free from the infection; otherwise the infected animals should be destroyed and the tests repeated every three weeks until the disease has been eliminated.

<sup>31</sup> A complete description of the diagnosis of glanders by complement fixation, giving in full all the details, will be found in *Bull. 136*, Bureau of Animal Industry, Apr. 7, 1911, by Mohler and Eichhorn.

The eradication of glanders from a stable often means considerable loss and sometimes a sacrifice of valuable animals, but it is only through vigorous measures that the disease may be controlled. In the disinfection and cleansing, special attention should be paid to the stalls, harnesses, water troughs, bits, food containers, curry combs, sponges, and other objects exposed to the infection, which is eliminated mostly in the secretions from the mouth and nose. The common drinking trough for horses spreads the infection. The bacillus of glanders is very susceptible to bleaching powder, and it therefore is a cheap and reliable germicide for this purpose.

The personal prophylaxis of glanders in man depends upon the education and care of those who have to handle horses. In working with horses known to be infected rubber gloves, disinfection, and other methods of protection should be employed. Special care should be taken to prevent the spread of the disease through the discharges or by infected fomites from human cases. Fatal accidents have occurred in laboratories in research workers handling pure cultures of *B. mallei*.

## ANTHRAX

(*Splenic Fever. Charbon.*)

Anthrax has figured prominently in the history of bacteriology and immunology. The anthrax bacillus was the first pathogenic microorganism to be seen under the microscope, by Pollender in 1849. Anthrax was the first communicable infection to be experimentally transferred, when Davaine and Rayer,<sup>32</sup> in 1850, communicated splenic fever by the direct inoculation of blood containing "infusoria" to susceptible animals. Anthrax was the first bacterium to be grown in pure culture by Koch, in 1875.<sup>33</sup> Anthrax was the first dramatic demonstration by Pasteur,<sup>34</sup> in 1881, of the prophylactic value of an attenuated virus. Pasteur's work on anthrax closely followed similar experiments upon fowl cholera.

Anthrax belongs to that group of diseases which occurs primarily in the lower animals and secondarily in man. The infection is found especially in cattle, but also in horses, sheep, and other cloven-hoofed animals, and may be transmitted experimentally to mice, guinea-pigs, rats, and rabbits. Cold-blooded animals and birds, as well as dogs and swine, are refractory. Anthrax has a world-wide distribution; Russia is one of the principal foci of infection.

In man the infection may enter the skin (*malignant pustule*) or the lungs (*wool sorters' disease*), or may enter the digestive tract and

<sup>32</sup> *Mem. de la Soc. de Biol.*, 1850, p. 141.

<sup>33</sup> *Cohn's beit. zur biol. de pflanzen*, 1876, II, p. 277.

<sup>34</sup> *Compt. rend. de l'Acad. de Sc.*, XCII, 1881, p. 427.

produce intestinal lesions. Human anthrax is mostly an industrial disease contracted through the handling of skins, hair or animals. In anthrax of the skin the infection usually enters through slight abrasions, scratches, or small wounds, especially on the forearm, hand, neck, or face. In butchers or persons who handle infected carcasses or hides, it is apt to occur on the neck and shoulders.

Many cases of anthrax in the United States and in England have been traced to shaving brushes made of horse hair. In Massachusetts, 47 cases from shaving brushes were reported in 1917.

The spores have been carried to the skin by flies; Schuberg and Kuhn<sup>35</sup> have shown that anthrax may be transferred from animal to animal through the bite of the stable fly (*Stomoxys calcitrans*). Mitzmain obtained positive results with the stable fly and also with *Tabanus striatus*.<sup>36</sup>

**Wool Sorters' Disease**, or anthrax of the lungs, appears to be due to the inhalation of anthrax spores. It is observed only among persons who handle skins or who work with horse hair, wool, or other raw materials from animals afflicted with anthrax. The symptoms are like those of pneumonia; this form is frequently fatal.

The mode of transmission in intestinal anthrax is through meat from an anthrax cadaver. The usual heat of cooking or even canning does not necessarily kill anthrax spores. Intestinal anthrax is rare, but when it does occur is rapidly fatal.

**Resistance.**—The anthrax spore is exceedingly resistant to heat and external influences, such as dryness and sunlight, and also to germicidal agents. Its resistance may be compared to the tetanus spore, page 100.

**Prevention.**—A number of species of animals have a natural immunity to anthrax, and an artificially acquired immunity may be induced in cattle or sheep through the injection of attenuated cultures, in accordance with the classical method of Pasteur. These procedures are not applicable to man. The prevention of the disease in man must first be directed to a suppression of the infection in animals. The sick animals should be isolated, or, better, killed, and the carcasses burned or buried with lime at least three feet deep. The carcasses may be "tanked," that is, subjected to a prolonged exposure to steam under pressure. Tanks for this purpose are found in all the larger slaughter houses. It is important in handling the body of an animal dead of anthrax not to open it or shed blood, for the bacillus does not produce its spore except in the presence of oxygen, that is, the bacilli are mainly in the blood and internal organs and will not sporulate as long as access to the air is prevented.

<sup>35</sup> Arbeiten a. d. kaiserl. Ges.-Amt., Bd. XL, Heft 2, 1912,

<sup>36</sup> Public Health Reports, Jan. 9, 1914, p. 75,



The neglect of precautions in disposing of anthrax carcasses favors the spread of the infection through the activity of carrion feeders. Morris<sup>37</sup> has shown that buzzards may carry infection for long distances and contaminate clean ground or water through contamination on their feet and beaks. Dogs discharge anthrax spores in their feces 114 hours after feeding upon an anthrax carcass.

Gegenbauer<sup>38</sup> points out that animals may harbor anthrax organisms in their hair without themselves being infected.

The proper prevention of anthrax consists in the veterinary control of the disease among animals. The chief preventive measure so far as man is concerned is the disinfection of all raw material in those trades in which horse hair, hides, wool, and other substances liable to harbor the anthrax spore are handled. Veterinary surgeons who conduct autopsies upon anthrax animals should exercise special precautions, and, if practicable, wear rubber gloves.

Workers in leather tanneries, hair and wool factories can be protected by rubber gloves and rubber aprons. Protection is also afforded by an effective quarantine against all hides, wool, and hair from infected and suspected areas, and areas about which information is lacking. See also page 1322.

Proper ventilation should be provided to carry off the dust where hair and wool are handled, especially about carding machines. The refuse from tanneries and woolen mills should be properly disposed of; otherwise they may infect streams or fields through fertilizers.

A serum made by injecting horses with virulent anthrax bacilli is used as a therapeutic agent. Normal bovine serum also has curative value; neither of these sera is practical as a prophylactic.

**Disinfection.**—Steam disinfection is practicable for hair, but not for wool or hides. The wool fiber and hides are seriously damaged by the action of the steam. Wool may be disinfected by formaldehyd used as given below. The method preferred for hides is the hydrochloric acid-salt bath of Schattenfroh. Manufacturers object to the disinfection of hides with bichlorid of mercury and formic acid, according to the Seymour-Jones method, on account of the apparent injury of such treatment.

All hides, wool and hair from anthrax-infected and suspected areas, or areas about which information is lacking, should be disinfected. This disinfection should be done in the country where the hides, wool and hair are collected, preferably at the market center, where the work could be done under skilled supervision.

*Hair for Shaving Brushes.*—The disinfection of the hair used for shaving and lather brushes, in accordance with the requirements of

<sup>37</sup> *Louisiana Bull.* No. 136, Agr. Exp. Sta., Nov., 1912.

<sup>38</sup> *Arch. f. Hyg.*, 89, 202, 1920.

the United States Government,<sup>39</sup> is accomplished by one of the following methods: (a) by boiling the hair or bristles for not less than three hours; (b) by exposing the hair or bristles to steam under not less than fifteen pounds gauge pressure for not less than thirty minutes with a preliminary vacuum of not less than ten inches before turning on the steam; (c) by exposure to streaming steam for not less than six hours.

*Shaving Brushes.*—Any brushes found in the market which do not bear the name or the trade mark of the manufacturer should be regarded with suspicion, and should be returned to the source from which they were secured, or should be disinfected.

For the sterilization of the brushes themselves the following procedure is believed to be effective:

The brush should be soaked for four hours in a 10 per cent. solution of formalin (by formalin is meant a 40 per cent. solution of formaldehyd). The solution should be kept at a temperature of 110° F. and the brush so agitated as to bring the solution into contact with all hair or bristles.<sup>40</sup>

Obviously it would be better to avoid the use of horse hair in shaving brushes, because of the extraordinary hazard from them.

*Wool.*—The Departmental Committee on Anthrax<sup>41</sup> recommends the following for the disinfection of wool, goat hair and camel hair: A preliminary agitation with an alkaline solution of soap in water at a temperature of 102° to 110° F.; exposure for 20 minutes in a 2 to 2½ per cent. solution of formaldehyd in water at a temperature of 102° to 105° F. The hair is then dried in a current of air at 160° F., and allowed to stand a short time in order that the formaldehyd may complete its germicidal action.

*Hides and Skins.*—(1) The Seymour-Jones method: To 1 pound of perchlorid of mercury add 500 gallons of water, and to this mixture add 5 gallons of formic acid (commercial 50 per cent. strength). In this bath steep the material for twenty-four hours.

(2) The Schattenfroh method: In a 2 per cent. hydrochloric acid solution to which 10 per cent. of common salt has been added steep the material for 40 hours at a temperature of 60°-70° C. A quicker method can be used by substituting a 1 per cent. solution of hydrochloric acid and 8 per cent. of salt, provided the temperature of the solution is maintained at 40° C. (104° F.) for a period of six hours.<sup>42</sup>

<sup>39</sup> Interstate Quarantine Regulations, Treasury Dept., Washington, July 30, 1918.

<sup>40</sup> Report of the Departmental Committee on Anthrax, Vol. II, London, 1918.

<sup>41</sup> Public Health Bureau Circular Letter No. 136, dated July 31, 1918.

<sup>42</sup> Industrial Bull. No. 6, Commonwealth of Mass., State Bd. of Labor and Industries, p. 7.

*Hair, Bristles and Pigs' Wool.*—(1) By letting a current of steam act on the material for not less than one-half hour at a pressure of 17 pounds (0.15 above atmospheric pressure);

(2) By boiling for at least one-quarter of an hour in a solution containing 2 per cent. of permanganate of potassium, and subsequent bleaching with a 3 or 4 per cent. solution of sulphurous acid;

(3) By boiling in water for not less than two hours.

## FOOT-AND-MOUTH DISEASE

Foot-and-mouth disease is also known as aphthous fever, epizootic catarrh, and eczema contagiosa. It is an acute and highly communicable disease, generally confined to cloven-footed animals, and characterized by an eruption of vesicles on the mucous membrane of the mouth and on the skin between the toes and above the hoofs; seldom on the udder or other parts of the body. The vesicles rupture, leaving superficial erosions which sometimes develop into ulcers. Other symptoms are: salivation, tenderness of the affected parts, loss of appetite, lameness, emaciation, and diminution in the quantity of milk secreted.

Foot-and-mouth disease is primarily a disease of cattle and secondarily of man. It also affects hogs, sheep, goats, buffalo, American bison, camel, chamois, llama, giraffe, antelope, and even dogs and cats are said to occasionally become infected. Horses and fowl are not susceptible.

The disease prevails in European countries, especially Russia, also South America, Asia and Africa, and occasions great economic loss. The mortality is low; the serious losses depend chiefly upon the diminution of the milk secretion and the loss of flesh in the affected animals as well as the disturbances of quarantine. It occurs as widespread epizootics, especially in the warm season.

Foot-and-mouth disease has appeared in the United States only on six different occasions—in 1870, 1880, 1884, 1902-3, 1908, and 1914. Every outbreak on American soil has thus far been followed by its complete suppression through the application of well-known preventive measures, such as isolation, destruction and burial of the affected herds, disinfection, restriction of the movements of cattle, and a systematic inspection of all farms in the infected area to detect cases of the disease.

Animals may be infected directly, as by licking, and in calves by sucking, or indirectly by fomites such as infected manure, hay, utensils, drinking troughs, railway cars, animal markets, barnyards, and pastures. The spread of the disease is due largely to carrying of the infection on the hands of persons who examine, milk, or otherwise come in contact with diseased animals.

Veterinary inspectors must take unusual precautions not to spread the infection in their efforts to control it.

Löffler and Frosch<sup>43</sup> in 1898 showed that the virus will pass the finest porcelain filters. This was the first "ultramicroscopic" virus discovered. The specific principle is contained in the serum of the vesicles; in the saliva, tears, milk, and various other secretions and excretions; also in the blood until the eruption comes out, then it disappears.

No definite immunity is rendered by an attack. The period of incubation is variable, usually from two to six days or longer, exceptional instances being prolonged to fifteen or even eighteen days.

The disease in man is a direct counterpart of that in cattle. The infection is transmitted to man through the ingestion of raw milk, buttermilk, butter, cheese, and whey from animals suffering with foot-and-mouth disease. It may also, though more rarely, be transmitted directly from the salivary secretions or other infected material which gains entrance through the mucous membrane of the mouth. It is doubtful whether the disease can be transmitted to man by cutaneous or subcutaneous inoculations, though it is probable that the infection may be communicated if the virus enters the blood directly through wounds of any kind. Children are most frequently infected by drinking unboiled milk during the time in which the disease is prevalent in the neighborhood; while persons in charge of diseased animals may become infected through contact with the affected parts or by milking, slaughtering, or caring for the animals. The disease is usually mild in man; death practically never results, except in weakened children, and then from secondary complications.

The original experiments of Löffler and Frosch, as well as recent experiments which have been made in Denmark and Germany, indicate that the virus is destroyed comparatively readily by heat or the usual germicides, except phenols and cresols, which are unreliable for this and other filterable viruses. Milk pasteurized at a temperature of 60° C. for 20 minutes is safe.

Foot-and-mouth disease has a special interest on account of the fact that it may be associated with vaccinia. Vaccine virus has been known to contain the infection of foot-and-mouth disease.<sup>44</sup> Glycerin acts as a preservative for the virus of foot-and-mouth disease, so that it may remain viable in glycerinated vaccine virus a very long time. No instance of the transmission of foot-and-mouth disease to man through vaccine virus has been recorded, and it is doubtful, in view of the known facts, whether it is possible to reproduce the disease in man by the cutaneous inoculation commonly used in the process of vaccination.

<sup>43</sup> *Deut. med. Wochenschrift*, 1898, Vol. XXIV, p. 80.

<sup>44</sup> "The Origin of the Recent Outbreak of Foot-and-Mouth Disease in the United States," by Mohler and Rosenau, *Cir. 147*, Bureau of Animal Industry, Dept. of Agriculture, 1909.

The prevention of foot-and-mouth infection in vaccine virus is assured through federal inspection and through special tests. See Vaccine Virus, page 24.

The prevention of foot-and-mouth disease consists (1) in a cattle quarantine, to keep it out of countries where it does not exist; (2) in the elimination of the disease in cattle through isolation of infected herds, destruction and burial of the sick animals, and disinfection; (3) the disease in man may be avoided by care in the selection of the animals from which milk is taken or by pasteurization of the milk when foot-and-mouth disease is prevalent.

Lisboa and da Rocha<sup>45</sup> report good results from the use of a vaccine which confers an immunity lasting from four months to a year.

### MALTA FEVER

Malta fever is a general infection not unlike other specific bacteriemias, such as typhoid fever. It is caused by the *Micrococcus melitensis*, discovered by Bruce in 1887 during the earlier days of bacteriology. Clinically the disease is characterized by profuse perspiration, constipation, frequent relapses often accompanied by pains of a rheumatic or neuralgic character, and sometimes swelling of the joints or orchitis. Malta fever is further characterized by its low mortality and long-drawn-out and indefinite duration. It prevails especially about the Mediterranean basin. Malta fever is a disease primarily of goats, secondarily of man.

Gentry and Ferenbaugh<sup>46</sup> in 1911 found a nest of malta fever throughout the older goat-raising sections of Texas. This endemic center embraces an area approximately 300 miles along the Rio Grande extending 90 miles to the north. All the cases of malta fever found have occurred in territory devoted to goat raising, and all the patients there gave a history of drinking unboiled goats' milk, or were associated with the goat-raising industry. The *Micrococcus melitensis* was isolated from several of the cases.

**Modes of Transmission.**—From experimental evidence it would appear that the infection of malta fever may be taken in through wounds, the mucous membranes, or by food and drink. The usual mode of infection is by drinking raw goats' milk. The *Micrococcus melitensis* leaves the body in various secretions and excretions. Great numbers of the cocci in pure cultures may appear in the urine. The milk of goats also contains the virus. All the secretions from the body must be regarded as infectious until further knowledge on the subject is at

<sup>45</sup> Mem. de Inst. Oswaldo Cruz, 1920, XII, No. 1, p. 66.

<sup>46</sup> Jour. A. M. A., Aug. 26, Sept. 9, Sept. 23, Sept. 30, 1911.

hand. In man the coccus may be isolated from the spleen, lymph glands, bone marrow, and mammary glands. In goats it first disappears from the blood, then the spleen, and, last of all, from the mammary glands.

Goats are susceptible to malta fever and continue to discharge the infection in the milk for a long time. The disease is usually contracted by drinking such infected milk. While this is the common mode of infection, occasional cases doubtless arise through other sources; thus one case which arose in England is supposed to have been conveyed from son to father by using a clinical thermometer in the mouth immediately after its use by the patient. Monkeys may readily be infected either by the inoculation of pure cultures or by feeding them. At least five accidental infections have occurred in bacteriological laboratories, one in Washington. Macfadyen lost his life from a laboratory infection with the *Micrococcus melitensis*. This microorganism has, therefore, more than complied with all the requirements of Köch's laws.

There has long been a suspicion that malta fever may be conveyed through the bite of an ectoparasite. In fact, Captain Kennedy was able experimentally to infect a monkey as a result of bites of mosquitoes (*Culex pipiens*) which had fed on patients suffering with malta fever. This probably was an instance of mechanical transference of the infection, corresponding in all respects to a laboratory inoculation with fresh virulent material from a hypodermic syringe. This cannot be a frequent way by which the infection is transmitted in nature, for the specific organisms are found in small numbers in the peripheral blood of malta fever patients. The British Commission found the *Micrococcus melitensis* only four times from a total of 896 mosquitoes studied.

From the fact that the micrococcus may be successfully introduced either by ingestion, or by inoculation, or through the mucous membranes, it is evident that occasionally cases may receive their infection through a great variety of means, such as insect bites and other wounds, infected food, and the various modes of contact infection. Contact infection, however, probably plays a minor rôle, for there is evidence that the disease is not, as a rule, directly transmitted from the sick to the well.

There is also experimental evidence to show that monkeys can be infected by dry dust artificially contaminated with cultures of the *Micrococcus melitensis*. The path of entrance may be through the nares, throat, respiratory passages, or alimentary canal. Dry dust contaminated with the urine of cases of malta fever has given rise to infection in goats but not in monkeys. The experience gained during the work performed in Malta during 1904 and 1905 has convinced Horrocks that men are more susceptible than monkeys and goats. Shaw's work on ambulatory cases of malta fever among Maltese has also shown that opportunities for the creation of infected dust were plentiful in Malta.

Infected dry dust as a mode of transmission cannot, therefore, be discarded.

**Goats' Milk and Malta Fever.**—We are indebted to the six reports of the British Commission for the investigation of Mediterranean fever (1905-1907) for the fact that malta fever is chiefly spread through goats' milk. Before the researches of this commission the common mode of infection was not definitely known.

The usual source of milk in Malta is the goat. The udders, which are abnormally long, often touch the ground and are very liable to be soiled. It was first shown by Zammit in the report of 1905 that goats could be infected by feeding them with the *Micrococcus melitensis*. In the same year Major Horrocks discovered the *Micrococcus melitensis* in the milk of an apparently healthy goat. Further studies showed that one or more healthy goats in every herd were excreting the *Micrococcus melitensis* in their milk and urine, and that about 50 per cent. of the goats reacted positively when examined by serum agglutination tests. All the available evidence points to their food as the main vehicle of infection in goats. The young goats, of course, are infected through their mother's milk. Horrocks and Kennedy consider that 10 per cent. of the goats supplying milk to various parts of Malta excrete the *Micrococcus melitensis* in their milk. The excretion of the specific micro-organisms may continue steadily for three months without any change occurring in the physical character or chemical composition of the milk and without the animal exhibiting any signs of ill health. On the other hand, the excretion of the *Micrococcus melitensis* in the milk may be intermittent, appearing for a few days and then disappearing for a week or more.

Major Horrocks in *Report No. 5* of the British Commission shows a direct relation between the number of goats in Gibraltar and the number of cases of malta fever. With the reduction in the number of goats in Gibraltar there was also a decrease in the number of cases, so that finally, when the number of goats had decreased to about 200, in 1905, malta fever had practically disappeared.

The story of the steamship *Joshua Nicholson* is instructive in showing the relation between goats' milk and malta fever in man. Sixty-one milch goats, all healthy in appearance and good milkers (many being prize animals), and four billygoats were shipped on board the cargo steamer *Joshua Nicholson* August 19, 1905, at Malta for passage to the United States via Antwerp. Many of the ship's company partook freely of the milk. The officers drank "mixed" milk collected in a large vessel; the members of the crew each obtained the "whole" milk from one goat in his own separate pannikin. Subsequent bacteriological examination resulted in the recovery of the *Micrococcus melitensis* from the milk of several of the goats. Of 23 men on board the steamer who drank

the goats' milk on one or more occasions, no evidence whatever is available as to 13, while of the remaining 10, 9 suffered from febrile attacks, 5 of them yielding conclusive evidence of infection with the *Micrococcus melitensis*.

*The Micrococcus Melitensis*.—The *Micrococcus melitensis* is readily destroyed by heat. I have shown that 60° C. for 20 minutes is sufficient to destroy this organism in milk and provides at the same time a liberal margin of safety. It is not destroyed at 55° for a short time, but succumbs in one hour; the majority die at 58°; at 60° all are killed. Phenol, 1 per cent., destroys the coccus in 15 minutes. While this micrococcus shows a comparatively feeble resistance against heat and the ordinary germicides, it shows a remarkable resistance to dryness, for it may remain alive in this state for months.

The micrococcus grows well, but slowly, upon artificial culture media. Visible colonies do not appear until about the fifth day. It may be kept alive indefinitely by transplanting to subcultures at frequent intervals. Exceedingly high agglutinating power develops in persons suffering with malta fever—sometimes as high as 1-100,000. In such cases the proagglutinoid zone may appear, that is, the serum may refuse to agglutinate in low dilutions, such as 1-100, but agglutinate actively in higher dilutions, such as 1-1,000.

Meyer and Shaw<sup>47</sup> call attention to the fact that it is not possible to distinguish between *Micrococcus melitensis* and *Bacillus abortus*. Feusier and Meyer<sup>48</sup> show a similarity in agglutinins.

**Prevention.**—Our knowledge of the cause and modes of transmission of malta fever makes the prevention of this disease a comparatively simple problem. The infection must first be eliminated in the goats. Until this is done goats' milk should be pasteurized. Patients having the disease should be treated upon the same principles laid down for typhoid fever, in order to prevent the spread of the infection through food, fomites, and contact. Convalescents should not be released until the micrococcus has disappeared from the urine. General sanitary measures, such as the suppression of flies and mosquitoes, allaying dust, and the promotion of general cleanliness, should not be neglected.

## YAWS

(*Framboesia tropica*)

Yaws is a communicable infection caused by the *Treponema pertenue*, described by Castellani in 1905. It is not a "venereal" disease, but closely resembles syphilis. It is named from the raspberry-like (fram-besiform) appearance of the eruption.

<sup>47</sup> *Jour. Inf. Dis.*, Sept., 1920, Vol. XXVII, No. 3, p. 173.

<sup>48</sup> *Ibid.*, p. 185.



Yaws is essentially a tropical disease and exists in Africa, especially on the west coast; in Asia, it is common in the Malay Peninsula, Assam, Upper Burma, Siam, Java, Batavia and Ceylon. In America, it is common in the West Indies, in British Guiana, Venezuela, Colombia and Brazil. Cases have been reported from the southern United States. Yaws also occurs in northern Australia and in many of the Pacific islands.<sup>49</sup>

*Treponema pertenue* of yaws closely resembles *Treponema pallidum* of syphilis. They are distinguished only by animal tests; thus, monkeys immunized with *pertenue* do not become immune for *pallidum*. The parasite is found constantly in the primary lesion and in the unbroken papules of the general eruption. It may also be found in the spleen, lymph glands and bone marrow.

Paulet in 1848 inoculated 14 negroes with the secretions from fram-betic granulomata. All of them developed yaws in from 12 to 20 days. Syphilitic patients may contract yaws naturally and experimentally; yaws patients may likewise contract syphilis. The two diseases are therefore distinct.

Yaws is usually conveyed by direct contact. It appears, however, that there must be some abraded surface or small wound, for the parasite probably cannot enter through the normal skin. Women are frequently infected by their children, the primary lesion appearing on the mammae. Castellani believes that the virus may also be transmitted by insects, especially flies.

Salvarsan and neo-salvarsan are efficacious. Mercury is useless. Prevention consists therefore in the treatment of all active cases so as to destroy the foci of infection. Personal prophylaxis in endemic centers consists in avoiding native contact and promptly treating the slightest abrasion of the skin with an active germicide. Patients should be isolated until cured. The skin lesions should be dressed and other measures used to guard against infection through the agency of flies and other insects. Traveling clinics in endemic centers for the administration of salvarsan, organized after the manner of the hookworm work, could control yaws. Work of this kind has been demonstrated in Santo Domingo.

## LEPROSY

Leprosy is a contagious disease in the sense that it is probably always communicated directly from the sick to the well, but prolonged and intimate association with a leper ordinarily seems necessary to contract

<sup>49</sup>It has been suggested by Hume, Adams and others that yaws was the disease which afflicted the Israelites during their emigration from Egypt, and that therefore the term "saraat" in the thirteenth chapter of Leviticus does not mean leprosy as usually translated.

the infection. The degree of the contagiousness varies very much, depending upon conditions not well understood, but it is plain that leprosy shows little tendency to spread in any of the more highly civilized nations practicing personal cleanliness and enjoying the benefits of modern sanitation.

In many localities the introduction of even a number of lepers does not lead to the spread of the infection.

When the standards of living improve, the disease tends to diminish. The fear of the disease is almost without parallel. Leprosy prevailed in epidemic form in Europe in the middle ages, but the disease has disappeared from central Europe, remaining only upon the fringe of the Continent, in Norway, Sweden, Spain, Italy, Greece, Turkey, Russia, and Finland. There are a considerable number of cases of local origin in Austria (Bosnia and Herzegovina), and a few in Germany (Memel), France, and Bulgaria. It is estimated that there are from 5,000 to 6,000 lepers in the Philippine Islands, and there are many cases in China and Japan. In India the census of 1910 shows an increase from 100,000 to 110,000 during the previous ten years. Leprosy is also on the increase in southern Africa (Bayon); in Basutoland alone it is estimated (1912) that there are 3,000 lepers, in a population of about 270,000. The greatest incidence is found among the natives of the Hawaiian Islands, where one in every 40 or 50 have the disease. Leprosy began to attract attention in the Hawaiian Islands about 1859, and there found conditions particularly favorable for spread. Precisely when it was introduced is uncertain.

In 40 years close to 5,000 cases were reported. A Government Commission in 1902<sup>50</sup> took a census of the lepers in the United States and found 278. Of these 145 were born in the United States and 186 probably contracted the disease in the United States. Of the entire number 72 of the cases were isolated and 205 were at large. Brinckerhoff again studied the prevalence of leprosy in the United States in 1909 and found 139 cases. The official figures for 1912 are 146.<sup>51</sup> Competent leprologists believe that the total number of cases is not far from 500.

It is evident that the disease is not markedly on the increase in our country and that, while it may be contracted here, it is "contagious" with great difficulty. There are three foci of leprosy in the United States: one among the Scandinavians in the region of the Great Lakes,

<sup>50</sup> White, Vaughan, and Rosenau, *Document No. 269*, 57th Congress, 1st Session, 1902.

<sup>51</sup> Complete returns from only 18 states. The incompleteness of the official returns is indicated by the fact that New York State acknowledged only 5 cases, whereas at a recent medical meeting more than that number of cases were shown in New York City alone. The laws concerning leprosy vary in the different states. New York, for example, has no stringent laws and there are 40 or 50 cases at large in New York City. Pennsylvania and Massachusetts, on the other hand, enforce strict segregation.

made up almost exclusively of imported cases, another among the Orientals on the Pacific Coast, likewise chiefly of imported cases, and the third on the Gulf Coast, particularly in Louisiana, Texas and Florida, where most of the cases are native born. According to the most recent figures available (1914) the number of cases in isolation in our insular possessions is as follows: Hawaii, 643; Porto Rico, 28; Philippine Islands, 4,629; the Canal Zone, 7. The lepers in Guam, 18 in number, were transferred to the Philippine leper colony at Culion during 1913. It is known, however, that everywhere that the disease prevails many cases escape tabulation in the official returns. There are perhaps a million lepers in the world. About 50 per cent. more males are affected than females.

The cause of leprosy is the *Bacillus leprae* discovered by Armauer-Hansen in 1874. The bacillus of leprosy resembles the bacillus of tuberculosis in many, though superficial, respects. It stains more readily and decolorizes somewhat more readily than the tubercle bacillus, but differential staining reactions are not trustworthy. It differs from the tubercle bacillus in that it grows with difficulty on artificial culture media in primary cultures and is not pathogenic for the lower animals. Further, lepra bacilli are usually found in dense clusters and in much greater numbers within the cells than is the case with the tubercle bacillus.

The bacillus of leprosy grows with difficulty upon artificial culture media. For years it has evaded all attempts until Clegg<sup>52</sup> in 1909 succeeded in cultivating an acid-fast bacillus in symbiosis with amebae and cholera vibrio upon plain agar and weakly nutrient agar. Clegg based his work upon the belief that the leprosy bacillus derives its nutrition from the products of the tissue cells in which it is mainly to be seen in leprosy lesions. These results have been confirmed by Currie, Brinkerhoff, Holmann and McCoy in Hawaii and by Duval in New Orleans.

The latter has shown that the amebas are not essential and that other microorganisms may replace the cholera vibrio or that the addition of certain amino-acids (tryptophan and cystein) to the media is sufficient to bring about the necessary conditions for growth. There is no satisfactory evidence that any of the cultures isolated will reproduce the disease in experimental animals.

**Immunity.**—There is no racial immunity to leprosy. The white races suffered severely during the middle ages. Malays, Mongols and Negroes now appear most liable to the infection, perhaps on account of their mode of life. The disease is remarkable for its prolonged period of incubation and its chronic course. The lesions may not be noticed until 20 or more years after exposure. The disease is not usually recog-

<sup>52</sup> *The Philippine Jour. of Science*, Vol. IV, No. 77, Apr., 1909. *Public Health Bull.* No. 47, Sept., 1911.

nized until several years have elapsed. These facts indicate that the body must possess a high degree of resistance to this infection. So far as known, man is the only animal subject to leprosy under natural conditions. Inoculation experiments into lower animals have recently been reported in the guinea-pig (Clegg); the Japanese dancing mouse (Sugai); and the monkey (Duval). It is questionable, however, whether the disease has been reproduced in the lower animals.

Leprous material has been inoculated into human beings by Danielson, Profeta, Cagnina and Bargilli with negative results. These experiments demonstrate the resistance of the body to the virus. In Arning's well-known case of the convict Keanu, who was pardoned on condition that he allow himself to be inoculated with leprosy, the disease did develop, but the experiment is somewhat spoiled by the fact that the man lived in a leprosy focus and had lepers among his relatives.

**Rat Leprosy.**—There is a disease among rats which is a close counterpart of leprosy in man. It occurs naturally in the *Mus norvegicus* and may be transferred by inoculation to the more tractable laboratory white rat. The disease was first observed by Stenfansky in 1903 in Odessa. In the same year Rabinowitsch found the disease among the rats of Berlin, and Dean in 1903 discovered the disease independently in London, and in a later publication (1905) reported success in transferring the infection by artificial inoculation. Since then rat leprosy has been found by Tidswell in the rats of Sydney, Australia; by Kitasato in Japan; Marchoux and Lebœuf in Paris, and the English Plague Commission observed the disease among the rats in India. Wherry and McCoy found a number of cases among the rats caught in San Francisco, California.

The proportion of rats infected with rat leprosy in different localities varies greatly; thus in Odessa and Paris from 4 to 5 per cent., in San Francisco 0.2 per cent., and in Sydney only 0.001 per cent. Currie failed to find leprosy among the rats of Honolulu. The fact that the infection is absent among the rats of Honolulu and present among the rats in Berlin is evidence that it plays no part in the epidemiology of the human disease.

Leprous rats in a late stage of the disease are usually recognized by the presence of patchy alopecia associated with cutaneous and subcutaneous nodules which may be the site of open ulcers; only in advanced cases are the internal organs affected. The diagnosis is readily confirmed by microscopic examination of a smear from an ulcer or a nodule, which will show the acid- and alcohol-fast bacillus of the disease in enormous numbers, and mostly in the cells.

Currie has shown that rats may infect each other by contact, also that bacilli of rat leprosy may often be demonstrated in the heart's blood of infected rats. Currie and also Marchoux and Sorel had

no difficulty in demonstrating the presence of acid-fast bacilli in mites contained on the bodies of rats when the latter's heart's blood contained the microorganisms. The fact that these mites so frequently contain the bacilli naturally leads to the suspicion that they may be one of the means of transmitting the disease from rat to rat, but up to the present time no positive evidence has been adduced that such is the case.

Mezincescu, using rat leprosy antigen, obtained complete complement fixation with human leprosy serum; this confirmed Slatineau's work. Schmitt obtained positive results with syphilitic antigen and human leprosy serum, and numerous other observers have, with different antigens and serum, obtained positive reactions and thus have shown the similarity of the two diseases. The bacillus has been cultivated by Dean, Hollman, Chapin, and others.

In this leprosy-like disease of rats we have an infection which closely resembles leprosy in man. The fact that the infection may be propagated in a laboratory animal permits of its investigation, and it is hoped that further studies upon rat leprosy will throw light upon the modes of transmission and control of the human disease.

**Modes of Transmission.**—The leprosy bacillus is found in all the lesions of the disease—the nodules on the skin and mucous membranes, in the spleen, liver, and testicles—in fact, in all the internal lesions. In the anesthetic type the bacilli are found in the cells of the spinal cord and brain and also in the peripheral nerves. Leprosy bacilli may also be found in the circulating blood during the febrile attacks. Frequently they are in the endothelial or in the white blood cells. The leprosy bacillus leaves the body from any of the lesions that are broken down. From the degenerated nodules of the skin or mucous membranes they are discharged in enormous numbers. If we may depend upon microchemical evidence, it appears that most of these bacilli are probably dead. Leprosy bacilli also occasionally appear in the feces and urine. They occur in the expectoration from lesions in the throat which are common.

There is some doubt as to just how the leprosy bacillus enters the body, whether through wounds of the skin or through the mucous membrane of the nose and throat or through the digestive tract, or possibly during coitus. Insects are also suspected.

It may be definitely stated that leprosy is not due to the eating of any particular food, such as fish. This theory has been stoutly maintained by Jonathan Hutchinson. There is no satisfactory evidence in support of the fish theory and many facts against it. One thing is plain, and that is, leprosy is not contracted from any of the lower animals, but is an infection which in all cases passes rather directly from man to man.

The suspicion that parasitic insects may play some rôle in the transmission of leprosy has existed for some time. The evidence is reviewed

by Nuttall,<sup>53</sup> who says: "It appears that Linnæus and Rolander considered that *Chlorops (musca) lepræ* was able to cause leprosy by its bite." Blanchard and Corrodor tell of flies in connection with leprosy. Flies frequently gather in great numbers on the leprosy ulcers and then visit and bite other persons. An observation by Boeck of the presence of *Sarcoptes scabiei* in a case of cutaneous leprosy led Joly to conclude that these parasites might at times serve as carriers of the infection. Pediculi are usually present among the poor classes in Algeria, which furnish the greater number of lepers. Sommer of Buenos Aires expresses the belief that mosquitoes act as active agents in the spread of leprosy in warm countries. Carrasquillo of Bogota found the bacillus of Hansen in the intestinal contents of flies. The British Leprosy Commission investigated the possible rôle played by insects with entirely negative results. Wherry studied the occurrence of lepra-like bacilli in certain flies and their larva. He found that the fly *Chlorops vomitoria* took up enormous numbers of lepra bacilli from the carcass of a leper rat and deposited them with their feces, but the bacilli apparently do not multiply in the flies, as the latter are clear of bacilli in less than 48 hours. Larvae of *Chlorops vomitoria* hatched out in the carcass of a leper rat become heavily infested with lepra bacilli. If such larvae are removed and fed on uninfected meat they soon rid themselves of most of the lepra bacilli. A fly, *Musca domestica*, caught on the face of a human leper was found to be infested with lepra-like bacilli. The horrid sight of flies swarming about leprosy lesions and the nostrils of leprosy beggars is well-known to travelers in eastern countries. Lepra-like bacilli have been found in bedbugs and these insects have long been associated with the spread of the disease.

The evidence bearing on the possible rôle of insects in the transmission of leprosy may be classified as purely presumptive evidence based upon analogy, or as evidence based simply upon the finding of acid-fast bacilli in certain insects. It must be plain that the simple taking up of parasites by an insect does not necessarily imply that the insect plays a rôle in its transmission from one host to another. Further, not all acid-fast bacilli are leprosy bacilli. It cannot be denied that leprosy may be one of the insect-borne diseases; the final verdict will depend upon further studies.

A great majority of lepers at some time in the disease have lepra bacilli<sup>54</sup> in their nasal secretions. The importance of the nose in leprosy was brought into prominence at the First International Leper Conference in 1897 by the work of Sticker, who made sweeping statements concerning the nose as the site of the primary lesion and the danger

<sup>53</sup> *Johns Hopkins Hospital Reports*, 1900, VIII, p. 1.

<sup>54</sup> Acid-fast bacilli, resembling the bacillus of Hansen are called "lepra bacilli." There are many acid-fast bacilli, and we have no clear criterion to differentiate the bacillus of leprosy.

of nasal secretions in transmitting the disease. Jeanselme and Laurans (1895), Gerber (1901), Werner (1902), Sheroux (1903), and others have shown the frequency with which the bacilli of leprosy appear in the nasal secretions and the importance of the nose as a site of leprosy lesions. Sticker cites a five-year-old child of leprosy parents seen by him in India with an ulcer on the right side of the nasal septum which contained lepra bacilli and was the only lesion of the disease present in the case. Plumert (1903) mentions the finding of lepra bacilli in the nasal secretions of persons in intimate family contact with advanced cases of leprosy. The individuals in question showed no other evidence of the disease. Falkao observed epistaxis associated with small ulcers on the nasal septum of descendants of lepers, and lepra bacilli were found in the crusts from these ulcers. The results of Sticker, Plumert, and Falkao would indicate that in the early stages of the disease the nose is frequently the site of a lesion discharging lepra bacilli. Brinckerhoff and Moore, however, who made a careful study of this question in Honolulu, point out that most of the studies upon the importance of the nose in leprosy have been made upon relatively advanced cases of the disease. They found the nose frequently the seat of infection when the disease is well developed, but practically never as a primary or incipient lesion. If the nose were the usual seat of the primary lesion in leprosy, it might indicate that the infection is carried there upon the finger.

Holmann studied 500 persons in the Hawaiian Islands suffering with a recognizable form of leprosy for periods varying from three months to twenty-five years, and found 410 with lesions of the nasal mucous membrane and only 90 in which such lesions were absent.

Bearing upon the contagiousness of leprosy we have Kitasato's statistics from Japan showing that the children of lepers become leprosy in a proportion of only 7.05 per cent. of the total. Matrimonial infection was proved in 3.8 per cent. of cases, while persons living under the same roof showed a proportion of only 2.7 per cent. Brothers and sisters infect each other in a ratio of 4.2 per cent. These figures roughly correspond to Sand and Lies' studies in Norway. It is a common observation that elderly persons are less likely to become infected with the disease than young persons.

Jeanselme<sup>55</sup> reports observations confirming the Chinese and Japanese belief that leprosy spreads largely by sexual contact. Jeanselme found "leprosy" urethritis set up by lepromata which invaded the navicular fossa. He further states that myriads of acid-fast bacilli may be found in a drop of pus which may be squeezed from the meatus under this condition.

It is sufficient for practical prevention to know that leprosy is spread

<sup>55</sup> *Bull. de la Société de Médecine Exotique*, No. 7, 1914.

mainly by direct contact and perhaps occasionally by indirect contact with persons suffering with the disease. In a case observed in northern Germany one girl directly and indirectly infected 28 people. Leprosy is most prevalent under conditions of personal and domestic uncleanness and overcrowding, especially where there is close and protracted association between the "clean" and the "unclean." There are instances on record in which persons have contracted the infection after a stay of only a day or two in a leprous-ridden area. There is no evidence that leprosy is inherited. Children born of leprous parents do not as a rule develop the disease if removed at once. The occurrence of several cases in a single family is doubtless due to "contact." The danger of infection from leprous persons is, of course, greater when there is a discharge from the lesions of the skin and mucous membranes.

**Prevention.**—The prevention of leprosy depends almost entirely upon isolation, care of the infected discharges, personal cleanliness, and sanitary surroundings. The disease is transmitted with difficulty; however, doctors, nurses, sisters of charity, ward tenders, and others directly exposed in leprosaria sometimes become infected. Notable examples have been Father Damien at Molokai, Hawaii, Father Bogliolo in New Orleans, Sir George Turner in Pretoria, and Miss Mary Reed in India. About 5 per cent. of the healthy consorts of lepers become infected at the Hawaiian settlement. Evidently close, prolonged and intimate contact is ordinarily necessary to contract the infection.

For the control of leprosy the most important administrative measure is to segregate the lepers in settlements or asylums. Segregation also entails proper treatment and humane care. Compulsory notification of every case of leprosy should be enforced, if for no other reason than to keep track of the disease and to know whether it is on the increase. The leprosaria should be inviting and should contain all modern improvements for the care and treatment of the disease. Leprosy is by no means invariably fatal. In the United States, where there are only a few hundred lepers, the Government has provided for the establishment of a national leprosarium which is located at Carville, Louisiana. To require each state to provide suitable accommodations to segregate its few lepers is economically wasteful.

It is claimed that the decrease in leprosy in Europe during the middle ages was due in large part to the segregation of the lepers in leprosaria, which at one time numbered 20,000. On the other hand, the value of segregation is disputed because many lepers were at large; however, they were not allowed in churches or market places, and were branded as "unclean" by a distinctive dress and were further required to make their presence known by a bell or clapper. Great numbers of lepers were swept away by the bubonic plague during these times. As a rule, only the advanced cases are detected and isolated. In some of the



British colonies in South Africa, where only about half of the leper population is segregated, the rate of admission has remained constant for the last ten years. Segregation in the Hawaiian Islands and the Philippines probably has so far had no conspicuous effect upon the prevalence of the disease; the results are the subject of controversy. There are factors in the control of leprosy not yet understood. As soon as a country becomes well to do and adopts the daily tidiness incident to modern civilized life, leprosy dies out.

There can be little objection in a country such as ours, where leprosy shows slight tendency to spread, to give a clean leper his freedom, except in the endemic foci in the Gulf States and elsewhere. There is no more danger from a leprosy patient with clean personal habits, who exercises care concerning the discharges from the lesions, than there is from an open case of tuberculosis of the glands of the neck. The purely nerve cases, particularly if there are no ulcerations, may properly be given a greater degree of liberty than those with nodular manifestations.

The national quarantine regulations forbid the landing of an alien leper. The law requires that such person be deported on the same vessel that brought him. A citizen of the United States having leprosy cannot be debarred. Such individuals are admitted and then come under the health laws of the state or port of entry.

**Specific Prevention.**—There is no specific prevention or cure for leprosy. Surgical cleanliness and frequent dressings help check the spread of the infection. Nastin is a substance proposed by Deycke and consists of a neutral fat obtained from a streptothrix. The reports from its use are not particularly encouraging. Rost, of Rangoon, Burma, uses a substance which he calls "leprolin," a precipitate from leprous tubercles. A large proportion (75 to 80 per cent.) of lepers give a positive Wassermann reaction (independent of syphilis), but not the luetin reactions. Tuberculin in somewhat large doses injected subcutaneously into leprous patients produces both a general and local reaction, but the repeated injections do not materially influence the disease, although such treatment seems to cause a local improvement or softening of the leprous tubercles. Heiser, in Manila, reports favorable local results from the application of X-rays. Chaulmoogra oil and Gurjun balsam have been extensively used. Rogers, in India, has recently reported encouraging results from the subcutaneous and intravenous use of gynocardate of sodium, a derivative of chaulmoogra oil. McDonald and Dean<sup>56</sup> in Hawaii have reported good results from ethyl esters of chaulmoogra oil. Many observers report improvement from good food, fresh air, cleanliness, and the general principles applicable to the modern treatment and prevention of tuberculosis.

<sup>56</sup> *Public Health Reports*, No. 34, XXXV, 1919.

In appraising the influence of treatment it must be borne in mind that leprosy is prone to prolonged periods of quiescence and that marked improvement often occurs spontaneously, and indeed that this may go on to apparent cure.

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## SECTION II

### MENTAL HYGIENE

BY THOMAS W. SALMON, M.D.

*Medical Director, National Committee for Mental Hygiene; formerly  
Passed Assistant Surgeon, U. S. Public Health Service; formerly  
Chairman, New York State Board of Alienists.*

A very few years ago it would have been difficult to justify the inclusion of a chapter on mental hygiene in a general treatise on preventive medicine and hygiene. The medico-legal term "insanity" was used to designate all abnormal mental states and the incorrect conception of mental and physical diseases as distinct and practically unrelated was widely accepted. These misconceptions and the hopelessness, both as to cure and prevention, which characterized the medical attitude toward mental diseases combined to disassociate mental medicine and its problems from the subjects which were engaging the attention of physicians and sanitarians generally. There seemed little likelihood that the determination to prevent diseases which was beginning to dominate the medical profession would soon extend into the domain of mental medicine. Today, however, a treatise on the prevention of disease which failed to include a chapter on mental hygiene would neglect an important field of preventive medicine. The realization that many forms of mental disease depend in a large measure upon preventable causes, the rapid growth of psychiatry and its acceptance as a department of scientific medicine, and the newly discovered opportunities for utilizing its resources in practical attempts to deal with social problems have broken down the barriers which so long and so effectually isolated mental medicine.

It is not easy to present even the main facts of mental hygiene within the limits of a single chapter, for it is not sufficient to discuss some of the more important preventable or modifiable causes of mental diseases and mental deficiency and to outline some of the means which may be employed in their control. Hygiene deals with measures which promote health as well as with the prevention of disease and it is necessary, in any useful presentation of the essentials of mental hygiene, to consider to what extent some of the mental factors which interfere

<sup>1</sup> In the first edition this chapter was called "The Prevention of Mental Diseases," but the prevention of mental diseases is a relatively small part of the field of mental hygiene. Therefore, in this edition both the title and the scope of this chapter have been changed to "Mental Hygiene."

with the successful adaptation of the individual to the environment can be favorably modified. It is clearly within the sphere of mental hygiene to strive to prevent those failures of adaptation which, while they may never bring about the graver disturbances of adjustment which we term mental diseases (psychoses), may, nevertheless, distort the life and profoundly impair the efficiency and happiness of the individual.

### THE PROBLEMS OF MENTAL HYGIENE

**Number of Insane and Mental Defectives.**—On January 1, 1920, there were 232,680<sup>2</sup> patients with mental diseases in hospitals for the insane in this country. If the number on parole from these hospitals is included, the total number of patients with mental diseases under supervision of these hospitals on that date was over 250,000—a number almost equal to the number of students in all the colleges and universities in the United States, and exceeding the population of Toledo, Ohio, our twenty-sixth city in size. This great number by no means included all persons with mental diseases in this country or even the number who would have been receiving treatment in hospitals on January 1, 1920, had all the states supplied adequate provisions. We know that the ratio of persons with mental diseases to the whole population is about the same in different parts of the country, for wherever sufficient institutional provisions exist they are utilized to very much the same extent. If, therefore, all the states provided for the insane as adequately as do Massachusetts and New York, there would have been more than 350,000 patients in institutions on January 1, 1920, instead of 232,680. The cost of caring for mental diseases in a state which makes adequate provisions exceeds any single item of expense except that for public education. The average annual cost of caring for a patient in a state hospital for the insane is about \$250, making the total yearly cost of caring for the 200,000 patients under treatment in state hospitals alone more than \$50,000,000. To this great sum should be added, if we are to state fairly the cost of mental diseases, the economic loss through the withdrawal from active life of more than 60,000 people who enter these hospitals each year.

No one can state the number of the mentally defective in this country or even the number requiring institutional care. Massachusetts, the state which has supplied institutional provisions most liberally, has one bed to every 1,248 of the general population for such sufferers.<sup>3</sup> If this ratio existed in every state there would be 84,682 mental defectives

<sup>2</sup> Pollock, H. M., and Furbush, Edith M.: "Patients with Mental Disease, Mental Defect, Epilepsy, Alcoholism and Drug Addiction in Institutions in the United States, January 1, 1920." *Mental Hygiene*, V, Jan., 1921.

<sup>3</sup> Not including epileptics.

in state institutions at the present time. Actually there are approximately 35,000.<sup>4</sup> We know, however, that even in the state which has made the most liberal provisions there are many mentally defective persons uncared for and many who are improperly confined in correctional institutions or in almshouses. There is reason to believe that there are no less than four mentally defective persons in every thousand of the whole population. Although their cost to the communities through their own dependence, the support of their illegitimate children, and the crimes and misdemeanors which they commit, or more frequently invite, cannot be estimated, we know that it is more even than the great cost of caring for them in suitable institutions would be.

**Scope of Subject.**—Such statistics as these serve as a convenient means for comparing the cost of mental diseases and mental deficiency with that of other diseases, but they cannot convey an adequate idea of the personal suffering and unhappiness and the social and family disasters for which mental disorders are directly responsible. It should be remembered that the same causes which bring about the commitment of many thousands of persons as “insane” each year are responsible for much mental disease which is never recognized and for many failures in adaptation which prevent people from meeting difficult situations in life and which lead to innumerable conflicts with laws and conventions. To avert some of these disasters is as much the task of mental hygiene as to control the preventable causes of mental disease and of mental deficiency. With these considerations in mind, some of the causes of mental diseases, mental deficiency, and other abnormal mental states will be briefly stated. Measures of prevention which seem applicable will be considered while discussing each cause, and the more general causative conditions and more general measures for preventing mental disease and promoting mental hygiene will be taken up last.

**Definitions.**—In the pages which follow, the term *psychoses* refers to mental diseases, or “forms of insanity” as they are more familiarly but less accurately called. Dr. William A. White has pointed out the enormous advantages of restricting the use of the term “insane” to that group of persons who suffer from civic disabilities of one kind or another (commitment to institutions, testamentary incapacity, incompetency to use property, etc.) because of legal proceedings necessitated by mental diseases.

*Insanity* thus becomes a strictly legal term, with which physicians and sanitarians are concerned only when medico-legal or certain social phases of mental diseases are under consideration. Persons with mental

<sup>4</sup>Pollock, H. M., and Furbush, Edith M.: “Patients with Mental Disease, Mental Defect, Epilepsy, Alcoholism, and Drug Addiction in Institutions in the United States,” January 1, 1920. *Mental Hygiene*, V, Jan., 1921.

disease may or may not be "insane." The term insanity will be used here only in this medico-legal sense.

The term *mental deficiency* will be used to designate the various types and degrees of mental defect (idiocy, imbecility, feeble-mindedness, psychopathic inferiority, etc.) existing at birth or arising during the early period of development.

The term *psychoneuroses* will be used to designate the group of functional nervous diseases that includes neurasthenia, hysteria, anxiety states and various conditions loosely designated by the laity as "nervous breakdowns."

It is not possible to find a single word with which to designate those minor interferences with mental health or with mental efficiency which underlie many such difficulties of adaptation as those which have been mentioned.

### HEREDITY

**Psychoses.**—The accepted theories of heredity and the general relation of heredity to disease have been considered elsewhere (Section IV, Chapters II and III, page 607). In examining the relation of heredity to mental diseases, the advantage of dropping the use of the medico-legal term "insanity" is apparent, for statistical studies indicate that in some mental diseases heredity is a factor of the utmost importance, while in others it apparently influences causation very little if at all.

Rosanoff and Orr<sup>5</sup> concluded from a study of inheritance in 73 cases of mental diseases, representing 206 different matings and 1,097 offspring, that this common basis, which they designated the "neuropathic constitution," is inherited in accordance with Mendel's law. They believed the neuropathic constitution to be a trait which is recessive to the normal and, furthermore, that various clinical neuropathic manifestations bear to each other the relationship of traits of various degrees of the recessive; that is to say, neuropathic traits which are recessive compared with normal traits are at the same time dominant over other neuropathic traits. The degree to which neuropathic traits are recessive seemed to Rosanoff and Orr to conform in general to the severity of the type of psychosis or neurosis. Unfortunately, these findings alone are not sufficient evidence upon which to base general conclusions as to the relation between heredity and mental diseases. The study of the inheritance of mental diseases presents many complex problems and many special difficulties, not the least of which is that the field work upon which it depends so greatly cannot be entrusted to workers who have not had psychiatric training. Dr. E. Rüdin of Munich has made very careful studies

<sup>5</sup> Rosanoff, A. J., and Orr, Florence I.: "The Study of Heredity in Insanity in the Light of the Mendelian Theory. *Bulletin No. V, Eugenics Record Office.*

of inheritance in mental diseases, his investigations being particularly valuable because he performed the actual field work himself. In a communication summing up his findings from 1909 to 1911, he stated<sup>6</sup> that he felt that he had not done enough work to justify the formulation of laws regarding the hereditary factors of mental diseases. Scientific study of this subject is being carried on actively and it seems desirable, at the present time, to reserve judgment as to the conflicting findings which are being presented.<sup>7</sup>

If the precise part played by inheritance in the causation of mental diseases cannot be stated, it should not be thought that evidence is lacking to show its importance. It is probably safe to say that heredity is responsible, directly and indirectly, for more cases of mental disease than any other single cause. In about 50 per cent. of all admissions to hospitals in which careful records are made and scientific study of cases is carried on, the history of mental diseases in other members of the family is found. There are no statistics in this country to show the percentage of normal persons in whose families the history of mental disease is found, but studies elsewhere have shown it to be from 3 to 7.5 per cent.

*Effect of Environment.*—Neuropathic heredity exercises powerful indirect influences through the unfavorable environmental influences in which the children of psychotic parents are compelled to spend their developmental years. Distorted views of life, queer religious and political beliefs and various antisocial attitudes on the part of such parents mold the mental reactions of their children and even when no direct hereditary tendency is transmitted such children suffer through having their education interfered with and their capacity for social adjustment restricted. In some cases they acquire and firmly hold false beliefs which, on the part of their parents, were actually delusional.

**Mental Deficiency.**—In mental deficiency we have one of the best examples of a pathological condition directly transmitted by inheritance. Although the same type of neuropathic heredity which is met so often in the psychoses is found more frequently in the mentally defective than in normal persons, mental deficiency depends chiefly upon a more *specific* kind of inheritance—the direct transmission of the same condition. Goddard<sup>8</sup> found, in 300 family histories in which the data were regarded as satisfactory, that 54 per cent. showed mentally defective relatives “in such numbers or in such relations to the individual case studied as to leave no doubt of the hereditary character of mental defect.”

<sup>6</sup> Rüdin, E.: *Zeitschrift für die Gesamte Neurologie und Psychiatrie*, Vol. 7; Part 5, November 18, 1911.

<sup>7</sup> The reader who is interested in this phase of mental hygiene will find an excellent bibliography, after Rüdin, in “Some Problems in the Study of Heredity in Mental Disease” by Dr. H. A. Cotton. *American Journal of Insanity*, July, 1912.

<sup>8</sup> Goddard, H. H.: “Feeble-mindedness,” 1915, p. 436.

He considered 11.3 per cent. of the remaining cases in this series as "probably hereditary." Other studies have, unfortunately, grouped mental deficiency, mental diseases and epilepsy in estimating the hereditary factors in mental deficiency. Tredgold<sup>9</sup> found, in a series of 200 cases in which he very carefully investigated the family histories, that 64.5 per cent. had mental deficiency, mental diseases, or epilepsy in their ancestry. Lapage<sup>10</sup> found the same conditions in the families of 48.4 per cent. of the children in the special schools of Manchester, and Potts<sup>11</sup> found 45.6 per cent. in the families of children in similar schools in Birmingham.

In Tredgold's series of 200 cases, a marked predisposition to paralysis, cerebral hemorrhage and various neuroses existed in 18 per cent., making the proportion in which either a mentally defective or neuropathic heredity was found 82.5 per cent. Goddard found epilepsy, insanity, blindness, and deafness (which he grouped under the term "neuropathic ancestry") in 12 per cent. of his series. It is most unfortunate that different methods of grouping neuropathic conditions should be employed by different investigators, for it makes it impossible to compare their results. It is also unfortunate that widely different conditions should be included in the same group. Certainly blindness and insanity must represent very different types of heredity in Goddard's cases, while cerebral hemorrhage and the neuroses are equally incongruous members of the same group in Tredgold's series.

There is need for much more intensive study of heredity in mental deficiency, especially in those cases in which neuropathic inheritance and not mental deficiency is found in the progenitors. Even in the large proportion of cases in which mental deficiency seems to be transmitted directly, it is desirable to know the relation of heredity to the different types and grades of mental deficiency. As a step in this direction, Goddard has pointed out that his series seemed to indicate that low-grade cases come from families with the least amount of mental defect. In the interpretation of this interesting fact, the barriers to reproduction which exist among low-grade defectives, their high mortality rate before puberty and the excessive prevalence among them of severe organic lesions of the brain, many of them accidental or syphilitic, must be taken into account.

The *relation of heredity to mental deficiency* is a matter of the greatest importance on account of its bearing upon prevention. The general fact that mental deficiency depends chiefly upon inheritance having been well established, it seems most essential now to study heredity *specifically*, as we do in the psychoses—that is, with reference

<sup>9</sup> Tredgold, A. F.: "Mental Deficiency," 1914, p. 40.

<sup>10</sup> Lapage, C. P.: "Feeble-mindedness in Children," 1911.

<sup>11</sup> Potts, W. A.: *British Journal of Children's Diseases*, March, 1909.



to particular types and grades. If the judicial authorities are to be asked to commit a mentally defective person to an institution for life solely because of the danger of transmitting his defect to others, they have a right to ask what is known beyond reasonable doubt regarding the hereditary factors in *that particular case* and in *that particular type* of mental deficiency. It is quite certain that they will look with suspicion upon long-distance diagnoses by inexperienced investigators and yet it is upon precisely that kind of diagnosis that much of the information which we are making widely known today depends. In determining the heredity of a given case much depends upon establishing the existence of mental defect in many living persons not in institutions and in others long since dead. Many field workers engaged in such studies are poorly equipped by training to diagnose mental deficiency even in a formal examination, with all the aids available for such work, and some of them are quite inexperienced in estimating the significance of various types of antisocial conduct. It has been said in justification of some rather questionable findings of such workers that physicians conclude upon evidence "infinitely weaker" that Napoleon, Julius Cæsar, and Saint Paul were epileptics. Without considering the striking outward manifestations of epilepsy, it should be said that extensive medical notes by Napoleon's physicians are in existence and that the data regarding Julius Cæsar upon which the existence of epilepsy is assumed are not much less trustworthy than those available regarding some obscure feeble-minded persons who died fifty or more years ago. It is to be remembered, however, that the diagnoses of the maladies of great historical characters which are offered from time to time by physicians are presented merely as interesting surmises, not as scientific data upon which to base an extensive program of legislation and institutional provision.

It is of much practical importance, with reference to prevention, to know if hereditary mental deficiency is transmitted in accordance with definite laws. Goddard's investigations showed a correlation between the actual findings and the proportion of mental defectives which, theoretically, should occur in the 324 matings of different types in his series if mental deficiency is transmitted in accordance with Mendel's law to justify him in saying that "such results are difficult to account for on any other basis than that feeble-mindedness is transmitted in accordance with the Mendelian formula."

The part played by heredity in the production of the psychoneuroses is not very clearly established. An important contribution to the subject was made by Dr. Julian M. Wolfson<sup>12</sup> who ascertained that a neuro-pathic heredity existed in 10 per cent. of a group of 100 British soldiers

<sup>12</sup> Wolfsohn, Julian M.: "The Predisposing Factors of War Psychoneuroses." *The Lancet*, Feb. 2, 1918.

in the Fourth London General Hospital who were suffering from wounds and in 72 per cent. of a group of 100 soldiers in another department of the same hospital who were suffering from war neuroses. In the psychoneuroses in civil life it is certain that a neuropathic heredity is more commonly found than among persons who do not suffer from these disorders, but there are many individuals who suffer severely from various psychoneurotic difficulties whose parents and brothers and sisters apparently have no such disorders.

**Preventive Measures.**—This is the domain of eugenics, a subject which is considered elsewhere in this volume (Section IV, Chapter II). In considering measures for controlling the inheritance of the neuropathic constitution the caution contained in the following statement by Adolf Meyer<sup>13</sup> may well be borne in mind: "In such a matter as the prevention of mental trouble due to heredity, I maintain that, although we know that a large percentage of mental cases have a history of heredity, there is not a sufficiently decisive body of facts established for us to be justified in making sweeping rules against the marriage of those who have had mental troubles either themselves or in their families. Indeed, we might thereby run the risk of doing a grave injustice to the race as well as infringing on the rights of the individual."

In the case of hereditary mental defect there can be no question that the right of the individual to bear children must be disregarded in the interests of ordinary humanity as well as in the interests of the race. The questions of the sterilization and segregation of the defective and the regulation of marriage are considered elsewhere, but it should be said here that in not a few mentally defective persons there is an alternative to segregation in an institution for life. It is possible to devise a system of safeguards which, with registration and commitment to guardianship if necessary, will make a supervised life in the community safe for a very carefully selected number of such individuals. The establishment of such a system of supervision and registration is one of the great constructive tasks which must be undertaken if we are to deal with the problem of the mentally defective in the most humane and effective manner possible.

Few people would care to say that persons having psychoneurotic disorders should not marry, or, if they do marry, should refrain from having children, and yet it would be certainly wise for a physician, if consulted, to advise against the marriage of two persons both of whom had had important psychoneurotic episodes or who showed evidence of psychoneurotic make-up.

<sup>13</sup> Meyer, Adolf: "Organizing the Community for the Protection of Its Mental Health." *The Survey*, September 18, 1915.

## ALCOHOL

**Psychoses.**—In discussing alcohol as a cause of mental disease it is very desirable to indicate whether it is being considered as a direct cause or as one of several etiological factors. Alcohol is the *essential cause* of the alcoholic psychoses, those mental diseases which from their symptoms, pathology, or course we have come to recognize as due directly to alcohol. In these disorders—*Korsakow's disease, alcoholic hallucinosis, delirium tremens, alcoholic deterioration*—to diagnose the condition is to know the cause. Other causes, such as trauma and disorders of nutrition, doubtless contribute in many cases and in a very large proportion of cases the neuropathic constitution underlies the habit of alcoholism, but whatever other mental diseases these patients might some time have, they could not develop these particular psychoses without the intemperate use of alcohol.

The alcoholic psychoses account for about 4 per cent. of all first admissions to hospitals for the insane. They occur about three times as frequently in men as in women and, in general, more frequently in admissions from cities than from rural districts. This difference in the environment of admissions for alcoholic psychoses is much more striking in the case of women than in men.<sup>14</sup>

It is difficult and perhaps impossible to estimate the influence of alcohol in the causation of other psychoses. Of the cases in which a satisfactory history as to alcoholic habits was obtained in the patients admitted to the New York State hospitals during 1919, about 16 per cent. were intemperate. Excluding the alcoholic psychoses, the prevalence of intemperance among the more important psychoses is shown by the following table:

Psychoses	Per Cent. Intemperate
Senile psychoses	13.0
General paresis	23.9
Psychoses with cerebral arteriosclerosis	15.5
Dementia praecox	9.6
Paranoia and paranoid conditions	12.5
Epileptic psychoses	10.8
Manic-depressive	6.0

(From New York State Hospital Commission report for year ended June 30, 1919.)

<sup>14</sup>There has been a steady fall in the percentage of admissions with alcoholic psychoses during recent years. This may be partly accounted for by better distribution of cases formerly thought to be alcoholic psychoses but it is possible that it is due in part to the growing temperance movement.

No statistics are available to show the extent of intemperance among adults in the community generally; nevertheless it seems very likely that it is much less than in even the psychoses showing the least frequency. Many elements have to be taken in consideration in interpreting these percentages, especially the fact that defects in judgment and relaxation of inhibitions due to mental disease lead to intemperance, as they do to other disorders of conduct. It is significant, therefore, that general paresis shows the highest percentage of intemperance. The seclusiveness of persons with paranoid tendencies and dementia praecox and the low percentage of alcoholism in these disorders may bear some relation to the influence of conviviality upon intemperance.

In many individual cases there is abundant evidence that intemperance plays a prominent part in the psychoses which are not primarily dependent upon alcohol. The effects of alcohol in producing excited episodes in the mentally defective is well known and intemperance lends a tremendous impetus to the retrogressive changes in senility. As a result of greatly increased attention being directed to the alcoholic psychoses, interesting facts are being brought out. It has been shown by Pollock<sup>15</sup> in a study of 464 cases of the alcoholic psychoses that the average duration of intemperance before the onset of the psychosis was 20.6 years. As will be seen, this fact has an important bearing upon prevention. It does not seem amiss to point out here the misleading impression which is given by the statement often made that alcohol is "filling our hospitals for the insane." The alcoholic psychoses are of comparatively short duration; the recovery rate is more than 50 per cent.; hence the number of patients with these diseases under treatment at any time is always less than the annual admission rate of these diseases. Such statements made by enthusiastic temperance advocates injure a splendid cause for the exaggerated estimates given make it impossible to show the expected reduction in the number of patients in the hospitals of prohibition states after prohibition has gone into effect, thus providing the enemies of prohibition with arguments in advocacy of license.

**Mental Deficiency.**—Statistics regarding alcohol as a cause of mental deficiency deal wholly with the influence which intemperance in the parents is said to exercise. The data available, while abundant, are very unsatisfactory and have to be interpreted with especial care on account of the fact that the alcoholic parents whose habits are so often thought to have been responsible for mental deficiency in their children were sometimes also mentally defective and in reality transmitted their defect directly. Tredgold states that a family history of alcoholism was present

<sup>15</sup> Pollock, Horatio M.: "The Use and Effect of Alcohol in Relation to the Alcoholic Psychoses." *New York State Hospitals Bulletin*, V, 8, pp. 264-79, August, 1915; also, *Psychiatric Bulletin*, V, 2, April, 1917.

in 46.5 per cent. of the series of 200 cases which he studied carefully, but that no less than five-sixths of these cases with an alcoholic parentage also had a well-defined neuropathic inheritance. He believes that paternal or maternal alcoholism may produce mental deficiency in the offspring without other cause, but that this is rare. In a very interesting chapter, Goddard discusses the alcoholics (drunkards) among the parents in his series of cases and concludes that "everything seems to indicate that alcoholism itself is only a symptom, that it for the most part occurs in families where there is some form of neurotic taint, especially feeble-mindedness." He points out that if alcoholism were responsible alone for mental deficiency there would doubtless be much more mental deficiency than there is, especially in view of the great prevalence of drunkenness among all classes only a few generations ago.

Intemperance at the time of conception is popularly thought in many countries to be a cause of mental deficiency. Analyzing the last Swiss census, Bezzola pointed out that there are two maximal periods in which the mentally defective persons enumerated were conceived—the time of the vintage and the time of the Lenten carnival, occasions of great revelry. In the wine cantons the time of the vintage was the time of conception in a great majority of idiots. Ireland<sup>16</sup> examined the birth dates of mentally defective children born in certain villages in Scotland where there is much seasonal drunkenness to see if their conception dates bore a relation to such periods, but was unable to find any such evidence as that discovered by Bezzola. P. Nacke<sup>17</sup> gives it as his opinion that, while intoxication at the time of conception may result in mental deficiency in the offspring, such an event is extremely rare. This seems in accordance with the biological facts of conception. The extent of the popular belief that some delinquency on the part of the parents is responsible for mental deficiency in their children was impressed upon me while questioning the parents of mentally defective immigrants at Ellis Island. I had an opportunity to ask hundreds of such parents, representing nearly all the European races, what they considered to be the real cause of the mental deficiency of their children and, while many of them gave all kinds of infantile accidents and very few of them, as might be expected, suggested hereditary influence, a considerable number said shamefacedly that they thought it was due to intoxication at the time of conception, to early sexual faults or to failure to obey the Hebrew injunctions regarding intercourse after marriage.

Experiments such as those of Kraepelin<sup>18</sup> in memory tests, type-writing and typesetting indicate that even very moderate drinking no-

<sup>16</sup> Ireland, W. W.: "Mental Affections in Childhood," 1898.

<sup>17</sup> Nacke, P.: "Die Zeugung im Rausche." *Neurol. Centralbl.*, No. 2, 1908.

<sup>18</sup> Reported by Smith, A.: *Archiv für Psychiatrie*, 1895. Aschaffenberg, G.: *Psychologische Arbeiten*, 1896.

ticeably impairs mental efficiency. These are effects of alcohol which cannot be ignored in mental hygiene. See page 489.

**Preventive Measures.**—The prevention of the alcoholic psychoses and of those mental diseases in which alcohol is a contributory etiological factor consists in the control of alcoholism and the promotion of temperance. These matters are not within the scope of a chapter on mental hygiene. Like the prevention of syphilis, the control of alcoholism is a great social question. The medical man can help best by contributing information as to the ravages of these two enemies of the race and by using his personal and professional influence to aid all rational movements for reform. If alcohol is not to be denied to all, it would seem desirable to create some special safeguards for the neuropathic component of the population for whom it involves the gravest dangers. It is the duty of the physician to urge total abstinence for life upon such people.

At the Boston Psychopathic Hospital, Dr. E. E. Southard formed a club, membership in which was restricted to those who had recovered from delirium tremens or an alcoholic psychosis in that institution. Such associations—for mutual help and encouragement—of those to whom successful abstinence is the only means of preserving mental health or even life itself have been found elsewhere to be valuable aids.

The findings of Pollock that the psychoses come, as a rule, late in the course of chronic intemperance and often after repeated attacks of delirium tremens should give renewed impetus to all movements to reclaim the intemperate. The establishment of state and municipal colonies for the treatment of alcoholism will yield a rich return in the prevention of the alcoholic psychoses. Anyone interested in this movement should study the plans of the New York City Board of Inebriety and the management of the Farm Colony which that Board has established. Such movements as the "Big Brothers" are efficient forces in this work and much can be said in favor of their aid by public funds, in view of the valuable public service which they perform.

While groups of people, including those especially predisposed to alcoholism, can be protected to a certain extent by various movements for regulation of the liquor traffic, individual prophylaxis must depend chiefly if not wholly upon voluntary abstinence. Recent progress in the study of mental mechanisms has provided new knowledge of great value in understanding the sources from which the alcoholic craving really springs and, in not a few cases, in devising plans for prevention or successful treatment. Careful personal studies of many inebriates show quite clearly that inebriety usually represents a flight from reality very similar to that seen in the psychoses and neuroses (page 423). Determining by *psycho-analysis* and other methods of psychiatric investigation the nature of the difficult situation from which the individual seeks

to fly frequently discloses means of prevention as well as of cure. When it is impossible to modify the main factors which have given rise to conflicts in mental life, much may be done by securing a more constructive solution of the problem than that afforded by recourse to alcohol. Music, art, and literature present avenues of escape from difficult or intolerable situations in real life. Wounded self-esteem can be restored by the satisfaction which comes from labor for the welfare of others and the craving for alcohol as a means of forgetting or transforming actuality can often be directed into safe and even highly constructive activities. Such forms of compensation simply suggest that useful work in the prevention or control of inebriety can be accomplished by attempting to rehabilitate the individual by using psychological resources. It must be insisted upon, however, that this is an undertaking which cannot be carried on with groups. It is applicable to individuals and then only after careful personal analysis in each case. Our hope of controlling or treating inebriety more successfully depends, therefore, upon concentration upon *the individual inebriate*.

The Eighteenth Amendment to the Constitution of the United States represents the most sweeping effort yet made by any nation to control intemperance and alcoholism. Until the legislation framed to give effect to this amendment has been fully enforced it is impossible to make any statistical comparison of the prevalence of alcoholic psychoses before and after prohibition. Incidentally, this legislation constitutes an immense practical experiment in psychopathology and its effects upon the individual inebriate may, when any large number is actually required to abstain from alcohol, furnish valuable material and enable us to determine what some of the essential personal factors in alcoholism have been.

## OTHER EXOGENOUS POISONS

Morphinism and other drug addictions are responsible for less than 1 per cent. of first admissions to hospitals for the insane in this country. Fewer such patients are admitted in New York and Massachusetts now than were several years ago. This gratifying fact is due, in part at least, to stricter enforcement of the laws regulating the sale of narcotics and particularly to the food and drug laws which have rendered it a little more difficult to dispense habit-forming drugs in patent medicines. It is well within our power to eliminate this cause of mental disease by wise legislation and its rigid enforcement. See page 486.

A very small proportion of admissions is caused by occupational poisonings. This small proportion can be still further reduced by increasing attention to measures safeguarding workmen in dangerous trades.

## ENDOGENOUS POISONS

The endogenous poisons which are formed in the course of various organic diseases are responsible for not a few cases of mental disease. Their prevention is the work of general hygiene.

The relation of mental diseases to disturbances of the organs with internal secretions is a field for study which as yet is almost unexplored, but which may yield many opportunities for applying preventive measures.

Pellagra is responsible for thousands of cases of mental disease in the localities in which it is prevalent. The high hopes for the control of this disease which have been raised by the discoveries of Goldberger<sup>19</sup> make it practically certain that pellagra may now be properly counted a preventable cause of mental disease. The studies of Lorenz<sup>20</sup> in which it was shown that the pellagrous psychoses are undoubtedly toxic is an instance of the aid which psychiatry can often lend other branches of medicine in the new and useful alliance between the psychiatrist and the sanitarian. The non-infectious origin of pellagra was strongly indicated by Lorenz's findings and thus assistance was given toward clearing the way for the discoveries of Goldberger.

## SYPHILIS

**Psychoses.**—Among the infections, syphilis deserves separate consideration as a cause of mental diseases because it is the essential cause of general paresis, a psychosis responsible for over 14 per cent. of all male first admissions to hospitals for the insane. In one very large hospital, which receives its patients exclusively from New York City, one in four of the male patients admitted has general paresis. The prevalence of this disease is about three times as great among men as among women. Although general paresis is uniformly fatal, the number of deaths reported from this cause does not give an adequate idea of its frequency, for death in this disease usually results from some late complication, such as bronchopneumonia, or from some cerebral accident such as hemorrhage, which are direct results of general paresis itself. Although 830 paretics died in the New York State hospitals in the year ending June 30, 1919, only 742, or 89 per cent., of these deaths were reported as due to general paresis. If the same ratio existed in those dying outside institutions we know that not less than 1,000 patients with

<sup>19</sup> See page 686.

<sup>20</sup> Lorenz, William F.: "Mental Manifestations of Pellagra." *Public Health Reports*, February 4, 1916.



general paresis died in the State of New York during that year. However, deaths from this cause are much more likely to be reported as due to complicating disorders outside institutions than in them, where the mental condition naturally attracts the most attention. The mental symptoms of general paresis are so very often subordinate to the physical changes that admission to an institution for the insane is not necessary in all cases and still more frequently the existence of the disease is overlooked altogether. It is apparent, therefore, that general paresis is a cause of many more deaths than are attributed to it. Known cases cause more deaths in New York State than typhoid fever. The deaths from general paresis are very largely grouped in the two decades from 40 to 60, and in this age-period *one in thirty* of the deaths among men and *one in sixty-nine* of those among women are from this disease. The course of general paresis is usually from two to five years and the average hospital residence 1.2 years. It attacks people who have, to all appearances, recovered from syphilis and most frequently in the fourth decade of life when their usefulness to their families and to the community is greatest.

The relation of syphilis to general paresis has long been suspected, and even before the discovery by Moore and Noguchi of the *Treponema pallida* in the cerebral substance the belief was general among psychiatrists that all cases were due to this cause. Other undetermined factors apparently contribute to general paresis but syphilis is the *essential* cause; without syphilis there could be no general paresis. It is very desirable to know what proportion of cases of syphilis result in general paresis, but, until recently, no satisfactory studies had been undertaken to determine this, and, on account of the long interval between infection with syphilis and the development of symptoms of general paresis, it seemed impossible to find a group of population in which such studies could be made. Mattauschek and Pilez have reported the results of a careful examination of the histories of 4,134 officers of the Austrian Army who had contracted syphilis during the period 1880-1890. They ascertained that 4.67 per cent. of these officers developed general paresis.<sup>20a</sup>

It is a fact that general paresis is a much more frequent nervous form of syphilis than locomotor ataxia. The course of the latter disease is from six to eight times as long as that of general paresis and the number of persons living at one time with either disease is about the same.

A relatively small proportion of other psychoses are directly due to syphilis. Mental deterioration is associated with gummata of the brain and mental changes accompany local syphilitic meningitis. About one per cent. of all men admitted to hospitals for the insane and about half this proportion of women suffer from such form of cerebral syphilis.

<sup>20a</sup> *Berliner klinische Wochenschrift*, Feb. 19, 1912.

It is impossible to estimate the part played by syphilis in the causation of other mental diseases, but it is not to be disregarded. The train of pathological processes commencing with arterial changes and culminating later in organic changes in the brain with their accompanying mental disease is not infrequently started by infection with syphilis.

**Mental Deficiency.**—Syphilis has been thought to be an infrequent cause of mental deficiency. Tredgold says that only 2.5 per cent. of his cases presented undoubted marks of syphilis, while Fletcher Beach found syphilis in only 1.17 per cent. of 2,380 mentally defective persons examined in London. These percentages were ascertained before the general use of the Wassermann test. An examination of 400 patients in the asylums of the Metropolitan Asylum Board in London in 1913 by Gordon <sup>21</sup> showed positive reactions in 31.8 per cent. of cases with evidence of gross brain disease and in 11.9 per cent. of cases without such evidences. In this country Atwood <sup>22</sup> found positive reactions in 15 per cent. of all cases and Haines <sup>23</sup> found, in an examination of 365 children in reform schools in Ohio, no larger percentage among the mentally defective than among the normal children. Twenty per cent. of all cases examined gave a positive Wassermann reaction. It appears very probable that the percentages of mental deficiency attributed to syphilis represent only the prevalence of syphilis among the group of the population from which the mentally defective enter American institutions. The neuropathology of mental deficiency rarely suggests syphilis—either hereditary or acquired—and it seems likely that this is not a relatively important cause of mental deficiency. Tredgold believes that the existence or absence of neuropathic heredity determines whether or not hereditary syphilis will result in mental deficiency. The findings in not a few cases of so-called “syphilitic mental deficiency” show quite clearly that juvenile general paresis was the true condition present.

**Preventive Measures.**—The prevention of general paresis and other mental diseases which depend directly upon syphilis can be accomplished only by preventing well persons from contracting syphilis and by the early and effective treatment of syphilitics so that this late and fatal manifestation may be averted. There are enough cases of juvenile general paresis to make this danger an additional reason for inducing persons with syphilis to abstain from marriage. The prevention of syphilis is considered elsewhere (Section I, Chapter I). It is a rather surprising fact that many of those actively engaged in the campaign against venereal disease are quite unaware of the prevalence of general paresis or that it depends upon previous infection with syphilis. The

<sup>21</sup> Gordon, J. L.: *The Lancet*, September 20, 1913.

<sup>22</sup> Atwood, Charles E.: *Journal of the Amer. Med. Assn.*, Vol. LVI (1911).

<sup>23</sup> Haines, Thomas H.: “The Incidence of Syphilis Among Juvenile Delinquents.” *Journal of the American Medical Association*, V. 66, pp. 102-05, January 8, 1916.

psychiatrist has nothing to add except the impressive statistics showing the great prevalence of this terrible result of syphilis and the earnest recommendation that opportunities for the early and thorough treatment of syphilis should be greatly increased. In the larger question of the control of prostitution, which is interwoven with that of venereal prophylaxis, the information being gleaned by psychiatric study of the springs of human conduct may some day give information which will enable mankind to understand prostitution better and deal with its causes more rationally.

Increased provision for the mentally defective will aid in limiting prostitution, for it has been shown that the feeble-minded form a prolific source for the recruiting of prostitutes. When the relation of syphilis to the causation of mental deficiency becomes better defined it may be shown that *provision for the mentally defective will decrease the prevalence of syphilis, and the control of syphilis will decrease in some measure the amount of mental deficiency.*

## OTHER INFECTIONS

**Psychoses.**—Other infectious diseases, notably typhoid fever, influenza, malarial fever, erysipelas, and septicemia (particularly from uterine infection), furnish a small number of cases of mental disease. From 1 to 2 per cent. of all first admissions are mental disease belonging to the "infective-exhaustive" group, in which elevation of temperature, exhaustion, and poisoning of the nervous centers by bacterial toxins act as direct causes. The proportion of women in psychoses in this group is about twice that of men, the difference being due to the number of puerperal cases. In other psychoses, acute infections often play a very important if secondary part, apparently "liberating" an attack or adding just enough stress to make the onset of the psychosis possible. Alcohol and the infections exert an influence together sometimes which neither cause can exert alone. It has been stated that tuberculosis is the cause of a definite psychosis, but there seems to be no evidence upon which to base this belief. Exhaustion psychoses occur in this disease as in typhoid fever.

**Mental Deficiency.**—The growing realization of the importance of heredity as a cause of mental deficiency has rather obscured other factors, but damage to the brain seems responsible for a considerable number of cases of mental deficiency in families where there is no evidence of neuropathic heredity or mental deficiency. Where cerebral hemorrhage occurs in the course of an infectious disease in infancy or early childhood mental deficiency may be one of the results and there is excellent evidence—both clinical and pathological—that bacterial toxins may permanently injure the brain cells or prevent their development. After cerebrospinal meningitis mental deficiency may result from gross damage to the brain

or from interference with development. Local meningitis from middle-ear disease following scarlet fever or measles may also cause mental deficiency. Serious impairment of the special senses as a result of damage to the cranial nerves may cause mental deficiency through deprivation. The large number of cases which have been attributed to the infections of childhood upon insufficient evidence while really due to unmistakable heredity has led to an undue skepticism regarding the influence of causes acting after birth. Goddard casts doubt upon the existence of such cases, except those resulting from cerebrospinal meningitis, by raising the question as to why such diseases as measles and whooping-cough result in mental deficiency in some cases and not in others. Even in those cases in which a cerebral hemorrhage has occurred during a paroxysm of whooping-cough, he asks, "Why does this child's blood vessel burst when others do not?" and answers his question by saying that it can only be because there is "a constitutional weakness of the vascular system which allows of a rupture here and not in other instances." It would be nearly as unreasonable to assert that heredity determines whether a typhoid fever patient has an intestinal perforation or does not or whether another has a lymphangitis or not. The fact is that any organ of the child can be affected in its integrity or its development by the infectious diseases through which he passes, and yet we are asked to believe that one of the most delicate of them all can be permanently injured only if heredity has already laid a foundation of predisposition. It is, of course, very desirable to know the mental condition of children *before* the occurrence of these accidental causes of mental deficiency in order that errors in diagnosis may be avoided.

**Preventive Measures.**—The prevention of the mental diseases and defects dependent upon infections consists in the prevention of the infectious diseases. The prevention of the infectious diseases is the task of preventive medicine and is considered in the first part of this work. More careful methods of treating febrile diseases and especially appreciation of the full significance of delirium will, among other beneficial effects, lessen by a small but appreciable number the cases of mental disease and mental defect which follow upon injury to the brain in such affections. Those individuals who respond very easily to delirium should receive most careful attention. Hydrotherapeutic measures will probably tend to prevent cerebral edema and changes in the brain cells.

## HEAD INJURIES

**Psychoses.**—A very small number of patients admitted to hospitals for the insane suffer from psychoses due directly to traumatism to the brain. Nearly all such cases are men. Injury to the brain often seems

to have a marked effect in precipitating psychoses in alcoholics and sometimes in other psychoses dependent primarily upon other causes. Street accidents and accidents from unprotected machinery are responsible for many head injuries, but by far the greater number, especially in alcoholics, are due to the too vigorous and indiscriminate use of policemen's clubs. The efficient regulation of traffic and the "safety first" movement are apparently diminishing the number of traumatic cases quite rapidly, but it is possible also that better methods of psychiatric study are assigning some of the cases previously thought to be traumatic to other more appropriate clinical groups.

**Mental Deficiency.**—Injury to the brain or cerebral hemorrhage occurring during birth may be looked upon as a cause of mental deficiency which is, to a certain extent, preventable. It is not quite as easy to determine whether or not brain injuries during infancy and early childhood are the essential cause of mental deficiency unless retardation or cessation in the mental development of the child is very apparent after the injury, for extensive damage, with definite focal signs, is often unaccompanied by mental defect and a history of head injury of one sort or another is almost always given by relatives in cases which are clearly hereditary. Nevertheless, there are not a few instances in which it seems beyond doubt that mental deficiency is caused by head injuries during infancy and early childhood.

**Preventive Measures.**—The frequency of traumatic psychoses is hardly great enough to warrant suggesting specific measures of prevention, but the "safety first" movement will prove useful here as well as in other unsuspected directions. The fairly numerous cases of brain injury due to the use of policemen's clubs might be lessened if police officials were given an idea of the thinness of the human skull and were shown a few persons with traumatic psychoses in our hospitals for the insane.

Injuries to the brain at birth depend in some part at least upon careless obstetric work and the long labors which the ignorant management of childbirth by midwives entails.

## MENTAL CAUSES

**Conflicts.**—Important recent additions to our knowledge concerning the psychology of mental diseases have brought about radical changes of opinion as to the part played by mental causes. The statistical tables of hospital reports have always listed as etiological factors "grief," "worry," "death of a relative," "fear," "remorse," "fright," and "disappointment in love." Large numbers of cases have been attributed to such causes as these without any knowledge as to the manner in which they operated.

It has been pointed out that they really represent little more than a catalogue of the untoward circumstances which, to a greater or less degree, shadow the life of every individual and that the proportion of persons who develop mental disease in consequence must be extremely small. This difficulty has been disposed of by the assumption that if only a few of those who are exposed to such adversities develop mental disease, an inherited neuropathic predisposition must determine this unfortunate outcome. Recent studies, however, especially those which have followed the enormously important discoveries of Sigmund Freud, have shown that the significance of such factors can be estimated only by understanding the part which they play in the mental lives of the individuals affected. Many factors which have been listed as causes of mental disease are now known to be merely striking circumstances attending the progress of psychoses or surface indications of deep-seated conflicts in personal life.

**Adaptation.**—The psychoses and the neuroses are often clearly seen to be attempts at adaptation—disastrous to be sure in most instances, but sometimes the only attempt possible under the circumstances. They represent, in many cases, flights into the unreal from intolerable situations in the life of the individual. Biologically, these results may not always be the most unsatisfactory solution, for they often prolong life. The psychosis is not infrequently an alternative to suicide. As society estimates success, however, they are failures in adaptation. It would be difficult, even if this entire chapter were available for the purpose, to describe the operation of mental mechanisms which lead in the one case to such a result and in others to a compensatory set of reactions which maintain the mental health and efficiency of the individual. One person deals with an intolerable situation by taking refuge in silence, inaccessibility and refusal to eat and, in consequence, goes to a hospital for the insane, while another devotes himself to altruistic work which not only increases his self-esteem and heals the hurts of an unkind fate, but at the same time benefits his fellow-men. The explanation of such differences in reactions to events would lead us deeply into analysis of the personality and the psychology of mental diseases. It is necessary, however, in order that some preventive principles may be presented, to outline in a very general way the conception of mental conflict which underlies the newer attitude toward the mental causes of mental disease.

**Adjustments.**—In order to gain an idea of the place which mental conflicts occupy in the life of the individual it is necessary to look upon existence as a continuous series of adjustments—some simple and some highly difficult and complex—between fundamental instinctive demands, on the one hand, and the requirements of society on the other. In the young infant, the care given by others makes these adjustments un-

necessary. If this care is not forthcoming the individual perishes, as there exists no mechanism by which adjustments can be made. In the child, the adjustments required are few and relatively easy, but as life unfolds they increase in number and complexity. The capacity for making these adjustments (upon which successful living depends) varies greatly in different individuals, partly as a result of differences in the inherent capacity for adjustment and partly as a result of failure to establish, through experience and education, the kind of mental mechanisms most likely to aid in making satisfactory adjustments. The first factor is beyond our present control in the individual—heredity has already determined it—the second, we are coming to believe, may be greatly modified by directing attention to education and experience.

**Behavior.**—These never-ending conflicts between the requirements of reality and the demands of instincts determine behavior—both individual and social. The sex instinct is involved most frequently and most profoundly in these conflicts. According to Freud, it is directly or indirectly involved in all. It is probably more within the bounds of moderation to consider these conflicts as involving any of the fundamental instincts, the sex instinct most often. It can readily be seen that the necessity for continuous adjustments between the powerful and unalterable urgings of the instincts and the constantly changing requirements of daily life presents innumerable opportunities for mishaps or for the establishment of habitual reactions which are undesirable. Few individuals achieve conspicuous success or conspicuous failure in this great struggle which makes up the most of mental life.

**Conflicts and Adjustment in Civil Life.**—A great deal of conflict is averted through the intervention of customs which society, quite unaware of their real purpose, has established to direct effort at adjustment along paths of little resistance. Traditions and codes which have long presented opportunities for unsuccessful conflict are constantly in process of modification. On the other hand, however, new developments in social life bring about new and complex situations. There seems to be evidence that the requirements of advancing civilization make, upon the whole, greater demands upon the capacity for adjustment than do those of more primitive social states. As Bernard Hart has pointed out,<sup>24</sup> very many social conventions might well be modified so as to provide alternatives to the ruthless decision that all individuals who cannot live within the narrow limits assigned by conventional and purely arbitrary standards of conduct must be segregated from society or even prohibited from reproducing their kind.

<sup>24</sup>Hart, Bernard: "The Psychology of Insanity," Cambridge, 1914.

## EXPERIENCE OF THE WORLD WAR

It is not easy to form an approximate idea of the number of persons who suffer from types of abnormal mental reactions other than those which have been mentioned. Before the war every internist and most surgeons knew that the psychoneuroses are responsible for an enormous amount of sickness and semi-invalidism in all civilized countries under such names as "neurasthenia," "hysteria," "nervous breakdown," "nervous prostration," etc. The psychoneuroses knew no distinctions of age, sex or social condition. Complicating other diseases they were known to be responsible for the unnecessary continuance of disability, the intensification of suffering and for a great deal of economic loss. In the World War, however, the psychoneuroses assumed striking proportions and the attention of physicians, who had previously ignored them or considered them relatively unimportant disorders affecting chiefly persons in fashionable life, was directed very strongly to the scientific consideration of these diseases.

**"Shell Shock" and Its Lessons.**—When the battered British divisions emerged from the fierce fighting in Belgium, stories came with them of new and scarcely credible effects of modern explosives. Men who had been exposed to shell fire but who bore no visible wounds were paralyzed, mute, dumb, or afflicted with strange jerkings and twitchings of muscles. Others seemed literally almost frozen into postures of attack, defense or fear. Others were confused or delirious, had lost their memories or were without control of their emotions. Such cases were not seen in really large numbers but nearly every unit had one, and the presence of more remarkable cases in other units was quickly spread by word of mouth and usually lost little in the telling. Some of the mental symptoms noticed were so similar to those seen in grave forms of mental disease that it was not long before even medical officers began to say that men had "lost their minds" as the result of concussion from high explosives. From all the armies—allied and enemy—came the same stories and a little later there appeared in hospitals at the base the same kinds of patients.

At the very outset a few physicians serving with troops and in the military hospitals noted the resemblance which these new disorders bore to the hysteria of civil life but even these observers were loath to believe that, appearing in men who might have been concussed by explosions or exposed to other as yet unknown effects of the new artillery, the weird symptoms seen might not represent a new form of disease or at least a striking modification of the psychoneuroses of civil life. British soldiers invented the terse, expressive term "shell shock" to designate all these conditions and in the shortest time imaginable it had come into



general use in the army not only among the officers and men of the line but among doctors and nurses as well. In civil life one heard it on every side. Two years later strenuous efforts were made, on account of the inestimable damage to morale that its indiscriminate use had wrought, to restrict this term to a certain class of cases, but so deeply imbedded was it in speech and thought that all these efforts failed.

In general, "shell shock" was thought to be the result of some unexplained physical phenomenon connected with the explosion of shells, bombs or mines. The French medical officers, who were generally familiar with the work of their own great students of functional nervous disease,—Charcot, Marie, Dubois, Janet and Babinski,—were perhaps better acquainted than their British colleagues with the neuroses as seen in civil life and were the first to adapt their management of these disorders in war to this conception of their real nature. They were also the first to separate cases in which concussion seemed actually to play an important part from those in which the situation giving rise to the disability seemed to be wholly emotional.

With the publication of reports of many individual cases, a long-continued controversy as to the nature of "shell shock" arose. The observations of a distinguished neuropathologist on the anatomical changes found in the brain and spinal cord of several cases in which men had been killed without visible injury by the explosion of shells or by being buried by parapets were accepted as evidence that in all or the greater number of "shell shock" cases minute injuries to the central nervous system would be found if examination could be made. Various theories were advanced to account for the types of damage discovered in cases coming to autopsy. Decompression after the high atmospheric concentration brought about by the explosions was said to cause the liberation of bubbles of gas in the blood stream. Inhalation of drift gases from the explosive while the soldier was lying unconscious was another method by which it was thought the central nervous system was frequently damaged.

Soon, however, evidence commenced to accumulate showing that, whatever organic basis there might be for "shell shock," there were many cases in which the causative factors were chiefly or wholly psychological. Men in training camps in England and France, especially those about to embark or entrain for active sectors, exhibited exactly the same symptoms as those reported in men who had become incapacitated under shell fire. Thousands of observations upon the wounded showed that very few had any psychoneurotic symptoms whatever, even when there was gross damage to the brain and spinal cord. A disproportionate rate among officers was difficult to explain on the grounds of injury. All sorts of extraordinary recoveries, such as would have been quite impossible if the extensive symptoms present had been the result of permanent

organic damage, commenced to be reported and psychological methods of treatment were found to be much more efficacious than any others. A comparison of the personal make-up and heredity of men who had "shell shock" with those of wounded men taken for control showed that among the former there was a heavy preponderance of men with a personal or family history of psychoneurotic make-up. The extreme rarity of neuroses among prisoners, even in large groups taken in the fiercest fighting, was pointed out. More and more, the resemblance of the war neuroses to those of civil life became apparent, especially when the vivid setting of the battlefield was replaced by that of the training camp in the histories of patients studied. Slowly the conception of "shell shock" as wholly in some cases and partly in most others a psychological disorder came into vogue among physicians. Laymen became dubious regarding certain phases of the affection but, in general, remained pretty firmly convinced of the validity of the first popular conception of "shell shock" as a new and unheard effect of the use of high explosives in modern warfare.

With this change in professional opinion (which was by no means universal) there came about new methods of treatment and certain changes in administrative management. The propriety of authorizing men with "shell shock" to wear wound stripes was questioned and an attempt made to regulate it so that only those who had actually been concussed in battle could acquire this badge of honor. The practical difficulties in the way of the enforcement of such regulations are, of course, obvious. The suspicion of malingering, which had existed in the minds of some at the very beginning, commenced to be expressed more frequently and the question was raised in Parliament several times as to the possibility of severe punishment being wrongly inflicted upon victims of these disorders by those who held this view. Against the spread of a rather less charitable attitude toward the "shell shockers" there was brought to bear the intense public sympathy that always went out toward men in such a pitiable condition and, up to the end of the war, there was little real change in the popular or official attitude toward soldiers with war neuroses.

Important modifications in treatment, however, reflected the medical change of opinion. Men who had strongly advocated a psychological approach to the treatment found it possible to secure influential supporters and in practically all the special hospitals for war neurosis cases in England, efforts were made to use psychotherapy in one form or another and to rely upon electricity, massage, passive exercise and other means directed toward the elimination of symptoms only as an adjuvant to analysis of the situation and reëducation of will.

The alarming accumulation of uncured cases in the hospitals led to the adoption of the policy of not sending any recovered cases back

to the front line duty. Those who saw the great dangers to morale that were involved in this plan warned the government that this measure would greatly increase the incidence of functional nervous diseases. Popular opinion, even among discharged wounded soldiers, supported it, however, and those who were attempting to cure the disease had forced into their hands a measure which promoted symptomatic recovery but constituted a new enemy to the morale of the individual.

Toward the beginning of 1917 some well trained psychiatrists and neurologists who were serving with troops had an opportunity to treat suitable cases in advanced sanitary formations. They had astonishing results. In their hands symptoms which had always proved most intractable in hospitals at the base were found to be readily removable. The whole course of the disease seemed in many instances to be within the power of these physicians to influence, and it was found relatively easy to prevent the fixation of psychoneurotic symptoms in exhausted soldiers and those who had undergone the severest emotional experiences if efforts could be commenced within a few hours from their onset. Some of the medical officers who had this experience attributed their success to the specific methods of treatment that they had used—such as hypnosis—but others saw that an important discovery in medico-military therapeutics had been made. About the same time the French, who from the first had dealt with these disorders from a psychological approach, put their theories fully into practice and established in each army area an army neurological hospital to which patients could be admitted from the trenches within a few hours and (of even more importance) from which they could be returned directly to duty as soon as their symptoms had disappeared.

It is necessary to go into this bit of medico-military history to this extent to draw a picture of the situation with regard to the management of the war neuroses in the armies of our allies up to and at the time of our own participation in the war. The methods of dealing with the psychoneuroses in war are quite important, for the lessons which a little later will be drawn from the war neuroses are in reality lessons from their management and not from the diseases themselves.

The prevalence of the neuroses during the full tide of war will indicate the practical importance of those disorders to a nation thrown back upon its uttermost resources in manpower. By July, 1917, 20 per cent. of all discharges from the British Army for disability had been for "shell shock" and allied conditions. When we remember that the proportion for wounds of all kinds was only 47 per cent. we can see how important, in a purely military sense, the withdrawal from active duty of this number of unwounded men must have been at a time when every effort was being made to comb out the last fit man and to

find some place of military usefulness for those who were only partially fit.

The immense number of persons with psychoneuroses who were studied in military hospitals during the war afforded striking opportunities for testing the soundness of such observations on the nature of the psychoses and psychoneuroses as have been given above. Out of this vast experiment have developed many new points of view, but the essential soundness of the modern conception of the part played by conflict in mental life has been demonstrated in an unexpectedly dramatic way. Whatever differences of opinion may exist, it seems fair to state that the opinion expressed by Dr. Sidney I. Schwab,<sup>25</sup> that the war neuroses are protective or defensive elaborations of the primary instinct of self-preservation in the face of destructive incidents of war, is accepted not only as sound in theory but as capable of having built upon it a structure of practical treatment, management and prophylaxis. With the observations of the English and French to guide us, our own army was able to put into effect a definite mechanism for the prophylaxis of psychoneuroses in the field. This was carried out through assigning to each tactical division a competent neuropsychiatrist. In the beginning many difficulties arose, some of them quite inseparable from the military situations, but in the St. Mihiel and Argonne-Meuse offensives a system of diagnosis, prevention and early treatment was put into effect with striking results. This consisted of the assignment of division, corps and army neuropsychiatrists, the concentration of small reserve groups of neuropsychiatrists at the advanced neurological hospitals, the careful examination and vigorous treatment of psychoneurotic patients in field sanitary units, more prolonged treatment in army units and the utilization of the special hospital in the Zone of the Advance. Of 100 men received at the "trriages" or sorting field hospitals, 65 were returned directly to their units for duty, in spite of a pressure for room in these divisional sanitary units occasioned by the enormous number of casualties. Of the 35 received at the army neurological hospitals, 20 were returned directly to their divisions for duty, and only 15 evacuated to the rear for treatment in a special hospital in the Zone of the Advance. This hospital (Base Hospital 117), in its entire work, had only 35 per cent. of its patients reclassified for non-combatant duty, and only 6 per cent. returned to the United States to be discharged from the military service for disability. Therefore, of 100 patients with psychoneurosis who came to the attention of the divisional neuropsychiatrists, only five were permanently invalided for non-combatant duty and only one returned to the United States. The

<sup>25</sup> Schwab, Sidney I. (formerly Major, M. C., U. S. A., Medical Director, Base Hospital 117, A. E. F.): "The War Neuroses as Physiologic Conservations." *Arch. of Neurology and Psychiatry*, May, 1919, V, 1, p. 579.

methods of treatment employed from the most advanced stations to the special base hospitals were, of course, individual and varied, but in all instances their foundation was the psychological conception of the nature of the psychoneuroses outlined in the preceding pages.

**Preventive Measures.**—There are special groups of the population in special need of assistance in making the adjustments to their environment upon which successful living depends. The idiot, like the young infant, is incapable of making even the simplest adjustments to the world about him and would perish if others did not make for him the adaptations which he cannot make for himself. Defectives of higher grade can make relatively simple adjustments and in an environment carefully arranged with reference to the extent of their adjusting capacity happy and useful living is possible. As Dr. C. Macfie Campbell has pointed out,<sup>26</sup> "the contented and industrious worker in an institution for the feeble-minded may have exactly the same constitution as his brother who is in jail for repeated criminal acts." It is not with the mentally defective, however, that this phase of mental hygiene chiefly concerns itself. Adjustments cannot be made by somebody else for one who is not mentally defective; they must be made by the individual and all that others can do is so to train and direct his activities that he will develop good mental reactions and so to aid him in selecting his environment that he will live upon the level which, *for him*, offers the best opportunities for efficient and happy existence. The practical application of these broad principles obviously depends upon the recognition of the capacities and limitations of the individual. As the reactions which determine success or failure in life are very largely established in childhood, it is to the child that preventive measures must chiefly be applied.

The enormous increase of interest in the mental life of childhood is leading to the recognition at a much earlier period than formerly of those factors which endanger mental health. Education must be fundamentally altered to fit the needs of subnormal children and those with special difficulties of adaptation. So numerous and so disastrous are the results of failure to make the modifications in teaching which these children require that the whole educational system might well be examined with reference to their special needs. Constant and increasing efforts should be made to determine the individual requirements of school children and the attention of the best educators should be given to devising means for furnishing such children with an equipment which will fit the *individual child* to live successfully, the *average child* being, for the moment, forgotten. Special classes exist now only for mentally defective children. They should be provided *for all kinds of atypical*

<sup>26</sup> Campbell, C. Macfie: "Educational Methods and Fundamental Causes of Dependency." *Mental Hygiene*, Vol. I, No. 1, p. 235. April, 1917.

*children*, intellectual defect representing only one and not perhaps the most important cause of imperfect mental adjustment.

Of the utmost importance, in laying the foundations in childhood for mental reactions which in later life may prevent psychoses, is the cultivation of a *frank emotional attitude*. Personal difficulties should never be dissembled but always faced in their reality. Children do not feel the same emotions as adults and the efforts of parents and teachers to make them feel or "act as if they felt" sympathy or sorrow or remorse, when they do not, simply plants the seeds for unreal emotional attitudes in later years. Recourse to the unreal is the habit which it is mental hygiene's great task to prevent. It is much better to have a child do something to relieve suffering than to induce him to act as if he felt an emotion which in reality he does not. Thus the objectivity of life will be intensified and this is perhaps the chief object of mental hygiene. Lyman Wells has said (what all psychiatrists know) <sup>27</sup> that self-love and self-consciousness constitute the great fountainhead of mental maladaptations. No other measures will more surely prevent their growth than the frank facing of actuality in childhood when mistakes can be acknowledged without loss of self-respect and rectified without difficulty. It is especially important that a frank emotional attitude toward sex should be established. The movement for instruction in sex hygiene has for its chief objects the control of venereal disease and the prevention of sexual immorality. If this movement grows upon a rational and strong foundation, these benefits will be far outweighed by its effect upon the general attitude toward sexual difficulties.

Preventive measures in this field of mental hygiene embrace a wide range of activities. All of them could hardly be enumerated here but the more fundamental ones may with advantage be summed up, even at the risk of being didactic, in these injunctions: determine the inherent capacity of each individual to make adjustments to his environment; realize that the causes of most maladjustments in later life arise in the early years of childhood; aid each individual to find the level at which he can live most successfully; cultivate a frank emotional attitude, especially in matters relating to sex; deal with actualities and so do not evade difficulties or transform them into a false situation; cultivate an objective view of life, enjoying to the full art, literature, music, and other desirable means of escaping into the world of unreality, but at the same time realizing their real nature; distribute interest throughout a wide range of activities, reserving an important place for those which do not contribute directly to self-gratification but which benefit others.

It is of the utmost importance in this field of mental hygiene to remember that individuals in need of assistance in making difficult ad-

<sup>27</sup> Wells, Lyman F.: "Mental Adaptation." *Mental Hygiene*, Vol. I, p. 60, Jan., 1917.

justments are rarely able to understand the situation or take the steps needed to bring about successful adjustments without the help of others and that those who give such help must possess psychiatric knowledge. This emphasizes the importance of mental clinics where such advice and guidance can be obtained. Every university should have a department of mental hygiene in charge of a well-qualified psychiatrist whose chief duty should be to help students to understand and deal with their personal problems. Every city school system should have such a department and should maintain school clinics in charge of competent psychiatrists for the examination and treatment of all children experiencing special difficulties. If these recommendations seem radical and expensive, it is only necessary to consider the enormous loss through mental diseases and other maladjustments which depend upon the causes that we have been considering and then remember that this is the one group of mental affections in which, at the present time, practically no efforts are being made for prevention.

Unless the experience in managing the psychoneuroses in war is to become simply an interesting and striking piece of medico-military history, it must be applied in civil life. The psychiatrist stationed at the "triage," examining closely into the nature of breaks in individual morale, should be regarded as the precursor of the school psychiatrist to whom are referred all children who have special difficulties in adaptation. The neurological hospitals just behind the line, in which the actual stress was occurring, must be followed by the establishment of school clinics and psychopathic hospitals where individuals wavering under the stress of adaptation to the economic, social and personal situations of modern life may have skilled advice and treatment. Base Hospital 117, a psychiatric hospital, which was never concerned with issues of insanity, must have its counterpart in hospitals for the study and treatment of the more severe types of psychoneuroses by psychotherapy, physiotherapy and every other aid known to modern psychopathology.

## ECONOMIC FACTORS

Unemployment, overwork, congestion of population, child labor, and the hundred economic causes which increase the stress of living for the poor are often contributing factors in the production of mental diseases. Weaknesses in constitutional make-up—defects in the armor of personality—are disclosed under the stress of such conditions, but might have remained undiscovered under happier circumstances. All that can be said of the prevention of such causes is that everything which makes for the betterment of those upon whom the stress of living falls heaviest will save many from mental disease. If the operation of these powerful

causes cannot be prevented, those who are most likely to be harmed might, perhaps, be shielded a little if the special danger which they face were more generally known.

### IMMIGRATION

No consideration of the preventable causes of mental diseases in this country would be complete without reference to this important element in our national life. It is a question peculiar to the United States. During the last 95 years 32,027,424 immigrants have come to this country.<sup>28</sup> This vast migration has no parallel in history. In some states the increment to the population from immigration every year exceeds that from births. Under such conditions movements such as those directed against alcohol, heredity, or the economic causes of insanity are feeble in their immediate effects compared with a thorough sifting of applicants for admission while they are still at our threshold. We have the absolutely unquestioned right to require any reasonable tests which can be proposed, and yet the present immigration law results in the mental examination of the smaller portion of the million immigrants who seek admission each year. There is no provision whatever requiring immigrants to present certificates from responsible authorities at home, testifying to their freedom from mental disease. These great numbers of immigrants, 30 per cent. of the adults illiterate and less than 20 per cent. with any trade, are, without adequate mental examination or selection, projected into our most congested centers of population, to bear, during their first years in America, as severe stress as any group of population can be called upon to endure. One result is that they are found in larger numbers in our hospitals for the insane than their ratio to the whole population warrants. Hundreds have to be returned during the first year for mental disease due to causes which existed before their arrival. In the succeeding years the proportion rises and in the next generation and the one succeeding it we shall doubtless reap the harvest for which our present policy is sowing the seed. It can be earnestly asserted, after long study of this question, that no measures for the control of mental diseases and mental deficiency which have yet been suggested can prove so efficacious as artificial selection of additions to our population on the vast scale which an adequate mental examination of immigrants would permit. This is a measure of practical eugenics which can be applied successfully now and one in which we shall not have to wait a generation to note the effect. As Professor R. DeC. Ward has said, "It is merely a question whether we or foreign steamship agents shall select the parents of future generations of Americans." The provisions of the federal immigration law which deal with the exclusion of insane immigrants are in need of

<sup>28</sup> January 1, 1820, to June 30, 1915.



thorough and immediate revision and the enforcement of the law should receive the attention which its importance deserves.

We have been far too careless of the welfare of recently landed immigrants. There seems to be a general impression that, however unsanitary their surroundings or however heavy may be the burdens placed upon them, immigrants are in some way fitted for such hardships, either by nature or through previous experiences in their homes. Of course, this assumption is without justification and it is time that the social, economic, physical, and moral welfare of these newcomers be given the earnest attention of the federal and state governments and of societies and individuals. By so doing something may be done to lessen the disproportionate prevalence of mental disease in this large group of our population.

### AGENCIES AVAILABLE FOR THE APPLICATION OF PREVENTIVE MEDICINE

It is possible to mention only very briefly some of the agencies which can be utilized in the application of preventive measures.

**Hospitals for Mental Disease.**—A very large proportion of the persons with mental disease in any state will be found under treatment in public institutions. This is not the case with other diseases, sufferers from which are widely scattered, in their homes, at work, and in hospitals. This fact makes the hospital for the insane seem the logical place in which preventive measures should originate. As Adolf Meyer<sup>29</sup> has said: "A modern hospital must get together the material with which to reconstruct the patient's life. It must be in touch with the patient's home. . . ."

No agency for practical work in prevention and the diffusion of knowledge regarding mental diseases and the mental factors in other diseases can compare with the university psychiatric clinic. Situated in large centers of population, such clinics are centers for research, treatment, prophylaxis, and education. Their influence is felt in every department of the universities in which they are located and their social contacts are so extensive that no person who has to deal with mental problems, whether he be parent, teacher, magistrate or social worker, goes from them empty-handed. Largely on account of the popularization of neuropsychiatry among physicians and laymen as a result of the war, the demand for university psychiatric clinics is rapidly spreading in this country. It seems now quite certain that within ten years' time every graduate of a Class A medical school will be taught mental medi-

<sup>29</sup> Meyer, Adolf: "Organizing the Community for the Protection of Its Mental Life." *The Survey*, September 18, 1915, p. 557.

cine in such a center. This is a development which might have been expected to follow the increase of interest in all the lesser mental disorders which existed in the military service, but the fact that such a clinic can establish and maintain the closest contact with the social, educational and the economic life of the community in which it is placed is due chiefly to the work of the late Dr. E. E. Southard at the Boston Psychopathic Hospital. No consideration of the psychopathic hospital as an agent in mental hygiene is complete without testimony to the vision, energy and resourcefulness which enabled Dr. Southard to show the community that it needed the psychopathic hospital and to show the psychopathologist that he was needed in the community.

**Public Health Authorities.**—No better illustration of the fact that mental hygiene has become one of the recognized activities of health authorities can be found than the proposal to create a division of mental hygiene in the United States Public Health Service. A bill to provide such a division is now before Congress. Several state departments of health are circulating information regarding mental hygiene in their work of educational publicity. Following the example of the Department of Preventive Medicine and Hygiene of Harvard Medical School, courses in mental hygiene are now given in the public health departments of many universities. Special courses for teachers, nurses and other groups are being established throughout the country. A new development of much importance is the special training of medical and social workers in psychiatric social work. This was undertaken at Smith College during the war in order to prepare young women for work with returning disabled soldiers. It has been so rapidly extended that there are now no less than a dozen schools for social work in the United States giving special courses for psychiatric social workers.

**Educational Authorities.**—Under the direction of state boards of administration and encouraged by national and state societies for mental hygiene, much can be done toward placing the education of psychopathic and defective children upon a better basis. These children are now chiefly interesting to school authorities, for they constitute a special class and should receive separate instruction, both for their own good and the good of normal children whose progress is retarded on account of the excessive amount of time teachers must give defective children. They should have a far greater interest for the state than this, for every child is a possible patient in a hospital for the insane. It would seem desirable for the state to provide very liberally for the study of these children and for their training. To this end, school clinics and special classes in the public schools should be fostered by the state educational authorities and even subsidized by the state when desirable.

**National and Local Societies for Mental Hygiene.**—There is a very clearly defined field of effort for national and local societies in the work

of prevention of mental diseases. As has been indicated, the care of the insane is, far more than that of any other class of the sick, in official hands. There is besides a great deal in the methods of commitment and provisions for care pending commitment which is regarded wholly as an official matter. For this reason there is decided need for agencies which can bridge the gap between the usual environment of the patient and the public institution which is to assume his care. A certain part of the social service work which has so useful a place in the care of the insane, particularly in the period following discharge from institutions, should be done by workers under the direction of institutional authorities, but there is also a very great deal which can be done better by societies co-operating with institutional authorities but not officially connected with them. In New York State the "Committee on Mental Hygiene" of the State Charities Aid Association has a local committee in each hospital district. Although after-care and efforts to improve the kind of care afforded the insane in that critical period while commitment is pending constitute the chief work of such committees, there is often opportunity for effective work in prevention, especially in popular education regarding preventable causes. In Alabama, California, Connecticut, District of Columbia, Illinois, Louisiana, Maryland, Massachusetts, North Carolina, Ohio, Pennsylvania, Rhode Island, Iowa, Virginia, Kansas, Georgia, Mississippi and Oregon, there are societies for mental hygiene doing most useful work.

There is a National Committee for Mental Hygiene, coördinating and, in a measure, directing these local activities. This committee has commenced studies of existing provisions for the care of the insane and mentally defective in all the states, methods of commitment and care pending commitment, the influence of preventable causes, etc. With a carefully prepared plan of work, accurate information is being obtained upon these matters, and, as fast as the facts in the possession of the committee justify it, active work is undertaken for amelioration or prevention. It is believed that a great deal can be done, especially in the direction of standardizing work for the care of the insane and the prevention of insanity, and in coördinating the efforts of the hospitals, state boards of administration and some of those organizations which (sometimes unawares) are attacking preventable causes of mental diseases and mental deficiency from different angles. The National Committee aims to stimulate interest on the part of the federal, state and local authorities charged with health work and the care of the insane and mentally defective and to sustain interest when otherwise it might flag. Standards established in states where advanced ideas prevail are being made known in states where there is indifference or lack of progress. A central "clearing house" for the collection and distribution of accurate information regarding the care and prevention of mental diseases and mental

deficiency is provided. Earlier treatment and the transfer of care pending commitment from the policeman to the doctor—the most urgent needs of the insane—are important aims of this organization. The lamentable failure to provide instruction in mental diseases in the medical schools is being shown and the means are being suggested for remedying this defect in medical education. It is a fact that the number of beds in the institutions for the insane in this country is almost equal to the numbers of beds in all the general hospitals of the United States. The insane are, therefore, the most numerous class of the sick receiving public care. As such, they are entitled to a much larger share of the interest of every practitioner than they receive. Progress in every branch of preventive medicine depends chiefly upon the leadership of physicians. In this particular field there is need of much wider interest on the part of the medical profession than exists today. One of the functions of the National Committee for Mental Hygiene is to broaden and increase this kind of interest.

### CONCLUSION

The attempt has been made to outline some of the preventable causes of mental diseases and mental deficiency and to indicate, very broadly, possible preventive measures. It seems essential that, notwithstanding the complexity of some of the questions involved, the prevention of mental diseases and mental deficiency should be considered in the general advance which is being made against diseases, for it is very closely related to all the other fields of preventive medicine. Recent advances in the field of psychiatry have given grounds for encouragement, for, if the outlook in some directions is not bright the accuracy with which the part played by certain causes is being defined promises much. The fact that it has been definitely determined that there are certain *essential* causes of mental disease and mental deficiency, and that some of these essential causes are entirely controllable, makes it imperative that preventive measures should be energetically promoted. At the same time the great advantages in the promotion of mental efficiency which may result from better understanding of the nature and importance of mental conflicts and of the means by which more successful adaptations may be made should lead to developments in the constructive phases of mental hygiene which, in the end, may prove the greatest service to mankind of this branch of hygiene.

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### SECTION III

## PUBLIC HEALTH MEASURES AND METHODS

### CHAPTER I

#### SOME GENERAL CONSIDERATIONS

**Sources of Infection.**—There are two great sources of the communicable diseases of man, viz.: (1) man himself, and (2) the lower animals. Most of the communicable diseases of man, especially those which occur in epidemic form, are peculiar to man. This is the case with typhoid fever, cholera, leprosy, malaria, yellow fever, syphilis, mumps, measles, scarlet fever, typhus fever, infantile paralysis, small-pox, chickenpox, relapsing fever, dengue, and even tuberculosis in large part. It is quite true that some of these infections may be communicated to the lower animals under experimental conditions, but they do not, as a rule, occur in them under natural conditions. In other words, most of the communicable diseases from which man suffers are specific for man; the degree of specificity varying slightly with the different infections.

It is, therefore, plain that man is the great source and reservoir of human infections. Man is man's greatest foe in this regard. The fact that most of the communicable diseases must be fought in the light of an infection spread from man to man is one of the most important advances in preventive medicine. This new thought has crystallized out of a mass of work in the sanitary sciences during the past decade, especially from researches upon tuberculosis, typhoid fever, cerebrospinal meningitis, and other communicable diseases. Formerly, sanitarians regarded the environment as the main source of infection. We now know that water, soil, air, and food may be the vehicles by which the viruses of the communicable diseases are sometimes transferred—that is, they are media of conveyance rather than sources of infection. Most of the microorganisms causing the communicable diseases of man are frail and soon die in our environment, as in the air, soil, or water. Most of them are obligate pathogens and cannot, or do not, grow and multiply under the adverse conditions of our environment.

From the lower animals, particularly the domesticated animals, man contracts a number of infections. Thus we contract rabies and echino-

coccus cysts from the dog; plague from the rat; glanders from the horse; trichinosis from hogs; anthrax from cattle; Malta fever from goats; foot-and-mouth disease from cattle; tuberculosis, in part, from cattle; tapeworms and other animal parasites from the meat of fish, fowl, and mammals. Various skin parasites are also contracted from the lower animals, as ringworm from cats, fleas from dogs, etc. The number of these diseases<sup>1</sup> and the extent of their ravages are notably less than those contracted from man himself.

The association between man and the domestic animals is intimate, and the contact with rats, mice, and vermin is much closer and more frequent than we suspect. While man contracts several infections from such relations, animals on the other hand contract a few diseases from man, such as trichinosis, *Taenia solium*, *Taenia saginata*, and cowpox.

The fact that most infections are spread rather directly from man to man brings in the forces of sociology to aid those of preventive medicine. The task of preventive medicine is rendered much more difficult from the fact that most infections depend upon the control of man himself. We ruthlessly wage war against insects or against infected food or water. In other words, we can arbitrarily control our environment to a very great extent, but the control of man himself requires the consent of the governed. Thus, it is easier to stamp out yellow fever than to control typhoid fever. It is easier to suppress malaria than syphilis, rabies than influenza, trichinosis than measles. Cattle appear to be mutely thankful when protected by inoculation against blackleg or anthrax, but man rebels against one of the best of all specifics—vaccination against smallpox. The fact that man is the chief source and reservoir of most of his own infections adds greatly to the scope and difficulties of public health work and often makes the prevention of disease dependent upon social and economic changes. In this sense preventive medicine is a very important factor in sociology.

**Modes of Transference.**—The viruses of the communicable diseases may take various routes of transference from man to man or from animal to man. These routes are spoken of as the modes of infection, the modes of transference, or sometimes as the vehicles of infection. Formerly they were spoken of as the "channels of infection," but now we restrict that term to the special channels by which the infection enters the body. Thus, the channel of infection in tuberculosis may be the respiratory tract, the digestive system, or the skin; whereas the mode of infection is from tuberculous sputum, either by direct contact or through the air, as in droplet infection, or through milk or some other vehicle.

The modes of transference may be grouped, for convenience, under

<sup>1</sup> A list of the diseases of animals associated with human diseases is given by Davis in *Science*, Sept. 8, 1916, N. S. XLIV, 1132, p. 339.

three general heads: (1) direct, (2) indirect, and (3) through an intermediate host. In the great majority of cases the virus is transferred more or less directly by what is now known as contact infection. In many instances the virus is transferred indirectly through water, food, soil, air, etc. In a large group of diseases the transfer is through an intermediate host which furnishes the growing list of insect-borne diseases.

The transfer is usually quite direct from one person to the next. The agents of infection, as a rule, do not travel far. The danger diminishes inversely as "the cube of the distance." However, viruses may be spread broadcast in water and milk; they are also transported great distances in the host along the routes of trade and travel, by cases and carriers.

*Contact Infection.*—"Contact infection" is a convenient term intended to include a group of circumstances in which infection is spread more or less directly from person to person. Contact infection assumes a quick transfer of fresh infective material. Actual contact between the two individuals is not necessary, but the conveyance is, nevertheless, pretty close in time and space. Contact infection alone may be responsible for epidemic outbreaks, even in the case of such a disease as typhoid fever.

The diseases in which contact infection plays a dominant rôle are those in which the virus leaves the body in the discharges from the mouth and nose, as tuberculosis, diphtheria, scarlet fever, measles, influenza, common colds, cerebrospinal meningitis, whooping-cough, mumps, etc. Contact infection also plays a large rôle in diseases in which the virus leaves the body in the fecal and urinary discharges, as in typhoid, cholera, dysentery, and other intestinal infections.

Contact plays a dominant part in such diseases as syphilis, gonorrhea, skin and other infections having open sores on the surface of the body.

In contact infection the virus may be transferred from man to man directly by actual contact, as in kissing, or more indirectly upon soiled hands, contaminated towels, or infected cups, spoons, toys, remnants of food, and other objects which have recently been mouthed or handled by the infected person. Droplet infection is also included under the convenient term "contact." As a matter of fact, the ways by which the infection may be transferred, and still be considered contact infection, are numerous and varied. In every instance, however, the transfer is brought about by pretty close association with the infected person.

*Indirect Infection.*—A large group of diseases are conveyed indirectly from person to person through water, food, soil, and fomites. Diseases may be conveyed great distances by means of food or water; they are never conveyed long distances through the air. In the large majority of the diseases contracted by indirect infection the virus is

taken into the system through the mouth and discharged from the body in the feces. The best examples of this class are typhoid fever, cholera, and dysentery. The relation of soil, food, water, air, and our environment to disease is discussed separately.

The insect-borne diseases form a large and important group, which are fully discussed in Chapter IV, page 259.

**Carriers.**—By the term “carrier” we understand a person who is harboring a pathogenic microorganism, but who, nevertheless, shows no signs or symptoms of the disease. Thus a person may have diphtheria bacilli in the nose and throat, but, nevertheless, be in good health. The same is true with the pneumococcus, the meningococcus, streptococcus, and many other microorganisms. Persons may have typhoid bacilli, cholera vibrio, or hookworms in their intestinal tract without showing manifestations of these parasites. Furthermore, persons may have plasmodia in their blood or spleen without having clinical malaria, and so on through a long list of infections.

Persons who harbor pathogenic bacilli without showing symptoms are known as “bacillus carriers,” those who harbor protozoa are known as “protozoön carriers,” etc. Carriers may be acute or temporary, chronic or permanent, convalescent, passive or active, intermittent, intestinal, oral, urinary, etc. These terms are defined on page 540.

The demonstration that many persons are carriers has thrown a new light upon the control of the communicable diseases. With the new facts has come a realization of added difficulties. Carriers can only be detected by painstaking laboratory examinations. When discovered their control is as difficult as it is important. We cannot lightly imprison persons in good health, even though they are a menace to others, especially in the case of breadwinners. In some infections there are so many carriers that it would require military rule to carry out such a plan. Fortunately in most cases absolute quarantine is not necessary. Sanitary isolation is sufficient. Thus the danger from a typhoid carrier may be neutralized if the person exercises scrupulous and intelligent cleanliness, and is not allowed to handle food intended for others. Such a person might well engage as carpenter, banker, seamstress, etc., without endangering his fellowmen.

The fact that carriers exist in a large number of diseases makes their suppression one of great practical difficulty. The cure of carriers is one of the pressing problems in preventive medicine. One hopeful feature of the carrier situation is that their number may be diminished by isolating and diminishing the cases of the corresponding disease. Thus, the number of typhoid carriers falls off sharply as a result of any successful measure directed only against the clinical cases. The facts concerning carriers have been discussed separately under each disease in which they occur.

**Missed Cases.**—By missed cases we understand mild and atypical instances of disease which are not recognized clinically. Almost all diseases vary greatly in severity. Thus we have walking typhoid and ambulant plague. Whooping-cough, scarlet fever, yellow fever, influenza, and most other infections may be so mild that they escape notice. Even the patient himself may not know he is sick. These mild cases go to school, ride in street cars, attend theaters, continue at their usual work in crowded factories and other places, handle our food, eat at restaurants, and thus spread infection. It is now well known that missed cases are a prolific source of spreading the infection of many of the communicable diseases; they form an important factor in preventive medicine.

**Channels of Infection.**—There are numerous channels by which infection may enter the body. These are usually grouped under three headings: (1) the respiratory tract, (2) the digestive tract, and (3) through the skin. Perhaps 90 per cent. of all infections are taken into the body through the mouth. They reach the mouth in water, food, fingers, dust, and upon the innumerable objects that are sometimes placed in the mouth. The fact that the great majority of infections enter by way of the mouth gives scientific direction to personal hygiene. Sanitary habits demand that the hands should be washed after defecation and always before eating, and fingers should be kept away from the mouth and nose, and that no unnecessary objects should be mouthed. All food and drink should be clean and thoroughly cooked. These simple precautions alone would prevent many a case of infection.

Viruses taken in by the mouth and nose do not necessarily cause respiratory infections. Thus, the viruses of cerebrospinal fever and infantile paralysis enter the system by the mouth; so also with typhoid fever, dysentery, cholera and other intestinal infections.

**"Contagious" and "Infectious."**—These are popular terms which lack scientific precision. The words have been used in very diverse senses.

A *contagious* (*contingere*, to touch) disease is one that is readily communicable—in common parlance, "catching." Formerly a contagious disease was considered as one which is caught from another by contact, by the breath, or by effluvia. A contagious disease implies direct or personal contact. If contagious diseases are limited to those contracted by direct contact or touch, as the etymology of the word signifies, only syphilis and diseases similarly contracted would be contagious. As a matter of fact, smallpox, measles, and influenza are types of contagious diseases, as the term is now usually understood.

An *infectious* (*inficere*, to put in, dip in, or mix in) disease is usually considered as one not conveyed directly and obviously, as in the case of contagion, but indirectly through some hidden influence or medium. In the days when specific febrile diseases were regarded as caused by mias-

mata and noxious effluvia, the terms "infectious" and "miasmatic" diseases were more or less synonymous. Typhoid fever was often taken as a type of an infectious disease. Malaria was the type of a miasmatic disease.

These distinctions are entirely artificial, and serve no useful purpose. Most of the communicable diseases may be transmitted from the sick to the sound in several ways. Infectious diseases may be contagious, and contagious diseases are infectious. Dividing diseases into those which are contagious and those which are infectious entirely leaves out of consideration the important class of insect-borne diseases. The terms contagious and infectious have always lacked scientific precision and have been the source of some confusion. The word "communicable" is a much better term and should be given preference.

A *communicable* disease is one caused by a specific virus transferred in a great variety of ways. The term "communicable" ignores the mode of transference. There is a great difference in the degree of communicability; some diseases are readily communicable, others transmitted with difficulty. The evidences of communicability are not so obvious in chronic infections, such as tuberculosis, or in diseases with a long period of incubation, such as typhoid fever. The relationship between one case and the next is often far removed in time and space. If tuberculosis were an acute infection like diphtheria it would be popularly regarded as being just as contagious as that disease.

**Epidemic, Endemic, Pandemic, and Prosodemic.**—A disease is said to be *epidemic* (*epi*, on, upon, and *demos*, people) when it is common to or affecting a large number of persons in a community in a short time. A disease which spreads rapidly and attacks many people at the same time is usually said to be epidemic. An epidemic involves the conception of time, place and numbers.

A disease is said to be *endemic* (*en*, in, *demos*, people) when it is peculiar to a district or particular locality, or limited to a class of persons. An endemic disease is one which is constantly present to a greater or less degree in any place. An endemic disease smolders, whereas an epidemic bursts into flames. A *sporadic* (occurring singly) disease is one in which a few scattering cases occur now and then.

Endemic diseases are apt to flare up and become epidemic. Insect-borne diseases are the best examples of endemicity, as their prevalence is strictly limited by the geographic distribution of the intermediate host. Yellow fever has long been endemic in Havana, cholera in India, typhoid fever in Washington, and plague in Tibet.

These terms not only lack precision, but are variously conceived and differently defined. Thus typhoid fever was said to prevail in Boston, but a similar number of cases in Berlin would have been regarded as an epidemic. For the purposes of maritime quarantine a disease is con-

sidered epidemic if there is more than one focus of infection; that is, if several cases occur which have no apparent connection with each other. Strictly, therefore, according to this definition, two cases may constitute an official epidemic and the port would, therefore, be regarded as infected.

It is not feasible to state just how many cases of a disease constitute an epidemic. Ordinarily a few cases of a communicable disease in a village or small town is not regarded as an epidemic; however, five cases of typhoid fever in Podunk (population 1,000) is the equivalent of 5,000 cases in a city of 1,000,000. By the same token, one or two cases in a small village would proportionately constitute an epidemic of unknown magnitude in a metropolis.

"*Pandemic*" (*pan*, all, *demos*, people) is a term used to describe a disease which is more or less epidemic everywhere. Pandemics affect a large number of people in a large number of countries at the same time. Thus there have been four great pandemics of plague, when it spread to the four quarters of the globe. In 1889-90 and again in 1918-19 influenza was pandemic. It is not usual, although quite proper, to regard tuberculosis, syphilis and typhoid fever as pandemic.

Sedgwick proposes the term "*prosodemic*" (*proso*, through, *demos*, people) to take the place of the unsatisfactory word "endemic." Proso-demic suggests the creeping or smoldering of a disease which is being communicated from person to person through the community by various means, but especially by contact.

**Fomites** (from *fomes*, touch-wood or tinder) is defined as any substance capable of absorbing, retaining, or transporting infectious germs. Fomites usually refers to inanimate things, such as bedding, clothing, etc. The term was especially used in connection with yellow fever, in which the greatest variety of objects, such as a lock of hair, the false bottom of a trunk, coffee sacks, a mattress, and letters were said to be the fomites which touched off an epidemic. Woolen clothing or the doctor's beard are popular and supposedly dangerous examples of fomites.

The importance of inanimate objects as vectors of pathogenic micro-organisms is assuming a minor rôle in the minds of most sanitarians. Thus we no longer think of such objects as books, umbrellas, floors, walls, curtains, and furniture as likely to transmit the virus of disease. We know that most of the pathogenic bacteria soon die when exposed to dryness and other adverse conditions of environment. We now concentrate our efforts more upon handkerchiefs, towels, bed and body linen, drinking cups, remnants of food, toys, pencils, table-ware, and other objects that have recently been mouthed by the infected individual. Such fomites may readily transfer fresh, live and virulent virus from one person to the next.

## RELATIVE VALUES OF PUBLIC HEALTH WORK

It is evidently impossible to express with mathematical precision the relative importance of different public health procedures. Nevertheless, efficient administration requires a sense of proportion. The relative values of health activities vary with location, character of population, stage of civilization, etc. In many communities malaria, dysentery, hookworm disease, plague or yellow fever will need chief consideration. A well sewered city can appropriate money for lines of work which in less fortunate places must be devoted to the never ending task of privy sanitation.

Sanitation or municipal housecleaning logically comes first; this accomplished, hygiene must occupy most of the attention of the public health administrator. Disease prevention is important, but health conservation is fundamental; education is essential, but scientific research is basic. The ideal of preventive medicine is to build towards departments dealing with health rather than departments dealing with disease.

In what way should the appropriations for the health department be expended so as to save the most lives and prevent the most sickness? Chapin<sup>2</sup> answers this question in the following table:

RELATIVE VALUES OF HEALTH WORK				
Communicable Diseases	{	Medical Inspection.....	100	
		Nursing .....		
		Hospitalization .....	50	
		Immunization .....	50	
		Venereal diseases.....	20	
Tuberculosis.....	{	Nurses .....	60	
		Dispensaries .....	40	
		Hospitalization .....	40	
	School Inspection.....		80	
	Child Hygiene.....	{		80
Nurses .....			80	
Supervision of Midwives .....			10	
Infant Mortality.....				
Boarding houses.....			5	
Milk stations.....			5	
Consultations .....			20	
Sanitation.....	{	Prenatal clinics.....	10	
		Privy Sanitation.....	110	
		Housing .....	20	
		Plumbing .....	10	
		Nuisances .....	10	
Food.....	{	Fly and Mosquito control.....	10	
		Adulteration .....	0	
Milk.....	{	Sanitation .....	10	
		Adulteration .....	3	
		Sanitation .....	17	
		Care of sick poor.....	50	
		Laboratory .....	50	
		Education .....	80	
Vital Statistics .....	60			
			1000	

<sup>2</sup> J. A. M. A., July 14, 1917, p. 90, LXIX, 2.



The figures given in the schedule are intended to indicate the real health conserving value of certain common functions of municipal health departments. For many activities we have no measurement, but only guesses.

Schneider <sup>3</sup> calculates the relative values of the various public health activities, as follows:

CONTROL OF COMMUNICABLE DISEASES:	
Tuberculosis .....	12.1
Venereal diseases.....	6.6
All others.....	25.3
Infant hygiene.....	20.3
Privy and well sanitation.....	3.5
Milk control.....	2.7
Fly and mosquito suppression.....	2.4
Food sanitation.....	0.1
Inspection of school children.....	7.0
Vital Statistics.....	5.0
Education .....	5.0
Dispensary and clinics.....	5.0
Laboratory .....	5.0
Total .....	100.0

It is interesting to note that, in Schneider's opinion, the control of communicable diseases and infant hygiene work might profitably constitute two-thirds of the activities of the health department.

Brooks <sup>4</sup> of the New York State Department of Health uses the following score:

1. Communicable diseases:	
(a) Tuberculosis .....	60
(b) Other than tuberculosis .....	80
2. Laboratory facilities, local or State, fully utilized .....	90
3. School inspection .....	85
4. Infant and maternal welfare .....	90
5. Milk and food inspection .....	80
6. Water supply .....	90
7. Sewage, garbage and manure .....	80
8. Record keeping .....	90
9. Public health education .....	100
10. Appropriation .....	100
11. Enforcement of regulations regarding barber shops, common towels and eating and drinking utensils .....	20
12. Special work along new or unusual lines or especially efficient work or good results with old methods .....	35

<sup>3</sup> *Amer. Jour. P. H.*, VI, 9, Sept., 1916.

<sup>4</sup> *Health News, Monthly Bull.*, N. Y. State Dep't. Health, May, 1919.

Olson <sup>5</sup> proposes the following score card for measuring the efficiency of local health officers.

### SCORE CARD—FOR SCORING THE EFFICIENCY OF LOCAL HEALTH OFFICERS

#### 1. Activities

Character of Activity	Score in Points	
	Perfect	Allowed
1. Communicable diseases: Suppression and prevention.....	18	.....
2. Laboratory diagnosis: Collection and transmission of specimens for diagnosis and investigation. Distribution of antitoxins and serums.....	10	.....
3. Education of public: Exhibits, lectures, circulars, newspaper articles, etc.....	8	.....
4. Vital statistics.....	7	.....
5. Coördination of extraneous health agencies.....	6	.....
6. Concurrent disinfection.....	6	.....
7. Infant and maternal welfare work.....	6	.....
8. Public health nursing.....	5	.....
9. Control of water supplies.....	4	.....
10. Inspection and control of milk supplies and dairies.....	4	.....
11. Occupational disease: Prevention and control.....	4	.....
12. Medical inspection of school children and correction of defects.....	4	.....
13. Mental hygiene.....	3	.....
14. Control of such preventable diseases as heart and kidney diseases, etc.....	3	.....
15. Clerical work: Correspondence, records, and reports....	3	.....
16. Sewage disposal.....	3	.....
17. Attendance at conferences, board of health meetings, etc..	3	.....
18. Food and meat inspections and control of slaughter houses, butcher shops, and grocery stores.....	1	.....
19. Inspection of public buildings.....	1	.....
20. Terminal fumigation.....	$\frac{1}{2}$	.....
21. Investigation and abatement of nuisances.....	$\frac{1}{2}$	.....
Total .....	100	.....

#### 2. Equipment

Nature of Equipment	Score in Points	
	Perfect	Allowed
1. Telephone .....	20	.....
2. Transportation .....	17	.....
3. Clerk .....	12	.....
4. Office .....	10	.....
5. Report cards:		.....
a. From physicians.....	5	.....
b. To State board of health.....	5	.....
6. Quarantine placards.....	8	.....
7. Vaccine and antitoxins or facilities for obtaining same..	7	.....
8. Record books or filing cases.....	6	.....
9. Literature for self-education and reference.....	5	.....
10. Literature for distribution.....	4	.....
11. Fumigants or facilities for obtaining same.....	1	.....
Total .....	100	.....

<sup>5</sup> U. S. Public Health Rpts., Jan. 14, 1921, Vol. XXXVI, No. 23, p. 31.

**A Score for Health Activities.**—The New York State Department of Health has prepared an activities score for cities with a population of from 25,000 to 175,000 inhabitants. Of a possible 1,000 points for perfect, adequate public health nursing service counts 75; other follow-up social service 10; adequate dispensary or clinic service 70; hospital facilities for the communicable diseases 45; a day nursery 10; Little Mothers' League 10; good newspaper publicity regarding health matters 50; and a physician in charge of the infant welfare station 15. This gives a total of 285 points for activities in which the nurse is directly concerned. In general the score provides the following distribution of credit:

Communicable disease control:	
Tuberculosis, perfect score.....	60
Venereal diseases, perfect score.....	70
Other communicable diseases, perfect score.....	80
Adequate laboratory facilities and use of same.....	100
Infant and maternal welfare.....	90
Milk and food inspection.....	100
Water supply.....	100
Sewage, garbage and manure disposal.....	40
Record keeping.....	85
Public health education.....	120
An appropriation of at least 50 cents per capita for health protection..	100
Effective enforcement of regulations governing barber shops, common towels, drinking and eating utensils.....	20
Unusually meritorious public health work along either new or old lines	35
Total.....	1,000

**A Public Health Program.**—The principal elements in a comprehensive public health program, in ordered sequence, may be named as follows:

1. Eugenics, the principles of sound breeding and heredity. Immunity.
2. Maternity and the care, protection and encouragement of the function of motherhood.
3. Infant welfare and the reduction of infant mortality.
4. The health and development (physical, mental and moral) of the school child and adolescent.
5. Food and nutrition, the relation of diet to growth and health.
6. Personal hygiene. Mental hygiene.
7. Industrial hygiene, the health of the worker.
8. The prevention of the communicable diseases. Epidemiology.
9. The prevention of the non-communicable diseases.
10. Sanitation, or biologic cleanliness, including improved environment. Sanitary engineering. Disposal of wastes.

11. Vital statistics, the bookkeeping of humanity.

12. Education, the diffusion of knowledge among the people in all these matters.

13. Research to extend the boundaries of knowledge.

Successful public health administration should be organized so as to include constructive work under each of these headings. In a broad sense, it should also include improvements in education for medical, dental, veterinary, nursing and public health practice.

**Organization of Health Departments.**—The administration of a health department should include as much as possible of the above public health program. Ordinarily, health work falls under the following headings:

1. Executive and administrative.
2. Vital statistics.
3. Communicable diseases—epidemiology.
4. Infant welfare and child hygiene.
5. Food and drugs.
6. Sanitation.
7. Industrial hygiene.
8. Laboratories.
9. Education.

A health department should have a "commissioner of health" or "health officer" as executive head of all activities. The chief executive may have a "public health council" or "advisory board" to approve policies and regulations, but such boards should have no executive duties. In metropolitan cities and states, the health departments should have skilled and trained heads for each of the above mentioned departments. It is sometimes advisable to have special departments for some of the major public health problems, such as tuberculosis or venereal diseases; or malaria, hookworm, plague, etc., where such diseases prevail.

The smallest health department must contain all the elements essential to public health work, and should consist of at least one health officer, one public health nurse and one clerk, all full-time employees. The health officer for small communities must be epidemiologist, educator, dispensary and school physician, bacteriologist, inspector, executive, etc. He should be free to call upon expert advice when confronted with an unusual situation. Such specialists are provided by both the U. S. Public Health Service, by state departments of health, by universities and other organizations.

It is a great advantage for a number of small communities to pool their health interests and resources. This has worked well at Wellesley, Massachusetts, where five of the neighboring towns have entered into

a cooperative health organization. The plan has worked well and should be copied widely.

Each county may have its own health organization, and all progressive states are divided into sanitary districts presided over by a district health officer.

**Cost.**—The appropriation necessary to maintain a minimum health organization varies from 50 cents to \$1.00 per capita per annum. For a city of 10,000 population, 75 cents per capita would be sufficient to maintain a minimum organization as follows:<sup>a</sup>

One health officer .....	\$3,000
One public health nurse .....	1,200
One clerk .....	1,000
<hr/>	
Salaries .....	\$5,200
Maintenance .....	2,300
<hr/>	
Total .....	\$7,500
All full-time.	

In a city of 25,000 population, 75 cents would hardly cover the expense, as a city that size should have a small isolation hospital. The organization for a city of 25,000 follows:

One health officer .....	\$3,500
One epidemiologist .....	2,500
Three public health nurses—\$1,200....	3,600
One milk inspector .....	1,500
One sanitary inspector .....	1,200
One statistical clerk.....	1,200
One stenographer.....	1,000
<hr/>	
Salaries .....	\$14,500
Maintenance .....	4,250
<hr/>	
Total .....	\$18,750
All full-time.	

In this organization, the epidemiologist performs the duties of bacteriologist, and he divides the duties of school inspector and dispensary physician with the health officer.

No provision is made for the collection of garbage and other city wastes, street cleaning, etc. These activities quite properly belong to a separate department of the city government.

In some cities and states, the management of public hospitals, tuberculosis sanatoria and insane asylums are placed under the control of the health office. The organization of health departments varies in different parts of the country to meet special conditions and local traditions.

<sup>a</sup> Fox, C.: Minimum Standards of Organization for Municipal Health Departments. *J. A. M. A.*, Sept. 18, 1920, Vol. 75, No. 12, p. 790.

*THE MEDIAN ENDEMIC INDEX*

In epidemiological work, it is essential that the health officer have some system by which he may compare the incidence of disease in the past with that of the present. For this purpose, Dr. W. H. Brown, then Epidemiologist of the Massachusetts Department of Public Health, devised an endemic index card. The endemic index was determined by averaging the number of reported cases for five years, exclusive of epidemics, for the various municipalities of the state. This average was the endemic index. The personal factor, however, entered into this determination as it was necessary for the epidemiologist to decide what constituted an epidemic.

To obviate this difficulty, Hitchcock and Carey of the Massachusetts Department of Public Health devised a median endemic index. This median endemic index is a record of actual occurrence and takes into consideration all cases reported. The data is arranged in arithmetical sequence, and the median selected as the index. For example, the number of cases reported for the month of January for nine years was as follows:

Year	Diphtheria	Scarlet Fever
1910.....	912	943
1911.....	992	631
1912.....	519	583
1913.....	555	833
1914.....	846	1,584
1915.....	921	953
1916.....	840	948
1917.....	869	673
1918.....	950	609

By arranging these numbers in arithmetical sequence and picking the median for the index, the median indices for January are found to be:

Diphtheria—869.

Scarlet fever—833.

The monthly endemic indices for the various diseases are plotted on a graph, and beside it is placed a dial marked off in suitable spacing to show the daily increase. This is recorded by two clock hands, the hour hand pointing to the endemic index for the month and the minute hand progressing as cases accumulate.

An endemic index card is kept for each city or town in the state. This card is ruled off in six large spaces on each side for the months of the year. Each of these large spaces is in turn ruled off into smaller

spaces for the days of the months and the diseases reportable. The number of cases reported the previous year and the endemic indices for the various diseases are also recorded. As daily reports are received, they are tabulated in their proper place.

The median index chart used in conjunction with a spot map and daily index cards is a simple and effective device whereby the daily accumulation of reported disease may be watched and which will show at a glance any sudden or unusual increase.

## HEALTH CENTERS

*Health centers*<sup>7</sup> are local agencies where the health activities of a community are administered. This concentration increases efficiency and promotes economies. Health centers are needed in metropolitan cities as well as in country districts; their organization, however, will vary somewhat in large cities, in medium sized towns and rural situations. Health centers are "clearing houses" for all hygienic, sanitary, medical, dental, nursing and other public health activities. They also serve as convenient places for advice and information; they are useful for promoting public health education and they may contain attractive social features.

One of the faults with public health administration is that it is too remote and removed from the people and their problems. Public health centers correct this fault in an admirable way. It is proper for a health center to have facilities for prenatal work, maternity care, baby hygiene station, child welfare, tuberculosis clinic, venereal dispensary, dental service, nursing service, Red Cross activities, mental hygiene, distribution of serums, and vaccines, physical examinations, surgical emergencies, etc., etc. Health centers may also serve as the district office for federal, state and local health officials, as well as for private organizations. Charity and material relief should be kept separate from such centers.

Health centers are the next step in health community service. Their possibilities are boundless, but their successful operation requires co-operation and leadership. Thus far there are few types and no models.

## HOUSING

*Housing* has an intimate relation to health. Housing influences morbidity and mortality, but in a rather indirect way. It is difficult to separate the factors of crowding, personal habits, poverty, food and other hygienic and sanitary influences from the actual housing conditions. A house after all is only an instrument that may be abused, thus a good

<sup>7</sup> A symposium on the Health Center, *Am. Jour. of Public Health*, March, 1921, Vol. XI, No. 3, p. 212.

house may be crowded and unsanitary, while a poor house may be clean and fairly adequate. Good housing conditions facilitate an adequate supply of fresh air and sunshine, promote cleanliness and dryness, and favor sanitary isolation; good housing also encourages higher standards of living, and thus favors better personal hygiene and improved sanitation of the environment.

Housing conditions may be taken as a good index of the general sanitary condition and hygienic habits of the occupants. Strict laws concerning new construction should be rigidly enforced, especially with respect to safety, air space, openings for air and sunshine, water supply and disposal of wastes, cellars, toilets, kitchens, etc. Regulations concerning the number of occupants and the use of the house should be made a matter of supervision through official inspection.

There is a difference of opinion as to the function of a health officer in relation to housing. In my judgment, it comes under the purview of good health administration, although it is largely an economic and social problem. Most of the laws in the United States concerned with housing deal more with structural safety than with sanitary requirements.

The modern tendency is to leave the country for the city. About one-half of our population is urban. Cities are congested and crowded, and many live in cells unfit for human habitation. The best results in health cannot be obtained and maintained when so large a proportion of our inhabitants live such a parasitic life. Housing is an index of these conditions and tendencies, which favor the spread of all communicable infections. Further, such artificial and unnatural conditions of life make it difficult to maintain tone, vitality and efficiency.

Housing affects health, morals and progress both directly and indirectly. Dark rooms favor the spread of tuberculosis. Dingy houses make cleanliness difficult and give comfort to vermin. Indirectly, bad housing conditions may undermine resistance to disease, especially through poor lighting, bad ventilation, and improper heating. The present lack of housing facilities is a serious sanitary menace.

One of the most important factors in housing in relation to health is overcrowding. Strict regulations should be enforced by the health officer to prohibit the overuse of living and sleeping rooms. Careful sanitary supervision is necessary to insure an abundant supply of good water and an adequate system of disposal of wastes. The health officer should also take cognizance of nuisances often maintained both within and without houses. It is usually easier to prevent such nuisances than to abate them. The records of the health officer should show the cases of sickness occurring in each house, for much useful information is thus obtained.

The general types of dwelling concerned in urban housing problems are: (a) one-family dwellings, (b) two-family dwellings, and (c) tene-



ments. The detached one-family dwelling with space all around it is the ideal.

Good housing includes a consideration of construction, site, soil, dryness and drainage, water and wastes, lighting, heating and ventilation, size, arrangement and use of rooms, facilities for cleanliness, and also the environment of the structure. Each one of these topics is discussed in detail in other chapters. See index.

### *RURAL SANITATION*

The country is the weakest link in the sanitary chain. This is largely due to economic reasons, with the added handicaps of inadequate organization, great distances, and imperfect education. Most rural health departments are under-manned, poorly supported, and render inadequate service.

From the standpoint of the communicable diseases, our better cities are now much safer places to live in than country districts. Before the days of modern sanitation, the cities had about double the death rates of the country.

Infection flows from the country to the city in the water, milk and food supplies. It is carried back and forth in the persons of cases and carriers. Opportunities for contact infection are much more frequent among the rural population than is ordinarily conceived; disease transmitted by contact infection often spreads through sparsely settled country districts like wildfire.

Rural dwellings, schools and meeting houses are often unsanitary, crowded and dark. Sewage disposal is apt to be primitive and the control of insects, rats and vermin difficult and neglected. Heating, lighting and ventilation are often defective. There is plenty of sunshine in the fields, but often none in the houses. Further, it is rather difficult for each farmhouse to surround itself with the tidy environment equal to that of a city park. The best medical service has a tendency to desert country practice for city allurements.

The farmer's work is fatiguing, intensive and seasonal. It often requires undue exposure to wind and weather both summer and winter. The hours are long and the conditions of work and life not always conducive to health, longevity and efficiency.

Over fifty per cent. of our population is rural, but this half receives scant attention. Rural sanitation is expensive, but costs less than sickness, with its attendant inefficiency and block to progress caused by disease.

There should be a full-time health officer in charge of a county or a rural sanitary district, with a health center and staff to carry on the needed work. Hospital, transportation and nursing services should

be organized and provided in each sanitary district on an economic basis.

The method of controlling disease, disposing of wastes, improving housing and ventilation and the art of sanitary living both in country and city are discussed in detail under specific chapters throughout this book.

### **PUBLIC HEALTH EDUCATION**

Public health education is fundamental. It must be considered under two aspects: (1) Acquisition of knowledge and (2) Diffusion of knowledge.

The first involves researches in laboratories, studies at the bed-side and investigations in the field. The demonstrations of science underlie all sound health administration and are the only safe guide for health education. Special schools are needed to prepare for public health service; and better instruction in hygiene and sanitation is called for in medical schools.

In the diffusion of knowledge concerning health and the prevention of diseases, public health authorities should take a leading part. Many other agencies, however, assist in placing the facts plainly before the people. Health education should begin in the home where the developing child is taught the art of sanitary living. The schools should teach the structure and functions of the body, hygiene of the person and sanitation of his surroundings. This is the most important part of the curriculum from kindergarten to university.

The popular methods in health education are through newspapers, periodicals, pictures, bulletins, exhibits, lectures, movies and feature campaigns, such as "Health Week," "Baby Week," "Clean-Up Week," etc. The doctors are also looked to as guides and counselors in health matters. Hospitals, dispensaries, and health centers, as well as nurses, social service workers and others, are effective and helpful.

Coöperation and assistance in Health Education may be obtained from the U. S. Public Health Service, from state health departments and local health officers; from the Federal Child Bureau, as well as the U. S. Bureaus of Education, Census and Mines; also from the U. S. Department of Agriculture, The American Society for the Study and Prevention of Tuberculosis, The Red Cross, The Russell Sage Foundation, The International Health Board, The Metropolitan Life Insurance Company, The American Society for Control of Cancer, the American Safety Council, The National Child Welfare Committee and other agencies.

It is very important that the facts stated in popular propaganda should tell the truth. It is more important to be correct than to be clever. Half truths are often dangerous. Wrong teaching undermines con-

fidence in health authorities. It is a question whether the subject is dignified by the use of circus methods, or the antics of the clown.

## INFANT MORTALITY

"Infant mortality is the most sensitive index we possess of social welfare. If babies were well born and well cared for, their mortality would be negligible" (Newsholme).

Of every five babies born, one dies before it is able to walk and talk. The awakening of the world to the consciousness of the immense and needless sacrifice of infant life is recent. Most of it has come since about 1870, as the result of statistical studies showing how colossal has been this "slaughter of the innocents." The reasons for regarding infant mortality as a major public health problem are humanitarian, social and economic. Good results in lessening infant mortality depend entirely upon attacking the underlying causes with intelligence. This is one of the functions of every well organized health department. Rewardful results are purchasable.

Queen Anne had 18 or 19 children, none of whom were living at her death. Most of them died in infancy, and only one—the Duke of Gloucester—reached the age of 11 years. In those days, they "did not expect to raise them all." While conditions have greatly improved, infant mortality almost everywhere is still excessive. The best figures are from New Zealand. Our own figures are meager and imperfect. Comparisons may be misleading unless we are assured of the accuracy of birth and death returns and other factors.

Infant mortality means deaths under one year of age. The infant mortality rate is the ratio of deaths under one year to births during the same period; the births being the easiest method of determining the number in this age group. There are a number of inaccuracies in infant mortality rates, which are mostly too high, because of incomplete birth registration, while that of deaths is usually fairly reliable (page 1275).

*Stillbirths* are not included in infant mortality. Registrars, however, require all premature and all stillbirths to be recorded by a birth and a death certificate. For the purposes of vital statistics, *abortion* includes fetuses up to four months of pregnancy; *miscarriage*, between four and six months; *premature births*, from six months (the age of viability), to fetal maturity. If the child breathes at all, it must not be recorded as a stillbirth.

Infant mortality is greater in cities than in the country, not because of the better environment of country life and air, but because most of the important conditions which cause high infant mortality are concentrated in cities. Infant mortality rates are not determined by the

size of the city or the density of population, but by the hygiene, sanitation and character of the population; thus, we have the following infantile death rate from the United States Census of 1900:

New York State .....	159.8
New York City .....	189.4
Nashua, N. H. ....	261.0
Lowell, Mass. ....	275.5
Fall River, Mass. ....	304.7
Mobile, Ala. ....	344.5
Savannah, Ga. ....	387.5
Charleston, S. C. ....	419.5

Nashua, Lowell and Fall River are typical factory towns, but not large ones. A similar very high infantile death rate is seen in factory towns in England and elsewhere. This is due largely to the gainful employment of mothers in factories, and hence bottle-feeding and neglect of the babies. During the siege of Paris in 1871, while the general mortality doubled, the infant mortality fell 40 per cent.; opportunities for outside work were shut off and women were compelled to stay home; so nursed their babies.<sup>8</sup>

There is a marked contrast between the death rate of children of the poor and those of the rich. Infant mortality is a class disease. In this case, money may purchase health and even life itself. Thus, Clay estimates that in England in the aristocratic families the mortality of the first year is 10 per cent.; in the middle class, 21 per cent.; in the laboring class, 32 per cent. Acute gastro-intestinal diseases are chiefly responsible for this. Halle states that of 170 infantile deaths from gastro-intestinal diseases investigated in Graz in 1903 and 1904, there were 161 among the poor, 9 among the well-to-do, and none among the rich. Corresponding figures are obtained wherever this subject is studied.

A high infant mortality results in a sacrifice of the *unfortunate* as well as the *unfit*. Newton was a premature, posthumous baby, saved only by careful ministration. Poverty and ignorance are, therefore, underlying factors of great importance in this problem.

The mortality is especially high during the first few weeks of life. Ten per cent. of the deaths during the first year occur on the first day. Most of these (about 70 per cent.) are due to prematurity and injury at birth. From 25 to 40 per cent. of the total deaths during the first year occur during the first month of life. Some of these (about 10 per cent.) are due to diarrheal diseases, but most of them are due to prematurity, congenital debility and malformation.

<sup>8</sup> Brehmer: *Wochenschr. f. Saualingsfursorge*, 1907, 209.

Infant mortality constitutes from 20 to 25 per cent. of all deaths.

**The Causes of Infant Mortality.**—The death returns to the health officer usually cover only the last thing which happened to the child. The real causes which are back of this terminal disease do not appear on the records. Diarrhea, bronchitis, and pneumonia are often end conditions which would not have occurred or would not have been fatal without some other condition, as malnutrition, neglect, ignorance, or marasmus, which existed weeks or months before the final few days of acute illness which closed the scene.

The underlying factor of infant mortality is infancy itself—the period in which the flame flickers feeblest. Most infants die primarily from accidental and therefore preventable causes—the fundamental causes are the results of poverty, ignorance and neglect.

The chief specific causes that increase infant mortality are artificial feeding; hot weather; dirty, stale, and bacteria laden milk; bad feeding; illegitimacy; lack of prenatal care; gainful occupations of mothers; midwifery; poor housing; lack of cleanliness; alcoholism, syphilis and other diseases; imperfect hygiene and sanitation. The causes, then, are multiple and exceedingly complex, and include social and economic factors.

A study of 44,226 deaths under one year in the four largest American cities gives the following causes of infantile deaths:

	Per cent.	
Acute gastro-intestinal disease .....	28.0	} 72%
Prematurity, congenital debility and marasmus .....	25.5	
Acute respiratory diseases .....	18.5	
Acute infectious diseases .....	5.4	
Tuberculosis (all forms) .....	2.0	
Syphilis .....	1.2	
Malformations, injuries at birth and other conditions of the new-born .....	5.8	
Convulsions .....	3.4	
All others .....	10.2	

From the above analysis, it is at once evident that 72 per cent. of the total infant mortality is made up of the first three causes.

The relative importance of these causes varies with the age of the infant; thus, nearly 70 per cent. of deaths occurring on the first day of life are due to group 1 of the tabulation on the next page.

Sepsis in the new-born formerly carried off many babies. This has been largely reduced by aseptic methods in obstetrics. The toll is still large where these principles are not practiced. See Tetanus Neonatorum, page 99.

Vaccination has reduced deaths from smallpox, which used to be

a children's disease. Improvement in the control of other communicable infections has also helped reduce infant mortality.

Another tabulation of causes follows:

	Per cent.	
1. Prematurity, congenital defects, debility and accidents at birth .....	25	} 40 } 85
2. Diseases of nutrition .....	15	
3. Acute gastro-intestinal diseases .....	25	
4. Acute respiratory diseases .....	20	
5. Acute infectious diseases .....	3	
6. Tuberculosis .....	2	
7. Syphilis (direct effects) .....	1	
8. Unclassified .....	9	
	<hr/> 100	

*Gastro-intestinal Diseases.*—Gastro-intestinal diseases comprise the largest single factor almost everywhere; in fact, the curve of diarrheal diseases largely controls the curve of infant mortality. These diseases embrace acute gastritis, gastro-enteritis, diarrheas, dysentery, infectious diarrheas, and cholera infantum—often termed summer complaints.

There are three underlying causes of gastro-intestinal diseases of the first year: (1) atmospheric heat; (2) methods of feeding; (3) infection; all of which are favored by city residence.

The withering effects of heat, especially when combined with humidity, are well known. Indoor air in crowded tenement districts may be hot and humid, while the temperature and humidity at the observation stations of the weather bureau indicate pleasant weather.

There is the closest possible connection between the frequency and fatality of diarrheal diseases and methods of feeding. The chances are about one to ten against the bottle-fed baby. Eighty-five per cent. of all infant deaths are bottle-fed babies; 90 per cent. of infant deaths from diarrheal diseases are bottle-fed. The figures are sufficiently impressive to emphasize the importance of breast-feeding in prevention. This one measure alone would reduce infant mortality one-third.

Hope, of Liverpool, has shown that in 1,000 breast-fed infants under three months there were only 20 deaths from diarrheal diseases; when in 1,000 bottle-fed babies under three months there were 300 deaths. Of 1,000 fatal cases of diarrheal diseases investigated by the New York Health Department in 1908, only 90 has previously been entirely breast-fed. Newsholme gives almost identical figures for England; namely, 10 per cent. of deaths in breast-fed infants, and 90 per cent. in bottle-fed infants.

It is not artificial feeding, *per se*, as is shown by the relatively fewer deaths in the bottle-fed babies among the well-to-do. Secondary factors are bad milk, unsuitable foods, improper methods of feeding, lack of maternal care, bad surroundings, especially heat, humidity, lack of cleanliness and overcrowding, which favors the spread of infection; in short, imperfect hygiene and sanitation.

Breast-feeding requires but little experience and may be very successfully done even by those with a very low grade of intelligence and among the poor; but artificial feeding is not successful, unless carried on with much intelligence and experience and at the same time with a certain amount of money to secure reliable materials, especially pure milk.

The method of feeding is especially important in prematurity, congenital debility, marasmus and inanition; also at the first indications of gastro-intestinal disturbance in a previously healthy child.

Many of the diarrheal diseases of infants are true bacillary dysenteries, or infectious diarrheas of specific cause. They are transmitted in all the ways that typhoid fever and dysentery are transmitted. Sanitary isolation, the boiling of diapers and aseptic technic of food and clothing are essential to protect babies against these preventable infections.

*Bronchitis* and *pneumonia* are responsible for about 18 per cent. of the total infant mortality. Overcrowding favors the spread of these infections, and common colds, influenza, streptococcal and pneumococcal infections are very apt to cause severe bronchitis or bronchopneumonia in infants. These conditions are often terminal and not at all the true cause of the baby's death.

All forms of *tuberculosis* constitute about 2 per cent. of infantile deaths. This is doubtless an under-estimate because of the difficulty in recognizing this disease in infancy. The care of the baby is often left to the sick father or mother while the other members of the family are at their work. Tuberculosis does not usually manifest itself early, but the infection contracted in infancy may remain latent and later in life break out into the clinical disease. See page 175.

*Syphilis* accounts for about 1.2 per cent. of infantile deaths. These figures include only the direct effects of the spirochete. The prevention consists in prompt treatment of parents, etc. See page 85.

*Acute communicable diseases* account for only 5.4 per cent. of infantile deaths. Whooping-cough makes up about half, and measles and erysipelas most of the remainder, for the other diseases are relatively infrequent in the first year.

*Premature birth* or *feebleness* at birth too great to support an independent existence is responsible for many early deaths. Alcohol and syphilis are prime factors favoring these conditions. This group includes congenital debility, marasmus and inanition. It is in this group that

prenatal care and proper hospital provision for premature infants is especially helpful.

Prenatal care and especially a period of rest and good food before confinement will increase the weight, vigor and maturity of the baby.

**Prevention.**—The prevention of infant mortality consists in attacking the problem at its root, in concentrating upon the preventable causes, and focusing attention upon the mother. Attacking the problem at these points will give rewardful results. The preventable causes of infant mortality<sup>9</sup> may be grouped as follows:

1. Those but little influenced by treatment:

Malformations.

Extreme feebleness or prematurity (before the seventh month).

Certain accidents during birth.

2. Those capable of considerable reduction, chiefly through proper hygiene, sanitary isolation and medical treatment:

Tuberculosis. Syphilis.

Acute respiratory diseases.

Acute contagious diseases—Whooping-cough, measles, and diphtheria.

3. Those capable of a very great reduction through proper feeding and care:

Acute gastro-intestinal diseases.

Marasmus and inanition.

Prematurity, after seventh month.

Poverty and ignorance require social justice and education. Other means of prevention are: prenatal care, hospitals for premature infants, milk depots, educational clinics, public health nursing, encouragement of breast-feeding, competent and compulsory medical supervision of infancy, clean milk, pasteurization, escape from city heat, better housing, scattering of crowded tenements, cleanliness, better artificial feeding when necessary, sanitary isolation from dysentery and other intestinal diseases, also from influenza, common colds, pneumonia and other respiratory infections. Milk depots, little mothers' leagues, social service workers, public health nurses, and improvement in medical and obstetrical practice are part of the program. Foundlings and orphans should be raised in homes rather than in institutions.

<sup>9</sup> Much of this material is taken from the excellent articles by Dr. L. Emmett Holt on "Infant Mortality and Its Reduction, Especially in New York City," *Journal of the American Medical Association*, February 26, 1910; and "Infant Mortality Ancient and Modern," *Archives of Pediatrics*, XXX, 12, December, 1913. Both these publications contain selective bibliographies. Consult also the publications of the *American Association for the Study and Prevention of Infant Mortality*, the *Archives of Pediatrics*, etc.



## PUBLIC HEALTH NURSING

Public health nursing is one of the most important links in the chain of efficient public health administration. The duties of the public health nurse are vague and varied. They include instruction and social work as well as nursing; in fact, nursing may be a small part of the duties of a public health "nurse," and the term is therefore misleading. The office of the public health nurse is part of an organized community effort to prevent sickness, maintain efficiency, prolong life, relieve suffering and promote individual and public health. The nursing itself must be preventive as well as curative or palliative.

The public health nursing movement is recent but has grown steadily. The first district nursing association was established in Liverpool in 1859; the first in the United States was the Instructive District Nursing Association in Boston in 1886. The movement has now received recognition, is an established and important part of public health work, and is making rapid progress.

Specialists are required for certain problems, such as the venereal diseases, tuberculosis, infant and child welfare, school nursing; also mental hygiene, industrial nursing, medical social service, and dental hygiene. Each of these special fields requires special qualifications which can be had only through training and experience. In addition, all communities require public health nurses prepared for general service. A model plan of organization includes both the general nurse and specialists.

About one public health nurse is needed for each 3,000 population; in addition one tuberculosis nurse for each 20,000, and one school nurse for each 1,500 children. The public health nurse should be in close touch with the board of health and many other public and private agencies in the community. She should not furnish material relief.

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## NUISANCES

A nuisance may be defined as "the use of one's property in such a way as to injure the rights of others, and to inflict damages." Popularly

a nuisance is an annoyance. Statutory definitions are usually more explicit and include nuisances not directly related to public health. A comprehensive statutory definition is: "Whatever is dangerous to human life, and whatever renders soil, air, water, or food impure or unwholesome, are declared to be nuisances, and every person, either owner, agent, or occupant, having aided in creating or contributing to the same, or who may suffer to continue or retain any of them shall be deemed guilty of a misdemeanor."<sup>10</sup>

The following are considered nuisances in different states and cities: Filth, such as garbage, ashes, and slops, either on private property or on public highways; cesspools, privy vaults, sink drains, dumps, and dirty yards; low, wet, and soggy lands; defective plumbing and draining; faulty cellars; overcrowding of tenements and lodging houses, or dwellings unfit for habitation; excavations; weeds; flowers with offensive odors; foul closets on railroad coaches; dirty street cars; use of salt on streets in snowy weather; disturbing noises; spitting in public places; keeping of horses and cattle in city limits; manure; hogs; hog-pens, stables and barns; fowls; dead animals; filthy shores; stagnant water and marshes; offensive businesses and trades; places where liquor is sold illegally; and offenses against decency. While some of these conditions may favor the spread of the communicable diseases, yet most nuisances are not serious health problems.

The phrase "source of filth or cause of sickness" used in the statutes of no less than fourteen states, is copied verbatim from a law enacted in Massachusetts in 1797. At that time miasmatic vapors and the inhalations from decomposing organic matter were believed to be the principal causes of the contagious diseases. The Supreme Court of Massachusetts, however, has ruled that "in order to amount to a nuisance it is not necessary that the corruption of the atmosphere should be such as to be dangerous to health; it is sufficient that the effluvia are offensive to the senses and render habitations uncomfortable."

By far the greatest number of all the complaints reaching the health authorities deal with real or supposed nuisances. There seems to be a widespread belief that the chief function of the health officer is the abatement of nuisances. Formerly the health officer was a general scavenger and his main duties consisted in looking after nuisances. Nuisances often clog the health office and crowd out more important sanitary and hygienic matters. In most complaints the question at issue is whether the nuisance exists or not—a question of fact which could be decided just as well by the police courts as by a board of health or health officer. However, the abatement of nuisances is usually assigned to the health authorities by statutory enactment.

In a few cities, especially those with liberal charters, the ordinances

<sup>10</sup> Utah, Chapter 45 of 1889, Sec. 1.

covering nuisances are so definite and explicit that an inspector may determine a nuisance and issue an order for its abatement. In cases where condemnation of property of considerable value is involved, such for example as when an offensive trade is alleged to be a nuisance, it is usually necessary to prove the case in court before the nuisance can be abated. In court, substantial injury must be shown and the health officer should be sure he has the facts as to the nuisance before he appears in court. He will be required by the court to establish the source, frequency, and nature of the odors, or whatever is alleged to be the nuisance. It is exceedingly difficult to establish the fact that many nuisances are dangerous to the health of the community and the cause of sickness.

In general two methods are followed for the control of nuisances: (1) prevention; (2) abatement. The first is the wisest and aims to regulate and control the different conditions likely to cause a nuisance or even to prohibit them. The second merely provides legal steps for their abatement. There are at least four ways in law of dealing with nuisances: (1) By criminal action; (2) by injunction; (3) by damages (private suit); (4) by abatement under statutory powers.

## FACE MASKS

*Face masks* have a certain degree of usefulness in limiting the spread of infections transmitted by the secretions from the mouth and nose. They act mechanically to check the diffusion of infectious secretions by the patient, or they may be used by well persons (recipients) as a barrier against such infections. They are especially indicated in serious diseases such as pneumonic plague, diphtheria, scarlet fever, pneumonia and other malignant infections transmitted by droplets.

Face masks have long been in successful use by surgeons to guard against droplet infection of wounds. They are also useful to physicians in throat examination, and to protect nurses, orderlies and others about patients. The mask may be worn either by the patient, the recipient, or both.

During the influenza epidemic of 1918 face masks came into vogue as a public health measure to check the spread of this disease. The wearing of masks was made compulsory in San Francisco and other California cities. This measure, however, had no noticeable influence upon the course of the epidemic. Theoretically this measure seems sound, but in practice it is disappointing, for there are many loopholes. Droplet infection is only one of the ways by which these diseases are spread; in fact, droplet infection probably accounts for only a small percentage of cases—other modes, such as hand to mouth infection, various forms of contact, spoons, cups and table ware, etc., explain

the transfer in most cases. The gauze mask, furthermore, has many imperfections of construction and technic of wearing.

For complete protection the eyes of the recipient must also be guarded. Microorganisms landing upon the conjunctiva may find their way to the nose in 5 minutes and to the throat within 15 minutes. Weaver<sup>11</sup> insists that the mask must be properly constructed with 3 or 4 layers of butter cloth (not gauze or cheese cloth) and held by a wire frame so as not to touch the lips and nose. Kelloy and MacMillan<sup>12</sup> state that when the mask has a sufficient degree of density to be a useful filter, breathing is difficult and leakage takes place around the edge of the mask. Doust and Lyons<sup>13</sup> used *B. prodigiosus* to determine the danger zones and permeability of various masks, and found masks of medium gauze, 2 to 10 layers, worthless; but masks of 3 layers of butter cloth effective.

The face mask has a limited usefulness. It has not been demonstrated to have that degree of efficiency to warrant compulsory application for the checking of an epidemic. Even when masks are used by doctors and nurses at the bedside, this should not lead to the neglect of measures necessary to prevent the spread of infections by hand to mouth and other means.

## DRUG ADDICTION

The chief habit forming drugs are alcohol; opium and its alkaloids, especially morphin, codein, and heroin; and cocain. It has only recently been realized that drug addiction is an important public health problem, in addition to its sociologic and economic aspects.

It is conservatively estimated that 1 per cent. of the population of the United States, or at least one million persons are drug addicts (excluding alcohol). The slums and the vice districts of cities give the largest pro-rata indulgence in drugs. Blair reports that in Pennsylvania there is more free and unrestricted addiction in small places than in large cities. The age of addicts ranges from 12 to 75 years. Many heroin<sup>14</sup> addicts are boys and girls under 20 years of age. Anyone repeatedly taking a narcotic drug for thirty days is in grave danger of becoming a slave to the drug. The reasons for beginning the vicious practice are innumerable. In most cases, however, once learned, there is an underlying defect or weakness, either acquired or inherited, that chains the victim to the vice. The Harrison law meets the situation only in small part.

<sup>11</sup> *Jour. Am. Med. Assoc.*, Oct. 12, 1918, and *J. Infec. Dis.*, XXIV, 3, March, 1919, p. 218.

<sup>12</sup> *Am. J. P. H.*, Jan., 1920, X, 1, p. 34.

<sup>13</sup> *J. A. M. A.*, Oct. 12, 1918.

<sup>14</sup> Heroin should be eliminated from all medicinal preparations and should not be administered, prescribed or dispensed. The importation, manufacture and sale of heroin should be prohibited.

More aggressive and absolute measures are necessary to combat this growing and serious habit, which undermines health and interferes with efficiency and character of a very large number of persons. See also page 433.

### ALCOHOL

**Alcohol.**—Ethyl alcohol ( $C_2H_5OH$ ) has been used since the dawn of history. Until recently, we had little precise knowledge concerning the effects of alcohol. No one doubts that alcohol is harmful when used in amounts sufficient to produce its full physiological effects. In sufficient concentration, it is a poison to all living matter, both animal and vegetable. The question in dispute is upon the effects of "small" amounts. Alcohol is a solvent for many substances, is locally irritating, is quite volatile, and has other well defined physical and chemical properties, but perhaps the most striking characteristic is that "it is equally inflammable whether one touches a match to it or writes about it."

**Local Irritating Action.**—Applied to the skin in sufficient concentration (60 to 90 per cent.), alcohol produces redness, itching, and a feeling of heat like other volatile and irritant substances. Upon wounds a concentrated solution causes a precipitation of the proteins and acts first as an astringent and then as a corrosive. The effects of alcohol on mucous membranes are similar to those on wounds.

**Alcohol as a Food.**—Whether alcohol can be regarded as a food or not, depends upon the definition of a food. Alcohol is not a tissue builder, but within limits it is burnt in the body and thus furnishes heat and energy. In this sense, then, alcohol is a food. Thus, one gram of alcohol furnishes seven calories of heat when burned. The human body is not able to burn more than about two ounces of alcohol a day. If more than this amount is taken, it promotes the storage of fat. The excess alcohol is eliminated unchanged in the urine and by the skin and lungs.

Alcohol may be compared with sugar and starches as a food—both are oxidized in the body and furnish heat and energy, but there is this difference: sugar and starch help to repair waste, which alcohol cannot do.

**Effect upon Digestion.**—Alcohol in the mouth causes a very appreciable secretion of saliva, presumably by reflex action. It is not unlikely that the taste has some influence on this result; in those who enjoy the taste of alcohol, it induces a more rapid secretion and an immediate digestion; while in those to whom it is disagreeable, the effect is less marked.

Small amounts of wines and liquors used as a condiment to flavor sauces and desserts are pleasing to the taste of many persons, and thus

used probably stimulate the appetite, and through the psychic effect of savory morsels promote the secretion of digestion juices.

The augmentation of the activity of the digestive ferments caused by alcohol is so slight in any case that it does not seem likely that it plays any important rôle in digestion.

All are agreed as to the deleterious action of any but moderate doses of alcohol on digestion. Large quantities irritate the stomach and may lead to profuse secretion of mucus, nausea, and vomiting—irritative gastritis.

**Action on the Nervous System.**—The action of alcohol on the nerve centers seems to differ in individuals, but this is solely a difference of manifestation, for the physiological action is essentially the same in all persons. In small quantities, it produces a feeling of well being and goodfellowship, along with increased confidence in physical power and mental ability. This confidence, however, is due to removal of repression and inhibition. Larger quantities are followed by laughter, loquacity, gesticulation, and other indications of animal excitement. The face becomes flushed and heated, the eyes brighter and livelier, and the pulse quickens. Even at this stage, self control is partially lost, and the will power is weakened. The speech may be brilliant, but often betrays the speaker. The movements are more lively, but they are often undignified. The loss of self control is often indicated further by furious outbursts of anger or unreasonableness, or by the indulgence in maudlin sentimentality and sensual fancies. The sense of responsibility and the power of discrimination between the trivial and the important are lost, and the individual has no regard for the feelings of others or the ordinary conventions of life. If more alcohol is imbibed, the movements become uncertain, the speech becomes difficult and stammering, the walk becomes a stagger, and a torpid slumber follows. Often nausea and vomiting set in, doubtless due to the direct irritating action on the gastric mucosa. On recovery from slumber, a very great depression is generally suffered, together with nausea and vomiting and want of appetite, which may last several days, and is associated with all the symptoms of acute gastric catarrh. Very large quantities of alcohol produce total unconsciousness, resembling chloroform anesthesia. If unconsciousness lasts longer than ten to twelve hours, recovery seldom takes place.

On the lower part of the central nervous system, alcohol acts as a distinct depressant, for the coördination of movements suffers at an early stage. In the spinal cord, there is a depression of the reflex, which passes into complete paralysis. The medulla oblongata is the last part of the central nervous system to be acted on by alcohol. Dodge and Benedict find that alcohol depresses the lower centers most and the highest centers least. It retards the reaction time. In one sense, alcoholic depression may be regarded as a conservation process.

Alcohol is a nerve poison; hence, alcoholic neuritis is well known to the clinician. The repeated use of excessive amounts of alcohol causes brain injury, as Korsakoff's disease, alcoholic hallucinosis, delirium tremens, and other forms of alcoholic insanity.

Alcohol psychoses account for about 12 per cent. of all first admissions to hospitals for the insane. They occur about three times as frequently in men as in women, and in general the subjects come more frequently from the cities than from rural districts.

**Alcohol as a Stimulant.**—Alcohol acts like ether and chloroform and other narcotic drugs. There is a preliminary stage of excitement, mental confusion, and often excessive and incoördinate activity.

Binz and his pupils claim that alcohol first stimulates and then depresses the nervous cells, but the preponderance of evidence is clearly in favor of the views of Schmiedeberg, Bunge and their followers, that it depresses the central nervous system from the beginning. The apparent excitement is not due to true stimulation of the motor areas, but is the result of these areas being freed from control by the weakening of the highest powers of the brain—the will and self restraint. Even the smallest quantities of alcohol tend to lessen important activities of the brain, for the drug acts first upon those qualities which have been built up through education and experience.

One of the most deceptive of experiences is the false sense of stimulation which alcohol gives. By depressing the higher cerebral centers, it releases the lower mental processes. Hence, its first effect is to cloud the judgment and dull the finer feelings. It takes off the brake of restraint, loosens the tongue, and sets free the lower animal passions. It is this blunting of the higher and finer mental powers which causes people to say things and do deeds under the influence of alcohol that would shock their sensibilities otherwise.

It is difficult to measure the harm done by this effect of inhibiting the nobler mental functions, but it must be great. Alcohol does not relieve fatigue, but makes one unconscious of fatigue.

**Effect on Efficiency.**—A large number of tests have demonstrated that the apparent quickening of the mind and body under alcohol are false sensations. The performance of difficult operations involving muscular coördination and judgment are slower and less accurate under alcohol than normally. It is difficult, on account of the feeling of confidence that comes from alcohol, to convince a typist, a sharp shooter, or type setter of this fact until shown the records. Even amounts of alcohol so small that the subject and observer are not aware of any abnormality of appearance or behavior, interfere with efficiency.

It has been found that regiments not supplied with alcohol march farther and are in better condition at the end of the day than others to which it has been given. The experiments of Durig lead to the same

results, the total amount of work being smaller under alcohol, and the expenditure of energy greater. Forms of work requiring intelligence are performed less correctly with alcohol than without it; thus, type setters can do more work and make fewer mistakes when they abstain from its use. Even Binz, who claims that alcohol is a primary stimulant, admits that this action is transient, and is followed by depression, so that the total amount of work may thus be reduced. Kraepelin found in a series of careful measurements of the simpler processes, that the responsive powers were weakened by very small quantities of alcohol, while the motor functions seemed to be facilitated by small, and retarded by large quantities. For example, a person under even a small dose of alcohol makes more errors than usual in adding a row of figures, or in reading a series of unconnected syllables. Of special importance is the fact that the subject of the experiment is quite unaware of the inferiority of his work, and believes it to be unusually good. Kraepelin has shown that even about a pint of beer will lower intellectual power, impair memory, and retard the simpler mental processes. Kraepelin's latest investigations tend to show that this effect of alcohol lasts much longer than is generally recognized, the mental equilibrium being reinstated only after 12 to 24 hours after even moderate indulgence. In fact, alcohol may be found in the blood 24 hours after its ingestion.

We have the authority of Connie Mack that alcohol spoils a good baseball player. He said in 1910, a year that the Philadelphia Athletics won the world's championship, that fifteen of his twenty-five players did not even know the taste of alcohol.

**Pulse, Reflex, and Temperature.**—The *pulse* is accelerated during the stage of excitement, but this is due to increased muscular effort, and not to any direct stimulating action on the heart. There is at first a slight rise in blood pressure in some cases, but large quantities affect the heart in the same way as ether and chloroform, weakening the auricular and ventricular beat, and inducing dilatation and slowing of both chambers.

The flushed, perspiring face of the alcoholic is familiar. This indicates dilatation of the skin vessels, which is sometimes accompanied by a slight contraction of the internal organs. This effect of alcohol causes a sense of warmth and comfort, which underlies the popular belief that it is helpful to take alcohol when braving exposure to cold and damp, during a chill, etc. Here again our sensations are misleading guides, for the temperature of the body may fall one degree C. while the skin is flushed with a sense of warmth. This is due to excessive heat loss through conduction and radiation, and also to the fact that the heat regulating mechanism is rendered less sensitive by alcohol. Hence, alcoholics (when inactive) may freeze to death when the temperature is scarcely at the freezing point.



The changes in the respiration induced by alcohol are too small and too inconsistent to be of any special importance.

**Alcohol and Venereal Disease.**—Alcohol is the bedfellow of syphilis and gonorrhea. It is intricately interwoven into the warp and woof of sex hygiene. The story of many cases of sexual immorality begins with the influence of drink. Alcohol is generally accredited with increasing sexual desire, although we have the authority of Shakespeare that it interferes with the consummation of sexual intercourse. The unquestioned sexual excitement is not due to stimulation of the generative organs, but to the loss of self control and the anesthetic action of alcohol upon the higher centers of the brain.

**Resistance.**—It has long been known clinically that persons addicted to the use of alcohol show less resistance to certain diseases and to operations accompanied by shock, than more temperate individuals. In very intemperate persons, the prognosis must be guarded in an attack which would ordinarily be accompanied with little danger. "Drunkards have a very slim chance of recovery when attacked by pneumonia" (Osler).

When animals are subjected to treatment with alcohol, and then inoculated with pathogenic microorganisms, the results invariably show a greater susceptibility to infection and a greater mortality than in control animals. A similar effect is produced when toxins are injected instead of bacteria. The reason for this reduced resistance is not clear. It may result from inactivity of the leukocytes (Rubin), or a reduction in the hemolytic complement (Abbott and Bergey).

The tolerance to alcohol is not so great as that acquired for morphin and nicotin.

Life insurance figures plainly show that even the moderate use of alcohol tends to shorten life.

**Accidents.**—Accidents often happen under the influence of alcohol. Many automobile wrecks and railroad collisions can be traced to the recklessness of the drinker. Figures show that industrial accidents are more frequent in those who drink than in abstainers. It is regarded as significant that three such accidents occur on Monday to two on other days.

According to three insurance companies, the following percentages of accidents are attributed directly or indirectly to alcohol:

Railroad accidents .....	7	per cent.
Street cars .....	8	" "
Automobiles .....	10	" "
Vehicles and horses .....	8	" "
Heat and sunstroke .....	43	" "
Machinery .....	7	" "
Mines and quarries .....	8	" "
Drowning .....	13	" "
Gunshot .....	10	" "

**Poverty.**—There would be much less poverty, crime, misery, and distress in the world without alcohol. It is not the sole cause of these ills, but a potent factor. The social and economic aspects of the alcohol question are plain to every social service worker. Of 352 able-bodied men who failed to support their families in Boston, 65 per cent. (243) were drunkards.<sup>14a</sup> About 25 per cent. of cases that come to charitable organizations, and about 37 per cent. of poverty found in almshouses give an alcoholic history.

Three fourths of the cases of children cared for by the Chicago Juvenile Protection Association in 1911 grew out of alcoholism in the parent or guardian.

**Crime.**—Crime is often committed while under the influence of alcohol. A large percentage of criminals have an alcoholic history. The relation between alcohol and crime is not disputed, but it is difficult to express its influence in precise percentages. Drink was said to be the sole cause of crime in 16.8 per cent. of 13,402 convicts in 12 states of the United States studied by the Committee of Fifty. Further, drink contributed to 49 per cent. of the crimes against property; 51 per cent. of the crimes against person; and 47 per cent. of all other crimes.

The first action of the police in a local uprising is to close the bars, and a noteworthy act of much good in the stress of the World War was to check the use of alcohol. Alcohol is a handicap for a nation in peace or war; it is also a handicap for an individual in the struggle for existence.

**Heredity.**—The relation of alcohol to heredity is difficult to appraise. Experiments upon lower animals give various results, but indicate lowered vitality in the offspring. The craving for drink is not transmitted, but mental deficiency with weakened will power that may express itself in intemperance is inherited. Many alcoholics are also defectives and transmit the mental defect. This subject is fully discussed on page 430.

**Alcohol in Medicine.**—Occasionally alcohol is useful in the treatment of diabetes, where it may partly replace fats and carbohydrates when these are harmful. It is no longer considered good practice to use it as a stimulant in fevers, septic, and debilitated states. At the Massachusetts General Hospital, the amount of alcohol used for the patients fell 70 per cent. from 1897 to 1906.

It may be a serious mistake in first aid to induce persons who have fainted, or who have been injured, or who have lost consciousness, to drink brandy or whiskey.

**Uses of Alcohol.**—Because alcohol produces a fictitious sense of well-being, disguises fatigue, and smothers worry, it has been widely used by elderly persons and certain individuals, particularly convalescents and

<sup>14a</sup> Report of the Boston Associated Charities, 1910.

those upon whom life bears heavily. Alcohol is used in such cases for its physiological effect of partially benumbing the sensibilities and creating an artificial sense of well-being. In such situations, the use of alcohol often seems desirable, although not entirely devoid of danger, especially of starting the habit in the young.

In some cases the depressing action of alcohol may be a conservative process, although the magnitude of the harm from its widespread abuse outweighs this theoretical advantage.

**Summary.**—The student of Preventive Medicine regards the alcohol question as a major public health problem. Alcohol is a habit-forming drug; it lowers resistance and shortens life, impairs efficiency, promotes poverty, increases crime, favors accidents, excites passion and diminishes self-control; it leads to immorality and tempts venereal infections. Alcohol increases economic waste and retards social progress. It is not a stimulant. Its local irritating action and its toxic effects upon nerve tissue account for a certain amount of harm; but the greatest harm perhaps results from the fact that alcohol, even in small amounts, clouds judgment, depresses will power, and takes the check off self-restraint. In short, it stupefies the highest and noblest functions of the mind.

#### REFERENCES

An enormous number of titles is included in the available bibliographies, notably those of Abderhalden<sup>14b</sup> and Viazemsky.<sup>14c</sup>

**Psychological Effects of Alcohol.**—An Experimental Investigation of the Effects of Moderate Doses of Ethyl Alcohol on a Related Group of Neuro-Muscular Processes in Man. By Raymond Dodge and F. G. Benedict. Pub. by the Carnegie Institution of Washington, 1915.

#### SANITARY SURVEYS

Sanitary surveys are designed to determine the general sanitary and hygienic conditions of a community. Surveys are often made to discover one or more special factors; thus we have tuberculosis surveys, school surveys, privy surveys, milk surveys, water shed surveys, housing surveys, etc. Survey means "to look," and the conclusions must be based on facts obtained by observation.

The following is an outline of the sanitary survey used by my students in the School of Public Health and also in the Harvard Medical School.

<sup>14b</sup> Abderhalden: *Bibliographie der gesamten wissenschaftlichen Literatur über den Alkohol und den Alkoholismus*. Berlin and Vienna, 1904.

<sup>14c</sup> Viazemsky: *A Bibliography on the question of alcoholism*. Moscow, 1909. Part I (Russian). The Russian original, together with an English translation made by H. A. Norman and H. B. Dine, are both on file at the Nutrition Laboratory.

*SANITARY SURVEY OF A CITY OR TOWN*

Each student is required to make a sanitary survey of a city or town, based on the following outline, and submit a written report of the same. The report should consist of (a) *data*; (b) *interpretation* of the facts, and (c) *criticisms* and *recommendations*.

**Introduction.**—General description of the town including: (a) History. (b) Geographical position. (c) Topography. (d) Geology. (e) Climate. (f) Population (number and constitution). (g) Urban, suburban, or rural. (h) Other information about the town. (i) Organization of the board of health.

**Water.**—(a) The water shed—Sources of pollution, methods of collection, storage, purification. (b) An analysis of the water and its interpretation. (c) Public or private wells. (d) Examine a sample of the water in the laboratory.

**Sewage.**—(a) System of disposal—if purified or treated, how? (b) Efficiency. (c) Relation to health of this and other towns. (d) Criticism of system.

**Garbage, Refuse, Ashes.**—(a) Method of collection. (b) Disposal. (c) Relation to health. (d) Criticism of methods.

**Vital Statistics.**—(a) Death rate. (b) Infant mortality. (c) Specific rates for: (1) Typhoid; (2) tuberculosis; (3) measles; (4) scarlet fever. (d) Submit samples of blanks used by the department of health, especially those for deaths, births, marriages, and notifiable diseases. Fill out a death certificate and a birth certificate. State opinion as to thoroughness of reporting morbidity, mortality, and other vital statistics.

**Milk.**—(a) Report on the sanitary conditions of one farm and one city dairy, using score cards. (b) Amount of milk "certified." If possible, visit and report on farm producing it. (c) Examine a sample of the milk in the laboratory. Interpret result.

**Sanitary Nuisances.**—(a) Sources of odors. (b) Dust—causes and method of prevention. (c) Rubbish and general cleanliness. Empty lots. Dumps. (d) Flies and mosquitoes. (e) Rats and vermin. (f) Stables and manure. (g) Breeding places of mosquitoes. (h) Smoke. (i) Unnecessary noises. (j) Piggeries, etc. (k) Legal definition of "nuisance" and method of abatement.

**Industrial Hygiene.**—(a) Report upon one industry based upon a visit to a factory or workshop.

**Housing.**—(a) Sanitary condition of one tenement. (b) Ventilation of one large building.

**Infectious Diseases.**—(a) Give a list of the diseases, notification of which is required by the board of health. (b) Quarantine regulations. (c) Methods of disinfection and fumigation. (d) What measures are

taken to prevent the spread of tuberculosis? (e) Should some other disease be prevalent what measures are taken to control it? (f) Venereal diseases, reporting and control.

**Schools.**—(a) Visit and report on one school—ventilation, lighting, temperature, playgrounds, etc. (b) Medical inspection of school children. How conducted? (c) Diseases for which children are excluded from school.

**Miscellaneous.**—(a) Markets. (b) Provision stores and soda fountains. (c) Slaughter houses and meat inspection. (d) Cold storage plants. (e) Kitchens of hotels and restaurants. (f) Wharves. (g) Barber shops. (h) Distribution of educational and other pamphlets. (i) Other activities of the board of health, as maintenance of diagnostic laboratory, meat inspection, etc. (j) District nursing and social service. (k) Charitable institutions or organizations of importance to public health. (l) City planning. (m) Food and drug administration.

**General Summary of** (a) Conditions found. (b) Criticisms. (c) Recommendations.

## MANAGEMENT OF AN EPIDEMIC CAMPAIGN

**The Management of an Epidemic Campaign.**—The first essential for success in the suppression of an epidemic is a knowledge of the epidemiology of the disease. The most important single fact from a practical standpoint is a knowledge of the mode of transfer of the infection. Before we knew the cause of yellow fever, yellow fever campaigns were crowned with success because we knew it was transmitted through the bite of a mosquito. We know the cause of cerebrospinal meningitis, but there are still uncertain factors concerning its mode of transmission, and, therefore, our efforts against this disease have been unavailing. The established fact that hookworm disease is transmitted by the larvae through the skin is of vital importance in the control of this disease. Without this knowledge at least 90 per cent. of our efforts to repress hookworm disease would be wasted. When typhoid fever was regarded as a water-borne infection only partial success was achieved because contacts, milk, flies, and other modes of transference of the typhoid bacillus were disregarded.

In case the disease has an intermediate host or the virus is transferred by an insect or other animal, a knowledge of the biology of the animal in question is of prime importance. For example, the habits and habitat of the yellow fever mosquito are quite different from those of the malarial mosquito. A campaign against the rat and flea without an acquaintance with their breeding and feeding places and the best means available to repress or suppress such vermin would be unsuccessful. The same is true in our campaign against tuberculosis with reference to cattle and man; in rabies with reference to dogs and other

mammals; in sleeping sickness with reference to the tsetse fly; in Texas fever with reference to the tick; Malta fever with reference to the goat; relapsing fever to the bedbug, and typhus fever with reference to the louse, etc.

*Authority.*—Proper authority is necessary in order to enforce the necessary measures. This authority may come from the municipality, the state, or the federal government. In localized outbreaks, municipal authority is sometimes sufficient. More frequently the wider authority of the state is desirable. In our country it is a recognized principle of government that the enforcement of health laws and regulations belong to the *police powers* of the *individual states*. In most instances the interstate powers of the federal government are essential, especially as interstate problems are almost always involved in epidemic outbreaks. The federal authority is limited in health matters by the constitution. It therefore cannot act within a state unless invited to do so by the duly constituted authorities of the state. To send government health officers into a state against the will of the state corresponds to the sending of the regular army into a state to enforce measures against the will of the governor of that state. Such extreme measures are, therefore, only taken in times of emergency. Occasionally a state, refusing to take necessary action and protect the other states, is quarantined. Thus, when California refused officially to recognize the existence of plague in 1899, the federal government quarantined the entire state. On account of our dual form of government it is important that the federal government, the state, and the local authorities cooperate in a friendly spirit. Epidemic diseases recognize no geographical boundary, and energetic and cooperative action is always called for to suppress an outbreak.

It is the common experience of those who have to deal with epidemics that there is usually insufficient authority in law to provide for an emergency. It is, therefore, often necessary to take the bit in the teeth and adopt arbitrary measures which usually have the support of the community. Advantage may be taken of an epidemic to obtain laws to improve the health organization or the powers of the health officer. In this way an epidemic serves a useful purpose in arousing action.

In the conduct of an epidemic it is very important that all the authority should center in one person. To conduct an epidemic with a board of health or a health committee or a commission of any kind invites failure. It would be just as foolish to have a board of generals to fight a battle. Those who have been through many epidemics realize that it is no figure of speech to compare an epidemic campaign to a battle. It is a fight carried on at high tension, and, although the foe is invisible, it is war in every sense of the word. The casualties often outnumber the bloodiest conflicts,

*Ways and Means.*—It is impossible to carry on a successful campaign against an epidemic without material resources. An epidemic campaign is expensive and success depends upon generous support. In most of the campaigns against yellow fever, plague, and cholera that have been waged in this country the expense has been borne in part by the federal government, in part by the municipality or state, and in part by private subscriptions. The government has an epidemic fund appropriated by Congress and which is usually kept at about a million dollars. This fund is available for plague, yellow fever and cholera, or other diseases specifically stated in the appropriation bill.

*Organization.*—Headquarters should be organized in a convenient part of the city or the infected area, and such quarters should have all the modern office equipment and transportation facilities necessary for the quick dispatch of business. The city is then divided into sanitary districts. These may correspond to the political wards or the police districts and a subordinate is placed in charge of the work in each district. These districts are known as sanitary divisions, and the officer in charge of each division must establish headquarters for the work of that division. The actual work is done from division headquarters, under the direction of the chief in charge of the epidemic.

It is also necessary to establish a laboratory in case laboratory diagnosis is necessary for the recognition of cases or carriers, and emergency hospitals and detention barracks must be provided. Few cities have sufficient hospital facilities to meet a sudden emergency. Temporary arrangements must therefore be made. A modern school building makes a very good hospital and may be equipped for the reception of patients at short notice. Various squads must now be organized to carry on the particular work at hand. In the case of yellow fever these will be mosquito brigades; in the case of plague, rat brigades and disinfectors, and in the case of smallpox, vaccinators, etc.

It is frequently desirable, in fact often necessary, to make a house to house inspection throughout the infected district in order to collect certain data, to determine whether cases are being reported or hidden, and to carry out special measures. These house to house canvasses are under the immediate direction of the officer in charge of the sanitary district and should be repeated as often as the occasion may demand.

It is essential that all cases or suspected cases of the disease be promptly reported, for a case of communicable disease known is a case neutralized. It is the missed cases and the hidden cases that are particularly dangerous.

*Education.*—A campaign of education should be carried on at the same time that the disease is being attacked. The people are keenly alive and hungry for information. Well-worded articles in the news-

papers, circulars, pamphlets, lectures, demonstrations, and the other usual methods are available. The education of the community is important in order to obtain coöperation, for it is a handicap to fight an epidemic without the active support of the people. While the first duty of the officer in charge is to allay panic and calm the unreasonable fears of the stricken community, the opposite extreme must be avoided. A healthy fear of the disease is one of the best instruments in the armamentarium of the sanitarian. It is almost hopeless to make progress against disease where the people supinely accept the conditions. Thus, if the people of the United States feared typhoid fever as they do yellow fever, it would soon diminish to the vanishing point.

## QUARANTINE

The word "quarantine" is derived from the Italian word "quaranta," meaning forty. Its present-day meaning dates from the middle ages when Venice and other Hanseatic cities detained arriving ships with cases of pestilence aboard for a period of forty days. This was the first systematic application of maritime quarantine, although from the earliest times lepers were segregated as unclean. To-day we have many kinds of quarantine: maritime quarantine, interstate quarantine, house quarantine, cattle quarantine, yellow fever quarantine, "shotgun" quarantine, etc.

A technical distinction is now drawn between quarantine and isolation. *Quarantine* refers to the detention of well persons exposed to infection for the period of incubation of the disease. *Isolation*<sup>14a</sup> refers to the segregation of the sick and carriers. The terms are often used interchangeably. Precise knowledge has greatly lessened the rigors of quarantine, which aims only at sanitary isolation.

The dominating principle in modern quarantine is that it must be a sieve or filter and not a dam. All quarantines based upon the principle of the Chinese wall are doomed to fail. The object of quarantine is, then, to destroy, detain, or isolate infection with the least possible hindrance to trade and travel. The art consists in regulating the openings in the quarantine sieve so as to hold back certain infections, but permit all else to pass. Maritime quarantine may be regarded as a coast defense against exotic pestilence, a defense which guards against an invisible foe oftentimes more damaging than hostile armies and navies.

The cure for quarantine is sanitation. Thus, if all communities, especially seaports, were to place their cities in the best sanitary con-

<sup>14a</sup> See page 499.



dition in accordance with the teachings of modern science, there would be little danger of disease spreading to epidemic proportions and very little need of maritime quarantine. If the ports in our southern littoral would free themselves of the *Stegomyia* mosquito they could laugh at yellow fever. A city containing few rats could not have an epidemic of plague. A port supplied with a pure, well-protected water supply need not fear a water-borne epidemic or cholera. A thoroughly vaccinated community runs no hazard from smallpox. Typhus fever could not spread in a community with cleanly personal habits, that is, one free from lice and other vermin.

### ISOLATION

In theory isolation is the most perfect single method to check the spread of a communicable disease. The results in practice, however, have been somewhat disappointing on account of unusual difficulties. The statement has frequently been made, especially with reference to typhoid fever, that if all the cases could be isolated (which includes the disinfection of the discharges) we would soon see an end of the infection. We now know that this statement is not true, on account of the bacillus carriers and the mild and unrecognized or "missed" cases. Because the isolation of the reported cases represents only a portion of all the foci of infection and, therefore, at best could not in itself control an epidemic disease, discredit has been thrown upon this procedure, which is one of the essential features of all systems of prevention. As a matter of fact, it has been shown that in certain diseases, like measles, which is communicable for three days or more before the nature of the disease is recognized, isolation has practically no influence in diminishing the prevalence of this widespread infection. It is true ordinarily that a case of measles does most harm before it is isolated; nevertheless, this is no reason why it should be permitted to endanger the community further. The value of isolation is also diminished by the prevalence of carriers. In fact, its practical usefulness in a given infection is inversely proportional to the number of carriers.

If each case isolated prevents on the average only one other fresh infection, there would still be justification sufficient to continue the practice. As a matter of fact, the practical value of isolation varies with each disease, depending upon the degree of its communicability, the time when it is communicable, the promptness by which it may be recognized, the modes by which it is transferred, the existence of latent infections, missed cases, carriers, and other factors which influence the spread of the infection.

Young<sup>15</sup> reports the results obtained from three degrees of isolation in the home:

A—Isolation with trained attendant.

B—Isolation without trained attendant.

C—Impossible to isolate for lack of room for exclusive use of the patient.

It was found in the case of scarlet fever 1.087 per cent. of secondary cases occur in Class A, 5.22 per cent. in Class B; and 6.9 per cent. in Class C. Cases cared for in hospital showed 2.32 per cent. of secondary cases. In the case of diphtheria there were no secondary cases in Class A; 1.18 per cent. in Class B; 4.88 per cent. in Class C; and 0.15 per cent. in those treated in hospital. These figures clearly show that the value of isolation depends upon the intelligence and care with which it is carried out.

The degree of isolation varies markedly with the different infections. A case of yellow fever may be isolated under a mosquito screen, and a case of diphtheria or scarlet fever may be effectively isolated in a bed in a general ward, provided intelligent and painstaking care is exercised to destroy the infection as it leaves the body. Isolation of the more readily communicable diseases, as smallpox and measles, should be much more absolute. Typhoid bacillus carriers need not be imprisoned. It is sufficient to limit their activities, especially to prevent their occupation in kitchens, dairies, or about foodstuffs. There is no good reason to isolate a consumptive or leper without open lesions—that is, cases in which the bacilli are imprisoned in the tissues and not discharged into the environment. A careful consumptive or leper may be allowed a wide latitude. On the other hand, isolation in chronic infections, such as tuberculosis and leprosy, with open lesions, is the most helpful and at the same time the most difficult single procedure we have to control their spread. The careless, indigent, ignorant, or helpless consumptive is a public menace that needs energetic and sometimes arbitrary isolation.

Isolation may most readily and effectively be carried out in hospitals or sanatoria. Proper isolation in the home requires a special room or rooms, intelligent nursing, appliances for disinfection, etc., a combination often difficult to arrange. House quarantine varies with the different diseases. To carry it out rigorously in all cases and under all conditions is folly. Different diseases need different procedures. Sometimes it is sufficient simply to placard the house as a warning. At other times it may be necessary to station sanitary guards about the premises to enforce the quarantine. The imperfections of strict isolation by the "shutting in of houses" are graphically described in Defoe's "Journal of the Plague Year."

<sup>15</sup> *Jour. A. M. A.*, Feb. 6, 1915, LXIV, 6, p. 488.

Isolation camps or temporary barracks in times of epidemics are effective measures in checking the spread of some infections. This method has proved effective in actual practice in the case of smallpox, yellow fever, plague, cholera, and other diseases.

It often becomes a difficult question to determine whether the well members of a household should also be quarantined—especially whether the well children should be permitted to attend school. This perplexing question must be decided for each disease separately, and the decision in each disease is sometimes modified by attending factors. Usually the other children in the family in the case of scarlet fever are excluded from school for four weeks from the beginning of the last case. In most cities the same rule holds for diphtheria, although here we are able to determine whether the children are bacillus carriers or not. At least two negative cultures from the nose and throat should be required before such children are allowed freely to mingle with other children. The principal factors which determine whether the well children in a family shall be permitted to attend school or not in any particular infection rests upon our knowledge as to whether the disease is conveyed by a third person and the frequency of bacillus carrying and of missed cases.

Isolation becomes one of our most valuable public health measures when communicable diseases affect persons working about milk, meat, and other foods capable of conveying infection.

One of the practical objections to isolation and one reason that it meets with so much opposition from the public is that the compensation of the wage earner ceases through no fault of his own. It is evidently unjust practically to imprison and punish a wage earner for the good of the community, because he or some member of his family has contracted an infection, perhaps through some fault of the community itself. It is, therefore, reasonable and just that wage earners at least should be compensated and their personal interests safeguarded during enforced isolation.

In practice, isolation only reduces to a moderate degree the prevalence of disease. The limitations of this valuable procedure are now well understood. With improved methods of diagnosis and increased knowledge of the methods of the spread of disease, isolation will be made increasingly effective. Every case isolated is a focus of infection neutralized. Although not as satisfactory in practice as it is in theory, isolation will ever remain one of the chief administrative procedures for the control of the communicable diseases.

In the past, geographic isolation was one of the safeguards of the people against disease, but in modern times, since all means of transportation have improved, and communication has become more extended and more rapid, the diffusion of infection is facilitated.

*MARITIME QUARANTINE*

Maritime quarantine in this country is enforced only against six diseases, viz., cholera, yellow fever, plague, typhus fever, smallpox, and leprosy. We do not quarantine against typhoid fever, tuberculosis, measles, and other infections which are not greatly feared and which are constantly with us. Infections of a non-quarantinable nature, such as scarlet fever, measles, etc., arriving at a port are permitted to enter, but must then comply with the local laws and regulations.

The period of detention is based upon the usual period of incubation for each disease and is as follows:

Cholera .....	5 days.
Yellow fever .....	5, sometimes 6 days.
Plague .....	7 days.
Typhus fever .....	12 days.
Smallpox .....	14 days.
Leprosy .....	not admitted.

The time of detention is usually counted from the completion of disinfection or at least from the last possible exposure to the infection. This is usually not a very difficult matter for the quarantine officer to decide, but in case of doubt the public is given the benefit.

At well-equipped stations where laboratory facilities are available it is not necessary to detain cholera contacts for the full period of incubation. Stool examinations for vibrios will furnish reasonably dependable evidence upon which to hold or release those persons who have been exposed to infection. In the case of smallpox, those who have had the disease or have recently been successfully vaccinated need not be detained.

No communication is permitted with a vessel in quarantine excepting under supervision of the quarantine officer; that is, no one is allowed to board the vessel or leave it, and nothing is allowed to be thrown overboard, taken ashore, or brought on board without the express permission of the quarantine officer. These restrictions apply alike to foods and to supplies and merchandise of all kinds.

The vessel itself may be disinfected and furnished with a fresh crew and released from quarantine while the passengers and crew are detained in suitable barracks. Vessels trading with infected ports should carry immune crews; that is, persons who have either had the disease or have been rendered actively immune through one of the vaccines or viruses.

When a quarantinable disease breaks out on board a vessel it is of practical importance for the quarantine officer to determine whether the infection was contracted on board the vessel or on land. In the first case the vessel must be regarded as infected and the measures used for its purification are much more exacting than in the second case. Thus, if

plague breaks out within seven days from the time a vessel leaves an infected port, and no other case occurs, it is exceedingly probable that the patient contracted his disease ashore and was in the period of incubation when he came on board. If, however, plague breaks out after seven days, and especially if secondary cases occur, it is evident that the ship itself is infected. The same reasoning applies to yellow fever and the other communicable diseases.

The measures taken at quarantine to keep out these diseases depend upon an accurate knowledge of their cause and mode of transmission. Briefly summarized, the measures applicable in each case are as follows:

#### CHOLERA

The sick are removed from the vessel and isolated. Due care is taken as to disinfection and disposal of the patients' discharges. Eating utensils and all other articles used in the sick room should be disinfected before removal, and the room should be well screened to exclude flies.

All suspected cases, especially those with gastro-intestinal symptoms, should be isolated and treated as positive cases until laboratory examination indicates the correct diagnosis. All contacts are segregated in small groups and stool examination instituted immediately for the purpose of detecting "carriers."

In the meantime, steps have been taken to destroy all sources of infection on board the vessel. The probabilities of infection on board can largely be determined from the history of the outbreak. If it has been of an "explosive" type, an infection of the water supply is suggested. This can readily be determined by a bacteriological examination of the water, considering the presence of *B. coli* as an indicator, or even testing for the cholera vibrio. If there be any scarcity of fresh water, a ship's supply should not be condemned unexamined. If there be ample fresh water available, the ship's supply can be disinfected by the addition of bleaching powder or permanganate of potash to the tanks, then pumping them out, after which a fresh supply of water is furnished. Or otherwise, the water supply can be purified by the addition of hypochlorite of lime.

If the voyage has consumed a number of days and there are only a few cases, the source of infection will generally be proved to be a carrier or carriers. The protected water supply and water carriage system of sewage disposal on modern vessels have materially altered the potentialities of cholera infection on ships. Formerly and before these sanitary conveniences were provided, the appearance of a case of cholera on a vessel was often followed by contamination of the water supply and most of the passengers and crew were sooner or later attacked if the voyage was a lengthy one.

As an added precaution for safety in carrying out preventive measures on a cholera-infected ship, fruits and vegetables that are generally not cooked before being eaten should be destroyed. The clothing and baggage of the sick and carriers should be disinfected, preferably by steam, but this is not necessary with respect to the ship's personnel in general. The bichlorid baths formerly in vogue are probably a waste of time.

Generally speaking, no treatment is demanded of the cargo as the holds remain sealed throughout the voyage and the chance of contamination is *nil*.

Fumigation or disinfection of the ship is not necessary except in compartments that have contained the sick or carriers, and thereby may have been contaminated. In this event, the floors and lower walls of such compartments should be washed down with a solution of carbolic acid or bichlorid of mercury, or other equally satisfactory disinfectant. This would be one of the few instances in which bactericidal measures are still called for in maritime quarantine procedure. The bedclothes, mattresses and other fabrics from the compartment where the sick have been should be steamed or soaked in a germicidal solution. Other than this no disinfection of the ship is called for.

The important element in the treatment of a cholera-infected ship (so-called "infected ship" although the ship itself usually is not infected at all, but merely the personnel) is the detection and isolation of cases and carriers with the safe disposal of their dejecta, until, by laboratory examination, they are proved to be free of cholera vibrio.

If the quarantine station be not provided with adequate laboratory facilities, in order to ascertain whether there are carriers, contacts will have to be detained for the period of incubation, i. e., five days. The detention of contacts for five days after the exposure to infection was formerly considered to be sufficient and will serve the purpose of excluding active cases of the disease. In more recent years, however, the important rôle played by carriers makes it essential that a bacteriological examination should be performed. See page 144.

#### SMALLPOX

Ordinarily those who have had smallpox or who have had a recent successful vaccination are not detained. All others must submit to vaccination. Persons declining vaccination are detained for the full period of 14 days before they are released. As a rule, it is not necessary to detain cabin passengers because there is smallpox in the steerage, or to detain the firemen because there is smallpox among the stewards. Vessels arriving with smallpox on board on which the cases have been properly isolated, personnel vaccinated, and other sufficient precautions

taken to prevent the spread of the disease, need not be quarantined further than the removal of the sick, the disinfection of compartments, baggage, and objects that have been exposed to the liability of infection.

### PLAGUE

In the management of a plague-infected vessel, a sharp distinction should be made between bubonic plague and pneumonic plague. From a quarantine standpoint, they are two separate diseases, one transmitted by insect bite, and the other by direct contact.

Pneumonic plague is a primary pneumonia, the epidemiologic factors of which appear to be more or less the same as in pneumococcus or influenza pneumonia. Bubonic plague is transmitted solely by insects, chiefly fleas, but possibly and on rare occasions by bedbugs.

Thus far, pneumonic plague has been largely confined to limited geographic areas, generally a northern climate—North Asia and the northern, higher regions of India. A few cases of pneumonic plague have recently (1919) occurred in California. This form of the disease has not been detected on any incoming vessel. Not infrequently there is a secondary pneumonia in cases of bubonic plague, but this condition is of no sanitary significance, and is distinctly different from the so-called pneumonic plague.

**Bubonic Plague.**—The treatment of a vessel infected with bubonic plague should be directed towards the destruction of all rats and fleas. Rats found dead or killed by fumigation should be immersed in coal oil and autopsied if possible, but in all cases the carcasses should finally be burned.

It is not necessary to detain passengers and crew who are in good health any longer than is incidental to the disinfection of the vessel.

Formerly, much stress was laid on the examination of passengers and crew, but there is no record of bubonic plague ever having been introduced into any port or place by infected man. It is only the infected rat or flea that carries the disease from one locality to another.

In handling an infected vessel it is first necessary to make sure that no rat may escape. Preferably, the ship remains at anchor in quarantine, or otherwise may tie up alongside the quarantine station wharf, with all mooring lines protected by metal discs three feet in diameter fixed at right angles to the hawser to which they are attached. The discs act as barriers to the passage of rats from ship to shore. After the passengers and crew are removed to the quarantine station, the vessel must be simultaneously fumigated in all parts to destroy rats and fleas. Hydrocyanic acid gas is the most efficient fumigating agency, but it is very dangerous and should be used only by those especially trained.

Sulphur dioxid is not very effective if the vessel be cargo laden, and

is at times very injurious to certain kinds of cargo, such as tea, silk, coffee, tobacco, etc., and to ship furnishings, and will often discolor paint, particularly white lead pigment. It is safe, however, and fairly effective when the compartment is empty and penetration and diffusion not so essential. Details of ship fumigation are described under separate heading on page 513.

Funnel gas (carbon monoxid) is not lethal to insect life, and, while satisfactory for ordinary rat destruction, it should not be employed for this purpose on plague-infected ships, as it will not kill fleas.

Rodent destruction on a cargo-laden vessel is best accomplished by repeated fumigations, the upper layers of cargo being discharged after each fumigation.

While it is ordinarily not necessary to disinfect the clothing and personal effects of passengers and crew, as fleas are seldom found on them, certain groups of persons require attention along this line. Lascars and other Asiatic crew men harbor fleas in the voluminous folds of linen or cotton (generally soiled) with which they swathe their bodies. The quarantine officer must necessarily exercise discretion as to the disinfection of the clothes and personal effects of passengers and crew.

Domestic animals, particularly cats and dogs, demand special attention on infected vessels. When there has been a great mortality among the rodent population, the dislodged fleas are very prone to secure temporary quarters on cats and dogs, and thus these pets, themselves immune to plague, may become a serious menace. These animals should be thoroughly immersed in a coal oil emulsion so as to kill all parasites.

**Pneumonic Plague.**—In the treatment of a vessel infected with pneumonic plague, the sick should be carefully isolated and passengers and crew segregated in small groups. Recovered cases should not be discharged until a bacteriological examination of the secretions of the nose and throat show absence of *B. pestis*, as cases may become carriers, at least for a short period of time. Contacts should be detained seven days before release. Special care should be exercised to detect new cases amongst the groups of contacts. Temperature should be taken twice daily, and any person developing the least rise of temperature should be immediately isolated and held under observation until the diagnosis is established.

Kitchen and dining room utensils used by the sick or convalescent should be thoroughly sterilized. On ship all living quarters should be disinfected and washed down with a solution of bichlorid of mercury or other germicide. Personal effects and bed clothes should be disinfected by steam.

With reference to measures for excluding plague infection, it is necessary to institute preventive measures, not only against vessels known to be infected, but it is also important that the same measures be carried



out against vessels arriving from ports known to be infected with rodent plague. Infection may have been introduced into the holds of the vessel and spread amongst the rats without any evidence of the disease being noted. Human cases on board a vessel would probably not appear unless there be infected rats in the superstructure. It is entirely possible for rodent infection to remain quiescent in the hold of a vessel, or for an undetected epizootic to prevail amongst the rats in the hold, even though the voyage may have consumed several weeks. Infected rats have been taken from the holds of vessels that have been out from an infected port for several weeks, notwithstanding which there were no human cases reported and no extensive epizootic amongst the rodents. See also page 331.

#### YELLOW FEVER

Vessels arriving at an infectible port from an infected port are fumigated and detained five days as a precautionary measure during the yellow fever season, even though there is no evidence of sickness on board. The yellow fever season usually extends from May 1 until October 1. The infectible ports are those situated upon the Atlantic seacoast south of the Chesapeake and those on the Gulf of Mexico.

Five days covers the period of incubation of most cases of yellow fever and is sufficient as a precautionary measure, but in special instances, as, for example, if a case of yellow fever has occurred on board the vessel, then the detention is six days following fumigation. The sick are isolated by the use of mosquito screens. Patients with yellow fever should not be moved if this involves exertion or excitement, which may aggravate the disease.

The vessel is fumigated with an insecticidal substance, preferably  $\text{SO}_2$ , or HCN, in order to kill the *Stegomyia calopus*. A search is made for breeding places, such as water casks, fire buckets, and other collections of fresh water where the *Stegomyia* larvae and pupae may develop. The disinfection of baggage and fomites is no longer practiced in the case of yellow fever. Experience has shown that wooden vessels are more apt to convey yellow fever than iron vessels. This is because wooden vessels carry water casks, which are the favorite breeding places for the mosquito, while iron vessels store their drinking water in tight compartments deep in the hold, inaccessible to mosquitoes. Vessels plying between infected and infectible ports should carry immune crews. See page 295.

#### TYPHUS FEVER

Typhus fever is one of the quarantinable diseases in which if one case appears on board a vessel there are apt to be several, especially if

the infection develops amongst the crew or steerage passengers, and hence all possible contacts should be detained in quarantine for the full period of incubation, which is 12 days.

If the disease has been confined to the steerage, there is no necessity for detaining cabin passengers, and vice versa. If the disease has appeared only in the crew quarters, and these are well separated from the passenger quarters, there is no occasion for the detention of the passengers.

First of all, the sick should be removed to the quarantine hospital and their clothing, personal effects and baggage thoroughly treated for the destruction of lice. The patient's body is treated with a delousing solution (mixture of kerosene and vinegar in equal parts, or kerosene and soft soap), and the application of some such solution is especially important for the destruction of head lice. The hair should be clipped not only on the head but also in the pubic and axillary regions, the clippings burned, and finally, the patient given a thorough bath.

Clothing is best disinfected by steam. Hydrocyanic acid is very effective for the destruction of lice, but is not a germicide.

All contacts should be passed through the baths, first being treated with a delousing solution, and their clothing and baggage should be disinfected.

Those detained should be segregated in small groups and temperatures taken twice daily, but if the delousing procedure has been efficiently performed, secondary cases are of no sanitary consequence. To be on the safe side, however, secondary cases should be isolated immediately upon their detection.

As to the treatment of the ship, no action is called for other than the assured destruction of lice in living quarters. The galleys, storerooms and holds need no treatment unless there be unusual circumstances that render them probably vermin-infested. Staterooms, crew quarters and steerage compartments should be fumigated with sulphur dioxide or hydrocyanic acid gas (technic as described on page 513), with bedclothes and furnishings remaining in place. After fumigation the vessel may be released with the personnel that have not been exposed—a new crew being furnished, if necessary.

The important feature in the treatment of typhus is that all vermin should be destroyed, cases detained, and contacts isolated until the period of incubation has elapsed. See page 370.

#### LEPROSY

An alien leper is not allowed to land. The law requires the vessel on which he arrives to take him back again. It is unconstitutional to forbid the landing of an American leper, but as soon as he lands he

comes under the laws of the city or state in which he finds himself. Alien lepers are detained at the quarantine station and placed aboard again when the vessel is outward bound.

**Quarantine Procedures.**—All vessels arriving at any port in the United States from a foreign port are considered to be in quarantine until they are given free pratique. The *pratique* is a certificate signed by the quarantine officer to the effect that the vessel and all on board are free from quarantinable disease, or the danger of conveying the same. In other words, free pratique is a permit issued by the quarantine officer which the master of the vessel must present to the collector of the port in order that his vessel may be admitted to entry.

Vessels in quarantine are required to fly a yellow flag (letter "Q" of the International Code) from the foremast. The quarantine officer boards the vessel usually upon the starboard side and examines the bill of health, the ship itself, the passengers, the crew, as well as the manifests of cargo, and sometimes the food and water supplies, etc. Vessels arriving after sundown must wait until sunrise for this inspection; the time and details, however, vary greatly and depend upon circumstances. Thus, at the port of Boston, there may be no more need to examine vessels bringing residents of London or Paris than there would be to examine a trainload of passengers from New York.

The detection of infection on board a vessel requires knowledge, tact, and sometimes a detective instinct on the part of the quarantine officer. Where one of the communicable diseases is suspected the temperature of every person on board should be taken. As a rule, all hands are mustered at a designated place on board the ship and then passed in review, one by one, before the examining physician; the number of persons are counted and compared with the ship's papers; each person is critically scrutinized for evidence of disease, and suspects are placed aside for more careful examination later. The clinical records of the ship's surgeon are inspected with special reference to the diagnosis of those who have received medical care during the voyage. The manifest of cargo is examined for second-hand goods, upholstered furniture, bedding, hides, hair, or other objects that may require disinfection. Finally, the ship itself is inspected, attention being given especially to the fore-castle, steerage quarters, the galley, etc.

**The Bill of Health.**—The United States Bill of Health is a document issued by our consul at the port of departure to the master of the vessel. The Bill of Health contains a complete description of the vessel, the number of officers, crew, and passengers (cabin and steerage), its sanitary history, and the sources and wholesomeness of water, food supply, etc. Finally, it contains a statement giving the number of cases and deaths from yellow fever, cholera, smallpox, typhus fever,

plague, and leprosy at the port of departure during the two weeks preceding the sailing of the vessel.

The American Bill of Health, which is a formidable document, must be obtained by the master of the vessel in duplicate, and presented to the quarantine officer at the vessel's port of destination. After these documents have served their purpose in affording to the quarantine officer the necessary information concerning quarantine inspection of the vessel, the bills of health are returned to the master of the vessel and by him surrendered to the Collector of Customs.

The Bill of Health is a consular document (State Department) at the port of departure, but becomes a customs' paper (Treasury Department) at the port of entry. Vessels arriving at any port in the United States or its dependencies from a foreign port without this official Bill of Health in duplicate are subject to a fine of \$5,000. Before the days of telegraphy the Bill of Health was an important document and often gave the quarantine officer the first information of pestilential disease abroad. The quarantine officer must now keep himself informed not only of the health conditions of the port of departure, but of the places from which the passengers and crew are recruited.

There are many kinds of bills of health; each country has a form of its own. Formerly a bill of health was simply a statement that the port of departure was or was not free of pestilential disease; that is, the bill of health was either "clean" or "foul." The American Bill of Health gives much more valuable information in detail. The only bill of health that is of service to the vessel upon arrival is the American Bill of Health, although several bills of health may be issued to the vessel at the port of departure. Thus, a British vessel leaving the port of Rio de Janeiro takes three bills of health, one from the British consul, required by the British admiralty laws, another from the Brazilian authorities, which is a clearance paper, and the third from the American consul, which is the only one of service upon reaching a port in the United States.

**The Equipment of a Quarantine Station.**—The equipment of a quarantine station consists of wharves, boarding vessels, such as tugs, launches, and rowboats; of an inspection place where passengers, crew, and suspects may be examined (the facilities on board the ship are usually inadequate for this purpose); of disinfecting apparatus for the use of steam, sulphur dioxid, formaldehyd, and insecticides; shower baths; detention barracks for steerage, intermediate, and cabin passengers, as well as the crew of the vessel; isolation wards in which cases of the quarantinable diseases may be cared for, and special wards where suspects or non-contagious cases may receive treatment. A well-equipped quarantine station further needs dining-rooms and kitchens for the various groups detained; quarters for the quarantine officers and help; a

wharf and boat house, and some provisions for recreation of those in quarantine to dispel the *ennui* of the isolation. Finally, a crematory, a steam laundry, and special arrangements for the disposal of sewage and garbage are important.

A laboratory is an essential feature of a modern quarantine station. It is necessary in order to make diagnoses and to recognize bacillus carriers, etc. In other words, a quarantine station, on account of its importance and isolation, must be a well-equipped and self-supporting community.

**Qualifications of the Quarantine Officer.**—A quarantine officer must necessarily be a good diagnostician. He should have an especial acquaintance with the diseases against which he stands monitor. The diagnosis of disease on an arriving vessel is doubly important, as it is in the nature of a medico-legal decision. Failure to recognize one of the quarantinable diseases jeopardizes the public health of the country, but, on the other hand, an error in diagnosis, even though in the interest of public health, may result in a needless loss of time and money. The quarantine officer, therefore, should be an experienced bacteriologist or should have such an expert as an assistant, since the accurate diagnosis of several of the quarantinable diseases is essentially a laboratory procedure, and even in those quarantinable diseases whose diagnosis yet rests on clinical evidence, laboratory procedure is important in establishing differential diagnosis. The quarantine officer must also be familiar with the modes of spread of the quarantinable diseases, and must know the value and limitations of the germicidal agents and insecticides he uses. Finally, he must be familiar with matters nautical and have an extensive knowledge of geography. It is the duty of the quarantine officer to keep posted as to the sanitary conditions of all countries, more especially towns and places having commerce with his port.

**Disinfection of Ships.**—The principles in the disinfection of a vessel do not differ materially from those of house and room disinfection. It should not, however, be attempted by one not familiar with the intricacies of marine architecture and matters nautical, for many special conditions are met with on board ship that are very different from those found on shore. While the principles of disinfecting as applied to a vessel present nothing unusual, the application of these principles calls for much ingenuity and the keenest vigilance on the part of the disinfector.

It is important to enlist the sympathies of those on board with the necessity of disinfection, for the successful accomplishment of the purification of the vessel may be materially helped by the cheerful coöperation of the passengers and crew; otherwise the difficulties of the problem are greatly magnified.

Formerly a distinction was made between the methods of disinfecting a wooden and an iron vessel. This arose from the fact that almost

all wooden vessels have some rotten and spongy wood, especially about the forefoot and bilge. There are also many more cracks and open joints about a wooden ship than a metal one which afford lodgment for organic matter. In addition to this, a wooden hull is always damper than an iron hull, for almost all wooden vessels leak more or less. It was formerly believed that the microorganisms of disease were apt to become deeply lodged in the moist dirt and organic matter of these crevices.

A vessel is rarely so badly infected that it needs a disinfection throughout. Just what portion of the vessel and its contents requires treatment is often a very difficult problem to solve. There is no more reason to fumigate the hold of a vessel because smallpox appeared in the cabin or steerage than there would be to disinfect the basement and sub-basement of a tenement house because a case appeared in one of the upper stories of the building. When a communicable disease occurs on board a vessel the infection may be confined to one or two compartments or to a limited area quite as successfully as this may be done in buildings on shore. "In case of doubt, disinfect," is not a bad rule for the quarantine officer to follow in his practical dealings with ships. Although the measures which must be taken are greatly in excess of the absolute requirements, yet discrimination is necessary, for the disinfection of ships for the quarantinable diseases has been greatly overdone. Vessels often need fumigation, seldom disinfection.

No routine method of disinfection can be prescribed for all infected ships. Discrimination must be exercised; disinfectants or fumigants must be selected that will destroy the virus and also the infecting agency involved.

It is, therefore, the duty of the quarantine officer to require a very thorough mechanical cleansing of all parts of the ship which, in his judgment, require it. This matter is dwelt upon because filth and vermin are conditions too frequently met with on the sea and one of great importance to communities and nations.

While the general methods of treating vessels are the same for most of the bacterial infections, special methods are called for with each disease. For example, in cholera particular attention must be paid to the water and food supply; for plague the destruction of rats and fleas is of prime importance; for yellow fever attention must be directed against the mosquito; for smallpox vaccination and the usual disinfection of the living apartments, clothing, bedding, and the like are required, while for typhus fever the warfare must be waged against lice.

Before the disinfection of a vessel is commenced it should be brought alongside the pier or barge containing the necessary apparatus. All the passengers are then to be taken off and all the crew, only excepting the few who are necessary for the safety of the vessel and those who are to help in the purification. The quartermaster, the boatswain, and

the carpenter are very useful hands to aid in the process on account of their practical knowledge of the individual peculiarities of the construction of the vessel and their faithfulness in carrying out directions with intelligence.

The disinfection of ships applies only to the living quarters of vessels infected with typhus, pneumonic plague, smallpox, leprosy or cholera, and then only to the particular part of the ship in which the sick have been. Steam sterilization of the ship furnishings, personal effects, clothing, etc., is not necessary in handling bubonic plague or yellow fever infected vessels.

When the personnel have left the vessel all their effects are removed and disinfected, if necessary, in accordance with the methods outlined for objects of that class. Disinfected baggage, bedding, and other objects, no matter what their character, should not be returned on board until the treatment of the vessel itself is finished. This injunction applies, of course, equally well to persons. In fact, no one should be allowed on the vessel except those actually engaged in the work, who, as far as practicable, should be immune and should wear suitable garments. All the bedding, bed clothing, hangings, floor runners, and other fabrics that have been exposed to infection must now be removed to the steam chamber. Especial care must be taken to obtain all the used and soiled linen, which is usually kept in special compartments called the "dirty linen lockers," which are usually under the care of one of the stewards. For some reason there is a dislike to disclose the presence of this soiled wash to the quarantine officer.

After all the objects needing disinfection by a special process have been removed, attention is then directed to the vessel itself. The various compartments of the vessel may be disinfected by any one of the methods described under Room Disinfection, formaldehyd being the choice of the gases and bichlorid of mercury (1-1,000) being the most suitable solution for the treatment of walls, floors, etc.

As to bichlorid disinfection, it may be stated that this procedure was formerly much employed at quarantine stations before the means of transmission of plague, typhus and yellow fever were known. One of the most important features of a quarantine station was the tank of bichlorid of mercury solution holding several thousand gallons of the mixture. It is a practice that has now well-nigh been abandoned, but still has a limited usefulness in washing down the floors and walls of compartments that have been contaminated by discharges from a cholera patient.

**Fumigation of Ships.**—In the purification of a ship, the greatest importance attaches to fumigation with sulphur or hydrocyanic acid gas. For many years sulphur dioxid was the agency chiefly relied on in the fumigation of vessels. Cyanid gas was regarded as too dangerous to hu-

man life, and in the strength assumed to be necessary, i. e., 10 ounces per thousand cubic feet of space, was also too expensive for routine employment. During the last four or five years, however, there has been much work done with this gas by officers of the Public Health Service, and while it can in no sense be considered a "fool-proof" gas in the hands of the inexperienced, the procedure has been so developed and improved as to make it reasonably safe when supervised by trained operatives.

Cyanid gas assuredly has many points of superiority over sulphur dioxide. Sulphur dioxide is not very diffusive, and when used on cargo-laden vessels has but little penetrating power, and thus the air pockets in articles of cargo or between packages of merchandise will often afford the rats a sufficient protection against the effects of the sulphur fumes. Sulphur dioxide is highly destructive to finer textiles, especially if damp; it tarnishes brass and gilt fixtures, damages delicately adjusted instruments, and causes discoloration of painted surfaces which contain lead pigments. The generation of sulphur fumes, if by furnace, requires expensive apparatus and, if by the "pot and pan" method, much labor and cumbersome apparatus. The pots and pans necessitate considerable time in placing and removing them and the exposure required is from 6 to 12 hours. Added to these defects, there is always the risk of fire from the burning sulphur. In contrasting sulphur fumigation and cyanid fumigation, the one feature in favor of sulphur is that it is not dangerous to human life.

On the other hand, cyanid gas is highly toxic to animal and insect life in the strength of 5 ounces of cyanid per thousand cubic feet of space, and this with rather short exposure. It is not injurious to the finest textiles nor to such articles as tea, coffee, tobacco, sugar, etc. It does not tarnish brass or gilt, nor discolor painted surfaces. It is easily and quickly generated and requires but simple equipment.

*Cyanid Fumigation of Ships.*—The method of preparation of the gas adopted by the Public Health Service is as follows: Paraphernalia required includes a tight wooden barrel (the well-made oak barrel used for kerosene serves excellently) for use in holds; earthen-ware crocks or jars for smaller compartments, and earthen-ware jugs as acid containers. The mixture of sulphuric acid and water is first prepared in the proportion of 2 fluid ounces of water to one and one-half ounces of commercial (66B) sulphuric acid. Finally, when most of the hatch coverings have been placed in position, sodium cyanid is lowered in a cheesecloth sack in the proportion of one ounce to each three and one-half ounces of the above mixture, dropped into the solution, bag and all; and the remaining hatch covers adjusted and battened down by a heavy tarpaulin.

The strength of the gas and the duration of exposure vary with



the objects sought. The Public Health Service standards in this respect are as follows:

For destruction of mosquitoes: One-half ounce of sodium cyanid per thousand cubic feet of space, exposure one-half hour.

For destruction of fleas: Two and one-half ounces sodium cyanid per thousand cubic feet of space, exposure one-half hour. N. B. This is of academic interest only, as in practice ships are not fumigated for flea destruction only, but always with the idea of rat destruction as well as flea destruction.

For destruction of rodents (rats and mice): Five ounces of sodium cyanid per thousand cubic feet of space, exposure for one and one-half hours.

For destruction of lice: Ten ounces of sodium cyanid per thousand cubic feet of space, exposure two hours.

For destruction of bedbugs: Five ounces of sodium cyanid per thousand cubic feet of space, exposure for one hour.

The above standards apply to empty holds and superstructures, except storerooms that have a large quantity of stores. In cargo-laden holds or in well-packed storerooms, the length of exposure is doubled.

If the potassium salt be used, a greater quantity is required. Three and three-fourths ounces of sodium cyanid is the equivalent of five ounces of potassium cyanid, and the latter when used is in the proportion of one ounce of potassium cyanid to one fluid ounce of sulphuric acid and two and one-half fluid ounces of water.

As a preliminary to cyanid fumigation the quarantine officer should make sure that no persons other than the fumigating force are on the vessel, and a certificate to this effect should be exacted of the master. This should further be confirmed by a search of the vessel by the quarantine officer himself or a trusted assistant. The compartments above the deck should have danger labels pasted on doorways after the fumigation has commenced.

The experience of the Public Health Service in fumigating several thousand vessels by cyanid as well as mammoth storehouses, makes it appear that there is no especial danger to the operator in the preparation of the gas.

The generation of gas is sufficiently delayed as to afford ample time for the fumigators to leave the compartment after dropping the cyanid into the acid solution; this, provided the compartments are above deck. The serious danger to human life arises incident to entering the compartment *after* the fumigation has been completed and the vessel opened up. To obviate this danger, powerful ventilating fans, driven by portable gasoline engines, are utilized at quarantine stations. They are lowered into the holds or placed within the doorways of above-deck compartments upon the completion of the fumigation.

The Public Health Service rules provide that no one may enter a compartment subsequent to cyanid fumigation until it has been pronounced safe by the quarantine officer. To determine this point, captive rats, cats, or guinea pigs are used as "indicators."

**Sulphur and Cyanid Contrasted.**—At one of the large quarantine stations on the Gulf, where some of the vessels were fumigated by sulphur and others by cyanid gas, a very thorough study was made as to the relative effectiveness of cyanid gas and sulphur dioxid when used on ships for rodent destruction. A very large force of trained trappers was available because of the anti-plague measures being carried out at the port, and, as the vessels generally stayed in port from one or two days to a week, ample opportunity was afforded for testing the effectiveness of the fumigation. Subsequent to fumigation, the vessels were flooded with traps. The observations extended over a period of one year and results recorded on several hundred ships. The number of traps placed varied from 20 to 140 per ship, according to the size of the vessel. Each ship after fumigation was carefully searched for dead rats and the number found recorded as to location. The number of days ships were trapped varied from one to ten, depending on the length of time vessels stayed in port.

By contrasting the number of rats killed by fumigation with the number subsequently trapped, a fairly reliable estimate was afforded as to the effectiveness of the fumigation. The results showed that cyanid fumigation destroyed 95 per cent. of all the rats on the vessel whether the holds were empty or loaded, and without regard to the location from which the rats were taken. In contrast to this result, sulphur fumigation killed only 77 per cent. of the rodent population on vessels under similar conditions. Studying the results according to the compartments fumigated, it was noted that in superstructures (including cabins, storerooms, poop deck and crew's quarters) cyanid fumes destroyed 94 per cent. of the rat population, whereas sulphur fumes, under similar conditions, destroyed only 55 per cent. of the rodent population. In cargo-laden holds, sulphur efficiency was 64 per cent. in contrast to 80 per cent. for cyanid fumes. In empty holds, the results of the two practices were more or less parallel; 99 per cent. efficiency for cyanid, and 96 per cent. efficiency for sulphur dioxid.

In this series of observations sulphur dioxid was used in the strength of 3 pounds of sulphur per 1,000 cubic feet of space, exposure of 6 hours, and the cyanid was used in the proportion of 5 ounces of cyanid per 1,000 cubic feet of space with exposure of 11¼ hours in holds, and 11½ hour for superstructures. Had the duration of exposure been doubled, the effectiveness of cyanid fumigation would probably have been perfect and the results of the sulphur dioxid fumigation would have been much better.

While cyanid fumigation is undoubtedly the preferred procedure where trained operators are available and the conditions favorable, sulphur dioxid has yet a wide field of usefulness, and on account of its safety in unskilled hands and the lack of operators experienced in cyanid fumigation, will doubtless continue to be the most commonly used agency for rodent and insect destruction on vessels.

*Sulphur Fumigation of Ships.*—The Public Health Service standard for sulphur dioxid as to strength and exposure is as follows:

For mosquito destruction: 2 pounds of sulphur per thousand cubic feet of space, exposure for one hour.

For destruction of lice: 4 pounds of sulphur per thousand cubic feet of space, exposure for six hours.

For destruction of rats and fleas: 3 pounds of sulphur per thousand cubic feet of space, exposure for six hours.

The above standard is for superstructures, partially filled storerooms, and empty holds. For cargo-laden holds and well-filled storerooms or in compartments that are packed with materials, the period of exposure should be doubled.

There are two methods in common use for generating sulphur dioxid for ship fumigation. The method more generally utilized is that known as the "pot and pan" method, but at a number of quarantine stations sulphur dioxid is generated by burning sulphur in a specially constructed furnace, the fumes being led into the holds through canvas funnels or hose. In the "pot and pan" method, ordinary Dutch ovens are used with a capacity of 10 to 20 pounds of sulphur. They are placed in pans of water in elevated positions on the 'tween decks or piles of ballast and distributed about the ship. To aid combustion, one-half gill of grain alcohol is added to each sulphur container. When all the pots are lighted, the hatches are battened down, the doors of the superstructures closed, and cracks closed by the use of paste paper. A pan of water is placed under each sulphur pot; this acts in part as a protection against fire, but it also serves the purpose of evolving moisture which is essential for the effectiveness of sulphur dioxid as a germicide.

For the purpose of computing the amount of sulphur or other gas to be used, a registered ton contains 100 cubic feet. A vessel of 5,000 net tonnage would therefore contain 500,000 cubic feet of air space in the cargo holds alone. Gross tonnage of a vessel indicates the actual cubic capacity; net tonnage, giving the cargo carrying capacity. The difference between the net tonnage and the gross tonnage indicates the space taken up by the engines and fireroom and the structures above deck. In sailing vessels and freighters, therefore, there is not such a great difference between the gross and the net tonnage as there is in large passenger vessels. In estimating freight-carrying capacity, 40 cubic feet of merchandise is considered a ton, but this unit should not

be confused with the registered tonnage, which is the basis for the measurement of the vessel.

**Special Precautions in Fumigating Ships.**—The various details in connection with fumigation of vessels are quite as important as the nature of the fumigant used, and the observance of these details to a large extent determines the effectiveness of the fumigation. All possible care should be observed by the quarantine officer to see that dead space in the vessel is opened up and all practical measures should be taken to aid in the diffusion of the fumigating gas; this is most essential when sulphur dioxid is used. All dunnage and loose material in the holds of a vessel that is not cargo-laden should be arranged in compact order and placed on elevated platforms to avoid rat harborage. If sulphur dioxid is generated in a furnace and led into the vessel it should be introduced at the lowest point and the hatches left open for a short while so as to permit the escape of air and hasten diffusion of the sulphur fumes. Pipe casing should be opened up and from one end of the vessel to the other there should be a certain number of limber boards removed so as to permit penetration of the gas into the bilges. Any planked-over space between the outer and the inner sheathing of a vessel should also be freely opened. In fact, wherever there is dead space it should be opened up so that there will be free circulation of the gas. Careful attention should be given to lifeboats, which are often infested by rats, which resort to those places for water. Preferably, lifeboats should be cleaned out and flooded by water prior to fumigation. Very close attention should be given to the poop deck, which is a space frequently containing a heterogeneous collection of litter and is generally badly rat-infested. As a rule, the engine room and fireroom do not harbor rats, but in the treatment of a plague-infected vessel they should be fumigated.

**Cargo.**—As a rule, the cargo of a vessel infected with pestilential disease needs no disinfection. Individual articles of the cargo, such as rags, household goods, second-hand articles, hides, wool, or food products, from infected localities may need treatment. New articles of merchandise or new manufactured goods seldom carry infection.

**Foreign Inspection Service.**—To aid the quarantine officer every American consul is required to report regularly certain facts concerning the presence and progress of epidemic diseases. Medical officers of the government are also stationed in various countries in order to supervise the sanitary condition of vessels, their cargo, and passengers leaving for the United States. This may be called preventive quarantine, for it is a distinct help in keeping out infection and facilitates trade and travel. Thus, in Italy, during the cholera times, an officer of the Public Health Service stationed at Naples successfully kept that disease off vessels sailing from Naples to the United States, whereas

vessels sailing from Naples to other ports and without sanitary supervision carried cholera in several instances.

**National versus State Quarantine.**—All the maritime quarantine stations in this country are now controlled by the National Government, excepting only the port of New York, where the quarantine function still remains under the jurisdiction of the State.<sup>15a</sup> The Federal quarantine service is administered by the U. S. Public Health Service, a Bureau of the Treasury Department.

It is evident that maritime quarantine should be administered uniformly so as not to prejudice or favor the commerce of a port. One of the objections to local control of quarantine is that there is frequent rotation in the position of quarantine officers due to local political changes. In addition to its other advantages, national control of quarantine insures the availability of a large corps of trained quarantine officers, whose experience in quarantinable diseases and in quarantine technic has been increased by duty in foreign countries and insular possessions where such diseases mainly prevail. Federal control of quarantine further permits of greater coöperation with other branches of the Federal Government such as the Immigration and the Customs Service. Furthermore, the Government is better able to observe the obligations of international sanitary treaties, and to demand reciprocal action on the part of foreign signatories of such treaties. Finally, as the object of quarantine is not only the protection of the local port, but the entire country, and since the benefits derived therefrom are not merely local in effect, the expense for the maintenance of quarantine stations should be borne by the country as a whole.

### *INTERSTATE QUARANTINE*

The regulations prepared under this act are more comprehensive with respect to quarantinable diseases than are the National Quarantine Regulations, since the former include not only the diseases enumerated in the maritime quarantine regulations, but also a number of communicable diseases, such as scarlet fever, typhoid, measles, whooping-cough, poliomyelitis, Rocky Mountain spotted fever, and epidemic cerebrospinal meningitis.<sup>16</sup> There is a distinct difference, however, between maritime quarantine and interstate quarantine. The provisions of the United States statutes with respect to the former give to the quarantine officer no latitude. Every ship entering from a foreign port must be inspected

<sup>15a</sup> Transferred to the Federal Government, March, 1921.

<sup>16</sup> This list has been extended by the Regulation of July 30, 1918, to include: Plague, cholera, typhoid fever, pulmonary tuberculosis, yellow fever, smallpox, leprosy, typhus fever, scarlet fever, diphtheria, measles, whooping cough, poliomyelitis, Rocky Mountain spotted or tick fever, anthrax and epidemic cerebrospinal meningitis.

and the quarantine officer must certify that they are free from quarantinable disease, whereas, with respect to interstate carriers or travel, quarantine laws and regulations are enforceable only to the extent that the Federal Government may provide proper agencies for such enforcement. A vessel from a foreign port may not enter a port of the United States except it be provided with a certificate of discharge from quarantine (free pratique), but a common carrier is not barred from interstate travel because of the lack of any such certificates. The interstate quarantine regulations impose numerous obligations on common carriers, and potential restrictions on interstate travel, but they have been actively enforced only under exceptional conditions. For obvious reasons, interstate travel is not subjected to the same rigid inspection as the personnel of vessels at seaboard quarantine stations.

It is evident, however, that interstate sanitary regulation is one of the important phases in which Government activity can accomplish especial good, for while the Government has limited authority within a state, it has practically unlimited authority so far as interstate relations are concerned. In the control of diseases by local authorities coöperation of the Government is essential since it is evident that if one state should rid itself of typhoid fever, measles or tuberculosis, it would speedily become reinfected from the neighboring states unless such reintroduction were prevented through the application of interstate quarantine restrictions. Interstate quarantine regulations, however, should be enforced with the same appreciation of relative values as applies to maritime quarantine. It would be indefensible to impose restrictions on commerce and on travel for the purpose of excluding measles or typhoid from a community which itself was doing nothing to diminish the prevalence of such diseases. On the other hand, if sanitary control of local conditions by state, county or city officials ever progresses to the extent that a community has rid itself of communicable diseases, it would have the assistance of the Federal Government in remaining clean.

By application of the provisions of interstate quarantine regulations, the National Government has wide powers in influencing local sanitary reforms. It can prevent the pollution of interstate streams, and by means of a proper standard for purity of water for interstate carriers, it can thus indirectly raise the standard of purity of local supplies. Furnished with adequate funds and facilities, Federal health authorities can exert a tremendous influence, through the enforcement of interstate sanitary regulations toward assisting local and state authorities in achieving sanitary reforms.

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## SECTION IV

### IMMUNITY, HEREDITY, AND EUGENICS

#### CHAPTER I

#### IMMUNITY

**Infection and Immunity; Definition of Terms.**—Immunity or resistance to disease is the very foundation of preventive medicine. It is the overshadowing factor in hygiene. In this sense we use the term “hygiene” to include the care of the person, in contradistinction to “sanitation,” which deals with the environment. There is no sharp line of demarcation—we speak of hygiene of the teeth, of sleep, of bathing, of exercise, of food and drink, and of those conditions which are more or less intimately associated with the body. We speak of the sanitation of the home, of schools, of cities, of farms. Sanitary science considers the air, soil, climate, and our surroundings as they affect health. Sanitation, then, is largely impersonal; hygiene is personal, and, as far as the prevention of disease is concerned, one of the most important factors in hygiene is immunity.

The word “immunity” is a very old term—we still speak of immunity to crime,<sup>1</sup> but it is only of late years that we are beginning to understand the mechanism by which the body protects itself against infection. The advances have been so rapid that these studies may now be grouped into a separate science known as Immunology.

Immunity is a *function of all living beings* (animals and plants), and in its widest form is one of the fundamental properties of life. Thus, as long as we are alive the colon bacillus in our intestinal tract and the spores of the hay bacillus on our skin do us no harm, but the moment we die, and oftentimes shortly before death,<sup>2</sup> these and other bacteria invade our tissues and disintegrate them.

*Immunity* may be defined as the power which certain living organisms possess of resisting infections. Susceptibility is the contrary condition to immunity. *Hypersusceptibility* is a special state of an exaggerated power of reaction and is synonymous with *anaphylaxis*. *Allergie*

<sup>1</sup> We may speak of immunity “from” a disease, “to” a disease, and “against” a disease.

<sup>2</sup> Terminal infections.

is an altered process of reaction, often used as a synonym for anaphylaxis. The word *resistance* has practically the same signification as immunity. The term *tolerance* is commonly used to describe a limited form of immunity usually acquired by the repeated use of alkaloids, alcohol, and other poisons of comparatively simple chemical structure. While a high degree of tolerance may be acquired to such substances, a true immunity in the sense in which the term is now used is never produced. In the case of tolerance, antibodies are not found in the blood. For the most part true immunity is obtained against colloidal substances, while tolerance is largely limited to the crystalloids; this distinction, however, is not absolute.

There are all gradations and various kinds of immunity. It varies in *degree* from the weakest appreciable resistance to an absolute protection. It also varies greatly in *duration*—from the briefest period to a life span. Immunity, therefore, is a relative term. It may be *natural* or *acquired*, *active* or *passive*, *local* or *general*, *pure* or *mixed*, *specific* or *non-specific*, *family* or *racial*, *brief* or *lasting*, *strong* or *weak*, etc.

*Antigens* are all substances causing changes in the blood, which thereby acquires specific affinity for the antigen. All known proteins act as antigens when introduced into the body parenterally. Antigens, then, are substances capable of inducing the production of antibodies.

*Antibodies* are specific properties of the blood and other body fluids induced by antigens. They are not necessarily "bodies," but rather colloidal or physical states of the blood or other body fluids. Antibodies come down with the globulin fraction. Examples of antibodies are anti-toxin, agglutinin, precipitin, opsonin, lysin, etc. Antibodies are also called *immune bodies*.

A *parasite* is a plant or animal living in or with some other living organism (called its *host*), at whose expense it obtains food, shelter, or some other advantage. Parasitism is probably a form of specific adaptation. *Ectoparasites* or *external parasites* live upon the host, as fleas and lice. *Endoparasites* or *internal parasites* live in the body of the host, as intestinal worms, anthrax bacilli, malarial plasmodia, etc.

A *saprophyte* is a microscopic being that lives upon dead organic matter. Saprophytes and parasites belong to either the animal or plant kingdom; thus, the malarial plasmodium is an animal parasite, the meningococcus a plant parasite.

*Obligate saprophytes* are those which under no circumstances can be made to develop within the living tissues of a given animal. Diphtheria and tetanus bacilli come close to being strict or obligate saprophytes, for they usually develop and produce toxins on a localized area of dead tissue. Many parasites are *facultative*, in that while they thrive best in the living host, they may also be made to grow and develop upon dead organic matter.

*Symbiosis* is a form of parasitism in which two dissimilar organisms live together in more or less intimate association, to the advantage of one or both, and not harmful to either; while *antibiosis* is harmful to host or parasite, or both.

*Animal parasites* have feeble antigenic properties; that is, they have feeble or no power of stimulating the production of immune bodies. Animal parasites therefore lack the power of producing lasting or high grade immunity. For the most part, they produce a resistance that is effective only while the living parasites are in the host. One attack does not confer protection against subsequent attacks, as in syphilis, malaria, leishmaniasis, and most other infections due to animal parasites. On the other hand, many parasites belonging to the plant kingdom, such as certain bacteria, are particularly active in stimulating antibody production, and thereby produce a high grade and lasting immunity. There are exceptions to this general rule; thus, yellow fever produces a lasting immunity, whereas pneumonia does not.

The diseases in which one attack conveys a lasting immunity are plague, typhoid fever, cholera, smallpox, chickenpox, scarlet fever, measles, yellow fever, typhus fever and mumps.

The infections which do not confer lasting immunity are pyogenic cocci, gonorrhea, pneumonia, influenza, glanders, dengue fever, relapsing fever, erysipelas, malaria and tuberculosis.

An *infectious disease* is a reaction in the host caused by a parasite. It is the result of a struggle between two variable factors—the pathogenic powers of the parasite on the one hand, and the resistance of the host on the other, each of these again modified by variations in the conditions under which the struggle takes place. An infectious disease, then, is a reaction, not an entity.

*Septicemia*, or *bacteremia*, is a condition in which microorganisms become generalized and circulate in the blood. They may grow in the blood, but more often their presence in the circulating blood represents an overflow from a local focus or organ where they are growing. *Toxemia* refers to the general symptoms produced by the absorption of bacterial toxin. *Sapremia* is a febrile condition resulting from the absorption of putrefactive products (not microorganisms) caused by saprophytic bacteria.

A *pathogenic* microorganism is one that harms the host. There are all degrees of pathogenicity. A *non-pathogenic* parasite does not harm the host.

The *invasive power* is often spoken of as *virulence*, in contradistinction to *toxicity*. Toxicity implies merely the ability to produce poisons, and is not necessarily associated with the power to invade. Some organisms, like tubercle bacilli and the spirochetes of syphilis, have a very slow, gradual, but progressive power of invasion owing to the lack of

acute physiological reaction on the part of the host, resulting from the presence of the microorganisms. Microorganisms that possess active invasive powers produce general infections, which are often malignant, but may be benign.

*Communicability* means the facility with which parasites pass from one host to infect another. The degree of communicability varies enormously in different instances, and depends upon many variable factors, especially the mode of exit, the manner of transfer, the susceptibility, the channel of entrance, the dose necessary to cause infection, etc. There is no relation between communicability and virulence. Thus, smallpox, chickenpox, measles, epidemic influenza and common colds have a high degree of communicability; diphtheria and scarlet fever are much less active in this regard, while leprosy is spread with difficulty. We are ignorant of some of the factors concerned in the transmission of disease.

*Inheritance* plays an important rôle in immunity. Infection often takes a mild course among those races in which it has long been endemic, whereas the same disease suddenly introduced among a new people is relatively more severe and spreads more rapidly. Resistance as well as susceptibility may be transmitted from parent to offspring. In the case of natural immunity, the transmission is probably an instance of true inheritance, but in acquired immunity it is probably congenital. Compare Heredity and hereditary transmission of disease, page 607.

**Koch's laws or Koch's postulates** are now stated as follows: (1) A specific organism must always be associated with a disease, (2) when isolated in pure culture (3) and inoculated into a healthy susceptible animal it must always produce the disease and (4) should be obtained again in pure culture.

In Koch's first paper<sup>3</sup> on infectious bacteria, presented in 1878, he states that "the repeated findings of microorganisms in traumatic infections and experimental results connected with these findings would indicate that these diseases are of parasitic nature. This can only be proved, however, when it will be possible:

- (1) To find the parasitic organisms in every case of the disease.
- (2) To find them in such numbers and so distributed that all the symptoms can be ascribed to the parasite.
- (3) To identify morphologically a well characterized organism with each traumatic infection."

In 1885 Hueppe, a pupil of Koch, wrote a text-book of bacteriology<sup>4</sup> at Koch's suggestion. This book was written in the midst of the "spon-

<sup>3</sup>"Untersuchungen über die Aetiologie der Wundinfektionskrankheiten," Leipzig, 1878, by R. Koch. *Centralblatt f. d. med. Wissenschaften*.

<sup>4</sup>"The Methods of Bacteriological Investigation" (1885), by F. Hueppe, p. 11. Trans. by H. M. Biggs (1886), Appleton.

taneous generation" controversy which circumstance influenced the form in which Koch's postulates are given:

1. It is to be determined whether, in decomposition or disease, bacteria are present or not.
2. If bacteria are present it is to be determined what forms they possess.
3. Each form found to be present is to be cultivated by itself, free from all chemical and morphological mixtures—"pure cultures."
4. By transfers of really pure cultures to decomposable materials or susceptible animals, it is to be determined whether the bacteria found are the cause of the decomposition or disease.

It was not until 1890,<sup>5</sup> however, that Koch gave a clear statement of his fundamental concept of the relation of bacteria to disease. In discussing the view held by some at that time that bacteria only became pathogenic under the influence of the disease process he argued that:

1. If the parasite is found in every case of a disease and under conditions which conform with the pathological changes and clinical picture;
2. If it is not found in any other disease as an accidental and non-pathogenic parasite;
3. If after being completely isolated from the body and repeatedly transplanted in pure culture it can reproduce the disease on inoculation; then it cannot have an accidental relation to the disease, but the parasite must be the cause of the disease.

## MECHANISM OF IMMUNITY

The relation between seed and soil is often used to explain immunity, but this analogy does not help us very much for the reason that the soil does not react. A fertile soil may be considered susceptible; a barren soil immune. The seed in the first instance may be pathogenic or non-pathogenic. The host is able to resist the intrusion and growth of the non-pathogenic microorganisms and protect itself against harm through its mechanism of immunity. If the protecting devices are insufficient to guard against attack, the germs multiply, produce poisonous substances, or harm the host in other ways. The reason that the same microorganism may be pathogenic for one host and harmless for another depends upon the presence or lack of immunity. The virulence of a microorganism is an expression of the intensity of the reaction between the seed and the soil. Virulence may be strengthened or attenuated

<sup>5</sup> "Ueber Bakteriologische Forschung," by R. Koch. 1. Allgemeinen Sitzung des X Internationalen Medicinischen Congresses, am 4 August, 1890. (Berlin.)

either by increasing or decreasing the resistance of the host or by increasing or decreasing the resistance of the parasite.

**Theories of Immunity.**—It is now quite evident that the mechanism of immunity varies in different infections and, to a certain extent, even in the same infection under different conditions. We are still in ignorance of the mechanism by which the body protects itself against many diseased states.

Historically considered, immunology as a science dates back scarcely 30 years. Many primitive people attempted to immunize themselves in a crude sort of way, but with methods now recognized as essentially sound. Thus, South African tribes tried to protect themselves against snake bites by using a mixture of snake venom and gum; the Moors immunized cattle to pleural pneumonia by placing some of the virus under the skin of the animal. The inoculation against smallpox used from time immemorial, and vaccination with cowpox introduced by Jenner in 1798, are examples of the first practical use of specific methods in the history of immunity.

Pasteur was greatly influenced by Jenner's demonstration that a mild form of a disease protects against the severe form. Pasteur expanded the fact taught by Jenner into a general principle. Practically all of Pasteur's work in immunity that bore practical fruit, such as vaccinations against chicken cholera, anthrax, and rabies, is based upon this guiding principle.

Pasteur in 1888 expounded his "exhaustion" theory, which was the first attempt at a scientific explanation of immunity. Pasteur was a chemist and his theory was a simple chemical conception, largely based upon his work upon the fermentation of sugar with yeast. He regarded the body immune because its food supply was used up and the microörganisms could, therefore, no longer grow—just as yeasts cease to grow when the sugar is used up in a culture medium. It is now easy to disprove the exhaustion theory. Bacteria may continue to grow after recovery, as in bacillus carriers. Further, bacteria may grow well enough in the dead tissues and fluids of immune animals, and, again, immunity may be induced by the inoculation of dead bacterial products, substances which can hardly use up food material. Recently Pasteur's exhaustion theory has been revived in a modified form by Ehrlich, who considers that there is sufficient evidence of this form of immunity in certain cases, as in cancer. Ehrlich calls it "atreptic" immunity.

Chaveau proposed the "retention" theory, the exact opposite of the exhaustion theory. This theory is also based upon the analogy of the behavior of bacterial growth *in vitro* compared to their growth within the body. It soon became evident that bacterial growth ceases even though abundant food is present, and that this inhibition is due to the

retention of products of metabolism of bacterial activity. Chauveau considers that such substances are retained within the body, which thus protects itself against further growth and development of the microorganisms and thus establishes immunity.

The above theories are generalizations which have now little more than historical interest. We now know that no one mechanism of immunity will explain all cases. In some instances phagocytosis plays an important part; in others antibodies of various sorts; the side-chain theory appears to account for most of the facts in antitoxic immunity. In some cases the immunity is due to a negative property in that there is an absence of specific affinity between the toxin and the cells. In others it is a positive factor and is due to the presence of antibodies able to neutralize the toxic action. The mechanism of immunity in some instances resides mainly in the blood and fluids; in other cases it is evidently more directly associated with cellular activity. In some instances immunity depends upon the power of immediate reaction in the sense of anaphylaxis. In all cases the mechanism is probably complex and multiple.

The unsatisfactory state of our knowledge in certain fields of immunity is well illustrated in the case of anthrax. The mechanism of protection is not at all understood in this infection, which was the first and classic illustration of a germ disease. The mechanism of immunity in common colds is also complex and obscure.

Our resistance to disease is in many cases due to a simple mechanical or chemical protection against the invasion of the pathogenic microorganisms; that is, the tissues are susceptible enough, but are guarded against the invasion of the germs of disease. Many examples may be cited in this category. Thus, one of the important functions of the skin consists in this mechanical protection of the tissues underneath. There is but a single layer of epithelium between us and death. The smooth conjunctiva is protected by the constant washing of the tears and the motion of the eyelids. The lungs are safeguarded by the shape of the upper respiratory passages and the moisture of the mucous membranes, which act as a mechanical trap for many bacteria. Some of those that pass deeper are carried back by the mechanical action of the cilia. The sensitive and susceptible mucous membrane of the intestines is partly protected through the acidity of the gastric juice, which may be sufficient to destroy cholera vibrios and other microorganisms susceptible to acid.

**Cellular Immunity and Humoral Theory.**—Within the body the mechanism of immunity is an adaptation of cell nutrition. The mechanism varies with different infections and in different stages of the same infection. In certain diseases the immunity seems to reside mainly in the activity of the cells. In other diseases the immunity

is due chiefly to specific properties in the blood. The first is the *cellular* and the second the *humoral* theory. As we shall have occasion to see, the immune bodies in the blood are probably in all cases derived from the cells, so that the cells play the fundamental part in most processes of immunity. However, the great majority of the studies in immunology have been focused upon the changes in the blood. This is not due to the fact that the blood alone represents these changes, but that it best represents them, and thus affords the readiest method of attacking the problem.

The *blood* is the most fluid and most cosmopolitan of all the tissues of the body, visiting every part, bearing to each part certain substances, and removing from each part certain other substances. The blood is a digestive fluid, and in so far as immunity is concerned is even more important than the digestive fluids of the gastro-intestinal tract. The blood is not the usual handler of proteins. Blood ferments usually are not in an active state like trypsin or pepsin. The proteolytic enzyme in the blood, however, is of trypsin-like nature. There are, in addition, carbohydrates, lipases, etc., in the blood which doubtless play a very important rôle in immunity. There is at the same time an anti-ferment present which under normal conditions prevents autodigestion of the blood and tissues. It is evident that it is easy to study the blood and its changes, as some of it may readily and repeatedly be withdrawn during life in order to observe its changes without in any way harming the animal.

The fundamental processes of immunity within the body must all depend upon some *chemical or physical* change, but we know very little concerning the chemical composition of the substances that play the chief rôle or the physical nature of the changes. Great advances have been made in immunology despite this lack of chemical knowledge; for these advances we are indebted to experimental biology, through which we have learned the results of many effects without a knowledge of their nature or the intimate processes concerned.

**Natural Immunity.**—Natural immunity is an inherited character possessed in common by all individuals of a given species. It is inherent to a greater or less extent in all members of that species. It may be present at birth or develop in later years. There are very many examples of natural immunity. Thus, most of the communicable infections of man are peculiar to man; that is, the lower animals have a natural immunity to such diseases as measles, mumps, scarlet fever, typhoid fever, cholera, gonorrhea, syphilis, yellow fever, malaria, leprosy, and so on through a long repertoire.<sup>6</sup> Even tuberculosis, which is the

<sup>6</sup>It is true that some of these infections may be conveyed to monkeys or other animals by artificially introducing large amounts of the virus, but these animals do not contract these diseases naturally and therefore show a high degree of natural immunity.



most common and widespread of infections, has its own particular bacillus to which man is especially susceptible and to which the lower animals show a marked degree of natural immunity. On the other hand, man shows a high grade of natural immunity to a large number of infections to which the lower animals are subject, as rinderpest, black leg (symptomatic anthrax), Texas fever, hog cholera, etc.

The monopoly which man possesses of being susceptible to infections which the lower animals successfully resist is not confined to the bacteria alone, but includes many protozoa and higher animal parasites. Thus, the hookworm of man is different from the hookworm of the horse, the dog, the seal. Each host has its own species of hookworm which, though closely allied, are not interchangeable. That is, the horse has a natural immunity to the hookworm that is parasitic for man, and *vice versa*.

There is a group of infections, including the pyogenic cocci, anthrax, tetanus, malignant edema, glanders, actinomycosis, rabies, plague, foot-and-mouth disease, Malta fever, tuberculosis, milk sickness, infections with the paratyphoid bacillus, ringworm, and many higher forms of animal parasites, which are common to many species in widely different genera. Rabies is an example of an infection common to all mammalian species.

There are certain remarkable facts connected with natural immunity. For example, white mice are naturally immune to glanders, whereas the field mouse possesses a high degree of susceptibility. When we consider how slight must be the differences in the structure, the function, the chemistry, and the metabolism in the white mouse when compared with its gray cousin, we begin to appreciate the subtle differences and perhaps complex factors upon which immunity depends. If we could find out, for example, why the goat is resistant to tuberculosis while domestic cattle are particularly susceptible, we would have the foundation for a specific preventive and cure for that disease.

Practically all the individuals of a certain species have about an equal susceptibility or an equal immunity to a given infection. These factors are more constant than commonly supposed. Laboratory animals react with certainty and with striking uniformity to an infection of known virulence, provided the virus is brought into association with certain tissues. Thus, strikingly uniform results are obtained from a given culture of plague introduced subcutaneously into the guinea-pig, or of tuberculosis into the peritoneal cavity of the monkey, or of streptococci into the circulation of the rabbit, or of rabies under the dura of the dog, or of anthrax into the mouse. Pneumococcus and streptococcus cultures can be measured with reasonable accuracy upon white mice of approximately uniform weight. Man is no exception to this general statement, as far as may be judged from the data at hand. Practically

all persons are alike susceptible to smallpox, yellow fever, measles, tetanus, and many other infections. In epidemics some individuals escape. In other epidemics the disease varies greatly in severity. These apparent exceptions may not be due so much to varying degrees of immunity but rather to variation in the dose and virulence of the virus, the channel of infection, symbiosis, and other factors.

In some cases the immunity is so weak that the balance between health and disease is quite unstable. This appears to be the case with tuberculosis in man. We ordinarily possess sufficient natural immunity to tuberculosis successfully to resist small amounts of infection, but this resistance may readily be broken down by any influences which undermine our general vitality.

Natural immunity may be broken down by various means that weaken the animal, such as fasting, the production of an experimental diabetes with phlorizin, fatigue, excessive cooling of the body, as the clipping of the hair of thick-furred animals, etc. Thus, chickens are ordinarily naturally immune to anthrax, but may be infected if their feet are kept in cold water. White rats are resistant to anthrax, but become susceptible if the hair is clipped.

**Acquired Immunity.**—By acquired immunity is meant a specific resistance to an infection that is not naturally inherent in all the individuals of a species, but, as the term indicates, the immunity is acquired during the lifetime of the individual. Immunity may be acquired either through some “natural” event, such as an attack of a disease, or may be “artificially” induced by the introduction of some substance, such as a serum, toxin, vaccine, or a virus.

Acquired immunity may be either active or passive. *Active* immunity is induced by an attack of a disease or by the introduction of a virus or suitable toxin into the system. Immunity thus acquired is active in the sense that it depends upon a direct stimulation of the protecting mechanism resulting in a series of reactions within the body. *Passive* immunity, or transferred immunity, is mainly antitoxic immunity. Other antibodies also have the power of conferring passive protection, but in a lesser degree than antitoxins. Passive immunity is so called for the reason that the antibodies (antitoxin) are introduced into the body, which, therefore, takes no part in their formation. The injection of diphtheria toxin into the horse causes an active immunity in that animal; the injection of some of the antitoxin contained in the horse's serum into a child causes a passive immunity in the child. The protection against smallpox produced by vaccination is an example of active immunity; so also is the immunity produced by bacterial vaccines.

**Non-specific immunity** is an expression of natural immunity. The term is perhaps a misnomer—in any case, so-called “non-specific immunity” is slight and limited. It is stimulated by the parenteral injection

of a foreign protein, usually directly into the blood stream. The mechanism of non-specific immunity may include all the natural protecting mechanisms, such as phagocytosis, lysis, agglutination, and even anaphylaxis. The parenteral injection of a foreign protein influences chemical reactions, normal physiologic functions, and the integrity of tissues. It mobilizes the enzymes in the sense that they are made available for the reactions of immunity. Abderhalden holds that there is an increased amount of specific enzymes brought forth by the parenteral injection of non-specific proteins. Non-specific immunity brought about in this way finds its explanation in terms of anaphylaxis.

At best, "non-specific immunity" has very limited power and in only a few infections—notably gonococcic arthritis. The non-specific protein injected is usually typhoid vaccine or proteoses. The action of serum in pneumonia may also be an example of non-specific immunity. Just how it acts is not clear, but probably the changes in the physical character of the blood or the permeability of the membranes permits mobilization of the enzymes or other immunity principles where they can exert their beneficial effects. In other words, non-specific immunity is a term used to indicate the stirring up of forces inactive, but normally available for the defense of the body against infection.

**Mixed Immunity.**—Mixed immunity is a combination of the active and passive. This is used practically in plague prophylaxis and has been proposed for other infections. It consists in injecting a mixture of antitoxic serum and the appropriate bacterial vaccine. The advantage of this procedure consists in the fact that the passive or antitoxic immunity diminishes the severe reactions which sometimes follow the introduction of a bacterial vaccine. It also affords an immediate protection and thereby guards the body during the time it always takes for the active immunity to become effective.

The toxin-antitoxin mixture used against diphtheria is an example of mixed immunity. In this case only enough antitoxin is used to guard the toxin.

In the mixtures known as sensitized vaccines, the action is bacteriolytic rather than antitoxic.

**How Active Immunity May Be Acquired.**—Immunity may be acquired by:

- (a) An attack of a disease.
- (b) By the introduction of a virus.
- (c) By the introduction of a vaccine.
- (d) By the introduction of a toxin, or other product of bacterial activity.

(a) *An Attack of the Disease.*—Certain diseases, whether acquired naturally or induced artificially, leave an immunity which varies greatly

in degree and duration. The following diseases leave a definite immunity of high, though variable, grade: smallpox, yellow fever, measles, whooping-cough, scarlet fever, cerebrospinal meningitis, infantile paralysis, typhoid fever, typhus fever, chickenpox, mumps. Second attacks of smallpox, measles, typhoid fever, and other infections in this list are not uncommon, showing that the immunity is rarely if ever absolute.

Some diseases, such as pneumonia, erysipelas, and malaria, seem to predispose to subsequent attacks, that is, diminish resistance. Even in this class of infections there must be a certain amount of immunity, however short, else the patient would not recover.

(b) *By the Introduction of a Virus into the System.*—The practice of intentionally inoculating smallpox was the first example in preventive medicine in which use was made of the fact that one attack of a disease confers immunity to a subsequent attack of the same disease. The present-day vaccination with cowpox (a modified smallpox) may be considered as belonging to this category. The principle is used to a much greater extent in veterinary practice either by using a small amount of the virus, or by introducing it in an unusual way or by inoculating the animals at a time when they are found to be least susceptible. In this way a benign form of the disease is produced which protects against the severe and fatal forms. These methods are used in Texas fever, rinderpest, pleuropneumonia, anthrax, etc.

A distinction is made between a virus and a vaccine. If the material used contains the living active principle it should be called a virus. If the virus is dead it should be called a vaccine.<sup>7</sup>

The highest and most lasting degrees of immunity may be produced by the introduction of the living active principle into the system, thus imitating nature. The virus may be diminished in virulence as in anthrax, vaccinia, or rabies. A high grade of immunity to plague and cholera may be induced in man by the injection of living cultures. In the case of plague the cultures must be greatly diminished in virulence.

In the case of cholera virulent strains may be used, as this disease is neither a bacteremia nor septicemia, and there is very much less danger in introducing the cholera vibrios into the subcutaneous tissue than in taking them by the mouth. This principle of introducing the virus into a resistant tissue can be taken advantage of in various infections, provided the virulence of the disease depends largely upon the channel of infection. The virulence of the virus may also be diminished by certain definite processes, such as growing the culture at an unusually high temperature, as in the case of anthrax; or by prolonged artificial cultivation, as in the classic instance of chicken cholera; or by drying, as in rabies; or by passage through animals, as in smallpox (cowpox);

<sup>7</sup> Vaccine (*vacca*, a cow) is not a good term, but is now too deeply rooted to change.

or by growing on unfavorable media; by the use of very small amounts of the virus, as in tuberculosis and many other infections; or by the use of closely related strains, such as the human tubercle bacillus for bovine immunization. Repeated injections of a virus induce a much higher and more lasting immunity than single inoculations.

(c) *By the Introduction of a Bacterial Vaccine.*—The immunity produced by the introduction of a vaccine into the body corresponds precisely to the immunity acquired by the introduction of a virus, the only difference being that the living virus produces a more lasting and higher degree of protection than that produced by the dead vaccine. The advantages of using a vaccine instead of a virus are obvious.

### BACTERIAL VACCINES

Dead bacteria, when injected into the tissues, usually produce a local reaction at the site of inoculation and also a general reaction. The local reaction consists of swelling, pain, redness, and other indications of irritation and inflammation. The general reaction consists of fever, headache, pains in the muscles, especially in the back and legs, malaise, and sometimes nausea. The reactions usually come on within a few hours after the vaccine has been introduced and rarely last longer than 24 to 48 hours. It is customary to give the vaccines in the afternoon, for then most of the symptoms have passed by the next morning.

The vaccine is usually prepared from a fresh twenty-four-hour growth of a pure culture of the microörganism upon the surface of agar. In this way secondary metabolic products in the medium are avoided by simply removing the surface growth. When liquid cultures are used the foreign substances contained in the medium may complicate the reactions. The cultures are usually killed by exposure to heat at from 53° to 60° C. for one hour. High heat, while certain to kill the virus, is undesirable, for the reason that it coagulates the albuminous substances in the bacterial cell and otherwise alters the chemical structure of the microörganism. The closer the vaccine approaches the virus the better the results, so far as immunity is concerned. Therefore, many investigators prefer to kill the microörganisms with carbolic acid, chloroform, or some other suitable germicide.

Preventive inoculations with bacterial vaccines are now much practiced in the case of typhoid fever, plague, and cholera, and are destined to be extended to other infections. The dose and details have been discussed under each disease. The important domain of vaccines is protective, not curative.

*Sensitized vaccines* are made by mixing the bacteria with its specific antibody and then washing away the excess of antibody. If, for example, typhoid bacilli are injected into a rabbit, antibodies appear in the blood

serum of the rabbit. If new typhoid bacilli are mixed with this rabbit serum (which must be first inactivated by heating to 56° C. to destroy complement), the bacilli become sensitized. In other words, the bacteria unite with the specific antibodies present in the rabbit's serum. Sensitized bacilli may be used dead or alive.

The advantages of sensitized vaccines have been advocated by Besredka, Calmette, Salembini, Gay and others. It is claimed that the protection comes quicker, but it is not always as high or as durable.

*Polyvalent vaccines* consist of several cultures mixed and given at the same time. Thus, a tetravaccine,<sup>8</sup> containing typhoid, paratyphoid A and B, and cholera, was used in Serbia.

The injections are always given subcutaneously. Usually three or four injections are given at intervals of about five to ten days. Several injections produce an immunity of much higher grade and longer duration. In most instances the acquired immunity lasts from two to five years, and may be renewed.

*Lipovaccines* consist of emulsions of the bacteria in a bland neutral oil. The advantages claimed for lipovaccines are that they diminish local reaction, because absorption is retarded; that a very large amount can be given in one dose without toxicity; that a focus of antigen is established which acts continuously. The oils are supposed to have a detoxicating action. All these theoretical advantages have not worked out in practice; in fact, lipovaccines give only about half the protection of saline emulsions.

**Standardization of Bacterial Vaccines.**—Bacterial vaccine may be standardized by several methods:<sup>9</sup> Wright's method<sup>10</sup> consists in comparing the number of bacteria with the number of red corpuscles on a stained slide. The errors in this method are numerous and may vary from 50 per cent. to 100 per cent. if counted on the same film by different observers.

The nephelometer method described by McFarland<sup>11</sup> consists in comparing the opacity of the culture with a series of standardized tubes containing a fine precipitate. This method is a guess, for the errors vary from 25 per cent. to 200 per cent. Dunham<sup>12</sup> obtains reasonably accurate results with the Kober nephelometer. This method only takes 10 minutes and is practical.

Wilson and Dickson proceed by weighing the dried culture on a piece of thin platinum foil. The method has not been used on account of the special apparatus necessary for its application.

<sup>8</sup> Castellani and Mendelson, *Brit. Med. Journal*, Nov. 13, 1915.

<sup>9</sup> Fitch (review), *J. A. M. A.*, Mar. 13, 1915, LXIV, 11, p. 893.

<sup>10</sup> Wright, A. E.: "On Some New Procedures for the Examination of the Blood and of Bacterial Cultures," *Lancet*, London, 1901, II, 11.

<sup>11</sup> McFarland, Joseph: "The Nephelometer," *J. A. M. A.*, Oct. 5, 1907, p. 1176.

<sup>12</sup> *Journ. Immunology*, Vol. V, No. 4, July, 1920, p. 337.

The plate-culture method consists of standardizing the suspension by counting the colonies which develop. The defects are that it requires two or three days before the results can be known; that the colonies may represent the growth of more than one bacterium; and some of the bacteria may not grow. The plate method always gives low counts varying from 25 per cent. to 150 per cent. less than the hemocytometer.

The gravimetric method employed by Hopkins<sup>13</sup> consists in the use of a special centrifuge tube, the end of which is drawn out into a small tip. This is graduated in hundredths of a cubic centimeter. The amount of centrifugalized sediment may be read directly upon the scale. The method gives but approximate results.

Mallory and Wright<sup>14</sup> first used the hemocytometer for counting the number of bacteria in a suspension. The chamber used is made for counting blood plates by the Helbar method. A method which actually counts the number of bacteria, offers the most accurate technic for standardizing vaccines.

**Specificity.**—Most of the reactions in immunology are specific—not absolutely so, but relatively; that is, antibodies, such as agglutinins, lysins, precipitins, or opsonins, usually act upon the corresponding antigen with much greater vigor than upon any other. An immunity to one disease, no matter how produced, whether natural or acquired, affords no protection against other diseases. There is, however, no absolute specificity, just as there is no absolute immunity.

Certain microorganisms and their toxic products show a remarkable predilection for certain cells or tissues. In this sense a microparasite or a toxin may be as specific in its action as a qualitative chemical reaction. Thus, there is a specific relation between tetanus toxin and nervous matter, while the poison has little or no affinity for other tissues. The poison of infantile paralysis picks out certain cells in the central nervous system upon which it acts specifically. Also in rabies the brunt of the lesions falls upon the cells of the central nervous system. The toxic products of the *Bacillus botulinus* is also a specific nerve poison, and at least one of the poisons in diphtheria toxin (toxogen) acts specifically upon the nerves. The toxic substances may also react upon less important or indifferent tissues, but such action is often masked. The specific action of toxins explains in part the local immunity enjoyed by some tissues and further explains why certain viruses are comparatively harmless when introduced into the body through unaccustomed channels. We have already seen an example of this in a case of cholera when introduced into the subcutaneous tissue. In this case the subcutaneous tissue is resistant to the invasion of the

<sup>13</sup> Hopkins, J. G.: "A Method for Standardizing Bacterial Vaccines," *J. A. M. A.*, May 24, 1913, p. 1615.

<sup>14</sup> Mallory and Wright: "Pathological Technic," Ed. 4, Philadelphia, W. B. Saunders Company, 1910.

cholera vibrio, and these microörganisms cannot find their way to the intestinal tract. The case of smallpox is instructive, for this is an infection for which the epithelial structures have a specific susceptibility. It is practically impossible to infect a susceptible animal with cowpox when the virus is introduced subcutaneously or directly into the circulation. The same is probably true of smallpox. When smallpox virus is introduced by inoculation upon the skin the disease is much milder than when the virus is introduced naturally by way of the respiratory tract. Evidently the skin offers greater resistance to the smallpox virus than is offered by the mucous membranes. On the other hand, foot-and-mouth disease cannot be given to man or the cow when rubbed upon the skin, although these animals are very susceptible when this virus is introduced into the general circulation or rubbed upon the mucous membrane of the mouth. Every worker in a bacteriological laboratory is familiar with the difference in susceptibility of different tissues and knows the importance in experimental work of bringing the virus in association with appropriate structures.

Certain microörganisms, such as *B. tuberculosis*, pus cocci, the pneumococcus, etc., have the power of affecting almost every tissue and organ of the body. No part of the body is immune to the tubercle bacillus, but even in this infection some tissues are more susceptible than others. Thus, tuberculosis of the muscle is extremely rare; the lungs and lymph nodes are especially vulnerable.

The stomach is comparatively rarely attacked by infective processes, although constantly exposed. The vaginal mucous membrane in the adult and the bladder are resistant to gonorrheal inflammations. There are many similar instances of specific resistance of tissues.

The specific action of toxins gives us a ready reason why certain species of animals are immune to certain infections. In this case the immunity is not the result of any special or specific reaction, nor is it the result of any positive character possessed or acquired by the body, but is a negative trait entirely, due to the absence of specific chemical affinity between the cells and the toxin. The turtle is immune to tetanus because there is no combining affinity between the nerve cells of the turtle and tetanus toxin. The immunity, therefore, depends upon the absence of the appropriate cell receptors. Rats are highly immune to diphtheria toxin and hogs to snake venom. In these cases antitoxin cannot be demonstrated in the blood of the rat or the hog, and, so far as can be determined, when the toxin is injected into these animals it is not neutralized in the body. The simplest conception of the mechanism of immunity in these cases is to regard it as depending upon a negative factor resulting upon the absence of suitable receptors in the sense of Ehrlich's side-chain theory.



**Local and General Immunity.**—Local and general immunity depends upon this variation in susceptibility of the different tissues to different infections. It is doubtful if there is a true general immunity in any case, for a general immunity is in almost all instances based upon a local resistance. Even antitoxic immunity in diphtheria, due to the antibodies in the general circulating blood, is the result of a localized neutralization in which many of the organs and tissues of the body take no part. There are many examples of local immunity. *Trichinella spiralis* affects especially the striped muscles and never the bones. Diphtheria seldom extends down the esophagus. The most marked example, perhaps, is the almost perfect local immunity of the scalp to ringworm in adults, which contrasts so markedly with the absolute susceptibility of children, whereas the susceptibility of the skin of the body to the same parasite is, if anything, greater in adults than in children (Emery).

Many remarkable instances of local immunity are shown by the tissues and must be familiar to all. Thus, erysipelas does not, as a rule, extend into the subcutaneous tissues, although the streptococcus may be there; rarely does it extend back into the area of the skin recently affected.

The immunity of a part is increased or diminished by the presence or absence of an adequate blood supply. As a rule, very vascular structures enjoy a comparative immunity to infections which frequently attack other tissues relatively poor in blood supply. It may be stated as a general rule that the more copious the supply of healthy circulating blood the greater the resistance to infection, and *vice versa*. This largely accounts for the local immunity enjoyed by the mucous membrane of the mouth and lips, which are constantly exposed to wound infections. Herein we also have an explanation of the utility of fomentations and other hot applications in the initial stages of an infective lesion. The same explanation is applied in Bier's method of passive congestion, in which an excess of blood is made to flush the tissues. The local immunity of the part may be diminished by a local anemia from any cause, by the presence of dead or injured tissue, by the action of irritants, trauma, etc.

Metchnikoff has pointed out that in many infections general reaction is in inverse ratio to the local reaction at the site of introduction of the virus. A severe and prompt local inflammatory reaction indicates an active power of protection. The increased volume of blood, the cells, the fluids of the blood and tissues are concentrated about the invading bacteria to wall them off and destroy them, that is the immunity of the body against a general infection frequently depends upon the promptness and the activity of the local power of reaction.

Some infections, notably streptococci, plague, or organisms belonging to the hemorrhagic-septicemic group, may invade the body with

little or no local inflammatory reaction; that is, little or no barrier is set up against these microorganisms: they may invade the blood and tissues without resistance and thus cause fatal septicemias.

**Bacillus Carriers.**—Upon recovery from an infectious process the body usually rids itself completely of the infecting agent. In other words, the immunity which follows an attack of an infectious disease is usually associated with a power the body has of disinfecting itself. In most cases the patient is convalescent or completely restored to health before the cause of the disease has disappeared from the tissues. This bespeaks a vigorous protecting mechanism, but when this resistance is lowered for any reason a relapse may ensue.

In many instances recovery takes place, but the living virulent microorganisms continue to live in the body. This constitutes "immunity without sterilization," a term introduced by Ehrlich, though a more precise expression would be "immunity without disinfection." Such persons are now known as "carriers." The immunity protects the carrier but endangers his fellowmen. Bacillus carrying is common in diphtheria, typhoid fever, cholera, pneumonia, epidemic cerebrospinal fever, influenza, and many other bacterial infections. Protozoön carriers are also a common phenomenon. The best examples are found in malaria, trypanosomiasis, Texas fever in cattle, etc. Analogous instances are also found in the higher parasitic worms in which the individual who carries the parasite is not affected. Thus, the negro and the Filipino show a relatively high degree of immunity to the hookworm and thus endanger their more susceptible white companion. Lower animals, including insects, may also be carriers.

*Convalescent carriers* are those that continue to harbor the microorganisms during recovery; this is usually a matter of 8 to 10 weeks or less.

*Passive carriers* are those who harbor the microorganisms without having had the disease.

*Active carriers* are those who continue to harbor the microorganisms after an attack of the disease.

*Acute, transitory or temporary carriers* harbor the microorganisms for brief periods of time; *chronic or permanent carriers* for months and years. Both passive and active carriers may be either temporary or permanent.

*Intermittent carriers* shed the microorganisms from time to time.

Carriers further divide themselves into three groups: (1) *intestinal and urinary carriers*, as typhoid, cholera, dysentery, etc.; (2) *oral carriers*, as diphtheria, pneumonia, etc.; (3) *blood and tissue carriers*, as malaria.

Bacillus carriers play an important rôle in spreading infections. They explain many mysterious facts in the epidemiology of diphtheria,

typhoid fever, cholera, cerebrospinal fever, malaria, etc. The bacillus carrier is sometimes a danger to himself. This is seen in pneumonia, influenza, streptococcal and other infections.

While it is undoubtedly true that bacillus carriers play a very important rôle in spreading infection from man to man, the relative importance compared with other modes of transmission cannot be stated in percentage. The subject is still too young for definite quantitative figures. There is no doubt that bacillus carriers are more important in some diseases than others and play a variable rôle under different circumstances in the same disease. In our studies of typhoid fever in Washington one carrier was discovered in the examination of 986 healthy individuals. This would mean approximately 300 typhoid bacillus carriers in the District of Columbia. If this proportion is correct, it would account for the endemicity of typhoid fever in Washington. Perhaps the residual typhoid fever in many places is largely kept alive through bacillus carrying. Great sanitary reforms, such as the change from polluted to pure water, causes both a decline in the amount of the fever and a decrease in the number of carriers. It now seems evident that polluted water and infected milk will not always cause the disease directly in the persons drinking these fluids, but may produce carriers who either contract the disease themselves subsequently or give it to others by passing the virus on in a more concentrated and virulent form, or to more susceptible individuals.

It is evident from the nature of the case that the cure and control of bacillus carriers is one of the vital problems in preventive medicine. It is not only largely through them that infection is spread, but the infections themselves are kept alive in these carriers, who bridge over the interval between outbreaks. It is quite conceivable that with our modern methods of isolation and disinfection certain diseases could readily be rendered extinct were it not for carriers.

Immunity is, therefore, a double-edged sword, in that it protects the carrier but endangers his neighbor. The control of bacillus carriers is a difficult problem. Such unfortunate persons cannot always be imprisoned, nor is strict isolation always necessary. It is sufficient in the case of typhoid fever to restrict the activity of the carrier. Thus, a typhoid carrier should not cook, prepare, or handle food, or have anything to do with the production or distribution of milk. We have no satisfactory cure for carriers—this is a problem for the future; but their number may be lessened—this is a problem for the present.

It should always be remembered that the number of carriers will diminish proportionately with the number of cases of certain infections and that every improvement in the water supply, the milk supply, the food supply, and our sanitary conditions generally will have a tendency sharply to diminish the number of carriers, especially of intestinal infec-

tions. Therefore, while isolation, disinfection, and other methods used to control the spread of infection will never be completely successful as long as the carrier is omitted, nevertheless, these methods are entirely justified even though only partially useful. It is the duty of public health officers to check the spread of infection wherever it may be found. In time ready methods of recognizing bacillus carriers and means of neutralizing their potential danger will be more effective than is now possible.

**Latency** is closely allied to bacillus carrying. The malarial parasite may remain latent in the spleen and other internal organs for years, during which time the person remains in good health. But when the resistance is reduced by exposure, fatigue, starvation, or other depressing influences the disease again breaks out. The gonococcus may also remain latent for years. I am familiar with one instance in which the tubercle bacillus remained latent in the axillary glands for 10 years and then became active owing to a condition of depressed vitality. Typhoid osteitis may develop years after an attack of typhoid fever, and we can only assume that the bacilli have remained latent in the tissues all that time. The phenomenon of latency also occurs in rabies, tetanus, and other infections.

**Lowered Resistance.**—The factors which lower our general resistance to disease are many and varied. The condition known as depressed vitality, lowered tone, general debility, weakened constitution, and terms of similar import imply a condition in which immunity is lowered in a general sense. The principal causes which diminish resistance to infection are: wet and cold, fatigue, insufficient or unsuitable food, vitiated atmosphere, insufficient sleep and rest, worry, and excesses of all kinds. The mechanism by which these varying conditions lower our immunity must receive our attention, for they are of the greatest importance in preventive medicine. It is a matter of common observation that exposure to wet and cold or sudden changes of temperature, overwork, worry, stale air, poor food, etc., make us more liable to contract certain diseases. The tuberculosis propaganda that has been spread broadcast with such energy and good effect has taught the value of fresh air and sunshine, good food, and rest in increasing our resistance to this infection.

There is, however, a wrong impression abroad that, because a lowering of the general vitality favors certain diseases, such as tuberculosis, common colds, pneumonia, septic and other infections, it plays a similar rôle in all the communicable diseases. Many infections, such as smallpox, measles, yellow fever, tetanus, whooping-cough, typhoid fever, cholera, plague, scarlet fever, and other diseases, have no particular relation whatever to bodily vigor. These diseases often strike down the young and vigorous in the prime of life. The most robust will succumb quickly

to tuberculosis if he receives a sufficient dose of the virulent microörganisms. A good physical condition does not always temper the virulence of the disease; on the contrary, many infections run a particularly severe course in strong and healthy subjects, and, contrariwise, may be mild and benign in the feeble. Physical weakness, therefore, is not necessarily synonymous with increased susceptibility to all infections, although true for a few of them. In other words, "general debility" lowers resistance in a special, rather than in a general, sense.

The mechanism by which the various causes that lower vitality and increase susceptibility act is in most cases quite obscure. Here is a field for laboratory research in immunology that offers rich reward of immeasurable practical good. Some of the factors concerned will be briefly discussed.

*Exposure to wet and cold*, especially in combination, is a frequent source of lowered resistance. The exact way in which such exposure acts is not definitely known, but laboratory researches offer material for a number of suggestions. Emery<sup>15</sup> sums up our knowledge upon this subject as follows:

"Immunity is to a very large extent a function of the leukocytes, which are specialized cells to which the defense of the body is entrusted. Now, the functions (movement and phagocytosis) which can be easily investigated are found to be dependent in a very high degree on temperature, acting best at the temperature of the body, or slightly above; and it is highly probable that the more subtle functions of the leukocytes may be similarly depressed by a low temperature. The exposure of the skin to cold, especially if the animal heat be abstracted more quickly by evaporation of moisture on the surface, will lead to a cooling of the blood which circulates through it, and hence to a slight, though appreciable, cooling of the whole blood. This, it is true, is soon compensated for, and no great amount of cooling of the whole body occurs; but, even so, it is quite possible that the periodical chilling of the leukocytes during their repeated passages through the cold skin may be sufficient to diminish greatly their functional activity, and to lower the resistance to a point at which infection may occur, and when once pathogenic bacteria have gained a foothold the resistance will for a time tend to decrease. There is also some evidence going to show that exposure to cold may lessen the production of the defensive substances which occur in the blood (alexin, antibodies, etc.), though this is not fully proved. It is worthy of note that the loss of immunity due to the action of cold and wet on one part of the body (such as the feet) is a *general* one, and may result in a nasal catarrh, an attack of pneumonia, acute rheumatism, etc., according to the nature of the infection at hand. It is not necessarily a local infection of the chilled

<sup>15</sup> "Immunity and Specific Therapy," 1909, p. 9.

region. This is very well shown experimentally. Fowls are immune to anthrax, but are rendered susceptible if they are kept for some time standing in cold water; and this acquired susceptibility is then a general one, and not merely of the feet.

"Cold and wet, as is well known, have less action when accompanied by energetic muscular exercise, so long as this does not reach the extent of undue fatigue. This is not because less heat is lost during exercise. The reverse is the case. The suggested explanation is that the muscular metabolism leads to an increased production of heat, and at the same time the cutaneous capillaries are dilated and the heart accelerated, or that the circulation of blood through the skin occurs quickly; further, the internal temperature of the body may actually be raised several degrees. The result is that the temperature of any given leukocyte never falls much below normal, if at all, since it comes from the internal regions where the temperature is raised, passes rapidly through the skin, and returns again to the interior of the body."

Trench foot is a good example of lowered resistance due to the local effects of cold and wet, combined with muscular inaction.

The effect of *fatigue*, either alone or in conjunction with cold and wet, is also well known, and is one reason for the excessive mortality from disease of armies in the field. Cerebrospinal fever is a good instance of the effect of fatigue and exposure. The war has again taught the lesson that to make the soldier too rapidly invites disaster.

Further, fatigue and overexertion involve the likelihood of inspiration of the secretions of the nose and throat into the trachea and even into the bronchi, causing inspirational bronchitis or pneumonia. It is also assumed that the presence in the blood of katabolic products of muscular activity have an injurious action on the cells of the tissues in general and on the leukocytes and antibodies in particular. This diminution of immunity after muscular fatigue is manifested in animals as well as in man. White rats which have been made to work in a revolving cage are more susceptible to anthrax than normal white rats, the preëxisting immunity being broken down. There is experimental evidence suggesting that fatigue diminishes the amount or the activity of the antibodies in the blood; thus there seems to be reductions of lysins, antitoxins, agglutinins, and opsonins, with a weakening of the defensive powers of the body.

*Insufficient and unsuitable food* is a prime factor in undermining vitality and lowering resistance. The influence upon health of food poor in quality or lacking in quantity is a matter of common experience, but the scientific explanation of the way in which this result is brought about is not at all clear. First of all, it must be remembered that starvation or improper food does not depress immunity to all infections, but lowers resistance only to certain infections. It was for-

merly supposed that famine was the direct cause of pestilence. In fact, in India it has commonly been stated that "plague follows famine with some regularity," but we know now that plague in man is secondary to the disease in rats and is transmitted through the flea. Relapsing fever was formerly called famine fever, and outbreaks of typhus fever were frequently connected with famine, but we know now that the former is transmitted by the tick and the latter by the louse. It is evident that famine may be indirectly a cause of epidemic outbursts without necessarily depressing immunity, for it is accompanied by misery and squalor and an increase of vermin and other factors that favor the transmission of disease.

Tuberculosis, of all diseases, is favored by insufficient and unsuitable food. This is an infection in which poor nourishment lowers, and good nourishment raises, our resistance. Poor and insufficient food, however, is usually associated with poverty, insufficient clothing, uncleanly habits, vitiated atmosphere, overwork, insufficient rest, and other depressing influences, so that it is difficult to assign relative importance to any one of these factors. For this reason we may perhaps be led to exaggerate its importance; and, while it is, of course, true that semi-starvation, in common with other weakening influences, does pave the way for infective processes, we do not find that a supply of food restricted enough to cause a marked reduction of the bodily strength and some degree of anemia is necessarily associated with any infectious disease, though the patient may live under conditions in which infective material is present in abundance. This is well seen in fasting men, in hysterical anorexia, and in patients with impermeable esophageal strictures. The blood, it may be pointed out, is not one of the tissues that suffers first in starvation, and its importance to the body in many ways is so great that it is kept in good functional activity while other tissues waste quickly. Unbalanced diets lead directly to beriberi and pellagra, and are associated with scurvy, rickets, and other disorders of nutrition (pages 674-676). The importance of a well balanced and generous diet, especially for growing children, cannot be overestimated.

There is a general belief that exposure to infection is less dangerous after a meal than upon an empty stomach. There is little ground for this belief, unless we take into consideration the notable increase in the number of leukocytes in the peripheral blood during active digestion. It was recognized long ago that wounds inflicted during autopsies are much more dangerous when received while fasting than during the process of digestion, and it is possible that this may be due to some extent to the increased number of leukocytes which occur in the peripheral blood during digestion. Further, infection reaching an empty stomach has greater chances of passing into the small intestines than if it reaches the stomach after a full meal when acidity, time, and the

digestive enzymes have a chance to destroy the microörganisms. This may be of importance in cholera, typhoid, dysentery, and other intestinal infections.

*Exposure to a vitiated atmosphere*, if of long duration, is one of the potent causes of breaking down resistance. Here again, however, immunity is lowered in a special and not in a general sense. Thus, vitiated air renders the individual more susceptible to tuberculosis, pneumonia, common colds, and other acute respiratory affections. On the other hand, it has little influence in determining the infection of most of the communicable diseases, although the lowered tone of the body caused by vitiated air may influence the severity of the attack. The mechanism by which vitiated air increases susceptibility is not understood. The subject is discussed in Chapter IV upon Air.

*Excesses* of all kinds, symbolized by Bacchus, Venus, and Vulcan, are mighty factors in lowering vitality and in increasing susceptibility to certain diseases. In this category are also found worry, overwork, loss of sleep, and fatigue.

Certain *drugs*, of which the most important is alcohol, have an important action in lowering resistance. Emery states: "The liability of alcoholic subjects to pneumonia and some other infective diseases is well known, and in them the prognosis is more than usually unfavorable. We have but little knowledge of the action of alcohol in this respect. It may be that it acts as a direct inhibitant of the activity of the leukocytes, and it is known to destroy certain delicate defensive substances (alexins and opsonins) which play some part in the defense of the body against microbial invasion, but it is not known whether these effects are actually manifested in the circulating blood. It is also possible that alcohol tends to inhibit the formation of these defensive substances.

"Alcohol tends to lower the temperature of the body by increasing the amount of heat lost. It dilates the superficial vessels and accelerates the heart action in a way somewhat similar to muscular exercise, but does not, like it, raise the temperature of the interior of the body. Hence the effect of alcohol in conjunction with cold and wet is to increase their ill effects. More blood is forced through the chilled skin and more heat is lost. The injurious effect of alcohol during exposure to cold is well known."

**Relation between Host and Parasite.**—Infectious disease is not an entity, but a reaction resulting from the struggle between host and parasite. The story of the infectious diseases is that of a conflict between these two beings. In one sense this conflict, though less obvious, is not essentially different from the conflict between a rattlesnake and his prey. The battle between host and parasite results in a reaction in the host, and this reaction we call the disease. The various elements which make up



this conflict, such as the mode of attack of the parasite and the means of defense of the host, are being carefully studied. An active defense on the part of the host will sharpen the claws of the parasite in accordance with the laws of the survival of the fittest, and thus increase the reaction, i. e., the intensity, of the disease. If the parasite is unduly aggressive and virulent, and thus kills its host too quickly, it defeats its own object, for the parasite is in the position of the rats on a ship. It serves small purpose to scuttle the ship unless there is some means of passing to another ship. The mode of transference of the parasite is, therefore, of vital importance to the parasite, and of great practical concern to the host. The infectious diseases, then, represent only one phase in a complex series of events in which parasite and host are interrelated in ways often compared to seed and soil.

The invasion of the parasite and the reaction which occurs in the host may be understood by comparing an individual with a nation. A nation at peace with the world and in a state of healthy progress, corresponds to an individual in health. Suppose our nation is visited by an alien people, say the inhabitants of Mars, whom we will take to represent the parasite. They come few in numbers, are looked upon askance, but, being an unknown factor, no special measures are taken against them; meanwhile they grow and multiply. This is the period of incubation. In time they become numerous enough to threaten our homes and happiness. Then there is an uprising or warfare. The disease begins, it is a fight for who shall have possession of the land, that is, the host. If our enemies conquer, the disease has had a fatal termination, but if we conquer, and kill or drive off our enemies, complete recovery takes place. If a few of the enemy remain, we are in the condition of a bacillus carrier, subject not only to reinfecting ourselves, but endangering the peace and safety of the neighboring nations. After the battle has been fought and won it leaves us immune, in other terms, educated, for if this same strange race should again come to our shores they would at once be met with an immediate reaction and not allowed to enter our body politic.

**Ehrlich's Side-chain Theory of Immunity.**—Ehrlich's<sup>16</sup> side-chain theory is a chemical conception of some of the phenomena concerned in immunity. In one sense it has been likened to Weigert's teachings of inflammation and the process of repair in so far that cognizance is taken of nature's prodigality. For instance, a much larger amount of material is thrown out than necessary to repair a wound. So, too, in an-

<sup>16</sup> Ehrlich: "Die Wertbemessung des Diphtherieheilserums und deren theoretische Grundlagen." *Klin. Jahrb.*, Jena, VI (2), 1897, pp. 299-326.

—"Ueber die Constitution des Diphtheriegiftes." *Deut. med. Woch.*, Leipzig, XXIV (38), 1898, pp. 597-600.

—Croonian lecture. "On Immunity with Special Reference to Cell Life." *Proc. Roy. Soc.*, London, LXVI, pp. 424-448, pls. 6-7.

titoxic immunity a much larger amount of antitoxin is produced than necessary to neutralize the toxin.

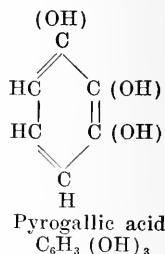
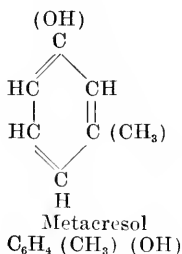
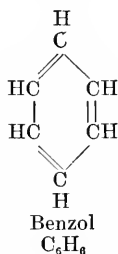
In Ehrlich's conception the fundamental processes of immunity reside in the cells of the body. These cells are attacked by the poison, and if not destroyed are stimulated to an overproduction of "antibodies" capable of combining with and neutralizing the poison.

Just what cells of the body play the most important rôle in the production of this form of immunity is not exactly clear. It may be, as Ehrlich supposes, that this power resides in any organ or tissue.

According to Ehrlich, the hungry protoplasm of any cell, with its complicated molecule, having side chains of various combining affinities ready to unite with suitable food molecules brought to it by the blood and body juices, lies at the foundation of his explanation of the chemical production of the antitoxin. It is strange that the same combining affinity should exist between the protoplasm of the cell and the proteid molecules that furnish it food, as between the cell protoplasm and the toxins of the bacterial poison.

In considering Ehrlich's<sup>17</sup> side-chain theory it is necessary to disregard the microscopic structure of the cell and to think of the protoplasm as consisting of living molecules of extraordinary chemical complexity. The molecule of protoplasm has a central "nucleus" with "side chains," "lateral chains," or "bonds" of varying combining capacities. These "side chains" serve to bind the molecule to other molecules having proper combining affinities.

This arrangement of molecules with side chains is a well-known occurrence in organic compounds. The benzol ring forms one of the best and simplest examples.



By replacing one of the H atoms in the benzol ring with the methyl radical ( $\text{CH}_3$ ) we have toluol; by replacing one of the H atoms with the hydroxyl group ( $\text{OH}$ ) we have phenol; by substituting two hydroxyl groups we have resorcin; three, pyrogallie acid, etc.; by substituting one hydrogen atom of the ring with the hydroxyl radical and another one with the methyl radical we have the cresols.

<sup>17</sup> Ehrlich: "Die Wertbemessung des Diphtherieheilserums und deren theoretische Grundlagen," *Klin. Jahrb.*, Jena, VI (2), 1897, pp. 299-326.

These simple illustrations from well-known organic compounds illustrate the central molecular mass with its side chains and combining affinities, to which the "molecule" of protoplasm is likened.

In applying this analogy to the molecule of protoplasm the name "receptor" is given these side chains, or secondary atomic complexes of the molecular group. Contrary to the simple analogies above given, each molecule of protoplasm has many different kinds of receptors, as shown by the schematic diagram in Fig. 52. These receptors have a specific affinity for the molecules of food, and also combine with the toxic molecules.

The *toxin* molecule, according to Ehrlich, consists of two important parts. One is known as the *toxophore* group, the other as the *haptophore* group. This conception is theoretical.

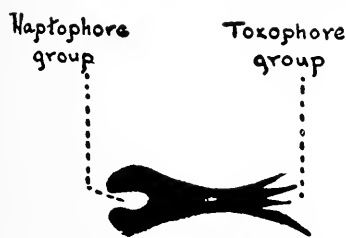


FIG. 53.—THE TOXIN MOLECULE; SHOWING THE HAPTOPHORE (COMBINING) GROUP, AND THE TOXOPHORE (POISON) GROUP.

The *toxophore* group of the *toxin* is that portion of the molecule which exerts a poisonous effect upon the protoplasm of the cell. This group is less stable than the *haptophore* group.

The *haptophore* group is the seizing or combining portion of the *toxin* molecule (*ἄπτείν*, to seize or attack). The *haptophore* group of the *toxins* have specific combining affinities for the receptors of certain cells, which in part explains the selective action of these

poisons.

Toxines such as diphtheria toxine gradually diminish in toxicity, but retain the same power of chemical combination with the antitoxin. This phenomenon explains the formation of *toxoids*.

Ehrlich inferred the presence of the *toxoid* from the following simple experiment: He had a toxine which required 0.003 c. c. to kill a guinea-pig. After nine months this poison weakened, so that it required three times as much, that is, 0.009 c. c., to kill a guinea-pig. Nevertheless, the combining power of the toxine for antitoxin remained the same.

*Toxoids* are altered *toxins*. They consist of the toxic molecule in



FIG. 52.—THE CELL WITH ITS VARIOUS COMBINING GROUPS OR SIDE CHAINS, KNOWN AS RECEPTORS. Various toxins are shown having specific affinity for the proper shaped receptors.

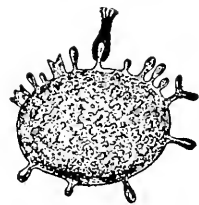


FIG. 54.—THE FIRST STAGE OF ANTITOXIN FORMATION: A TOXIN MOLECULE ANCHORED TO A RECEPTOR.

which the toxophore group has been weakened, leaving intact the haptophore or combining group, which, while able to satisfy the combining affinities of the antitoxin, is no longer as poisonous to the protoplasm of the cell.

The diphtheria bacillus, during the process of its growth and multiplication in the body or in an artificial culture medium, produces several poisons, one of which is known as diphtheria *toxin*. As above stated, the diphtheria *toxin* consists of a toxophore and haptophore group. In the body the latter unites chemically with the receptors of the cells. When this takes place one or two consequences may result: either (1) the cell is so severely poisoned that it dies, or (2) the living molecule of protoplasm is stimulated so as to excite a defensive action by the reproduction of its receptors. Continued stimulation produced by the periodical injection of toxine results in an overproduction of receptors, which finally loosen and float free in the blood serum and body juices. Receptors fixed upon the cells are called *sessile*, and those that leave the cell are spoken of as *free* receptors.

Antitoxin consists of these free receptors floating in the blood serum. If we now introduce *toxin* into the blood, it is immediately neutralized by combining with the free receptors through its haptophore group. All the combining affinities of the *toxin* are thus satisfied or saturated, so that the *toxin* is no longer able to unite with the receptors still attached to the cell, and the poison is thus rendered harmless.

It is by no means a necessary corollary of the side-chain theory, as is often supposed, that the receptors are found only in those organs upon which the poisonous effects of a toxin are particularly manifested. On the contrary, Ehrlich and Morgenroth<sup>18</sup> believe that receptors capable of combining with the *toxin* are produced in many different parts of the body, especially in tissues and organs having the power of anchoring the *toxin* without producing serious poisonous effects.

The connective tissue is believed to be specially rich in receptors, evi-

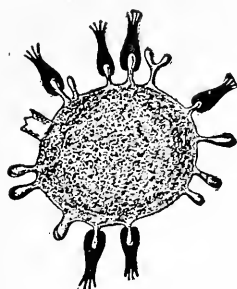


FIG. 55.—THE SECOND STAGE: CONTINUED STIMULATION CAUSES A REPRODUCTION OF RECEPTORS.

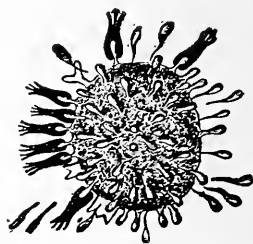


FIG. 56.—THIRD STAGE: THE RECEPTORS BEGINNING TO LEAVE THE CELL.

<sup>18</sup> Ehrlich, P., and Morgenroth, J.: *Wirkung und Entstehung der aktiven Stoffe im Serum nach der Seitenkettentheorie*. Handbuch der pathogenen Mikroorganismen, W. Kolle, and A. Wassermann, Jena, 1904.

denced by the local reaction caused by the subcutaneous inoculation of diphtheria toxine, ricin, abrin, and similar poisons. In fact, one would not be far wrong in assigning a particular significance, in the production of receptors, to just those organs which show unimportant vital response, because in such tissues the injurious effects of the toxophore group are absent or of such diminished importance that the regenerative powers of such tissues are not retarded.

The presence or absence of receptors capable of binding the toxine, as well as their number and distribution, are factors which

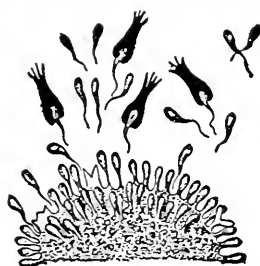


FIG. 58.—THE NEUTRALIZATION OF A TOXIN BY ANTITOXIN; THE FREE RECEPTORS IN THE BLOOD HAVE UNITED WITH THE TOXIN—ANTITOXIC IMMUNITY.

determine the susceptibility of different species of animals to the various toxins. These factors also determine the individual variations in the susceptibility to poisons and further explain some instances of natural immunity to toxins.

An example is given by Sachs,<sup>19</sup> who studied the reaction of guinea-pig blood against arachnolysin, a toxin found in spiders. In this case the complete immunity of the red blood cells of the guinea-pig against arachnolysin is accounted for by the entire absence of the proper receptors, while the susceptibility of the red blood cells of the rabbit to very small quantities of this poison is accounted for

by the strong combining affinity which exists between these cells of the rabbit and the arachnolysin.

The union between the receptor of the cell and its poison is not always a direct one, as described above, but sometimes takes place through the intervention of an intermediary body, known variously as the amboceptor, *Zwischenkörper*, immune body, sensitizer, fixative, preparative, desmon, etc.

This second order of immunity is particularly evident in the poisons that have a lytic or dissolving action upon bacteria or the cells of the body, such as the bacteriolysins, hemolysins, and other cytolsins. The poisonous bodies in this order of immunity are usually spoken of as "complement," but also as the "alexin" (Buchner) or "cytase" (Metchnikoff).

<sup>19</sup> Sachs, Hans: "Hofmeister's Beitr.," Bd. 2, H. 1-3.

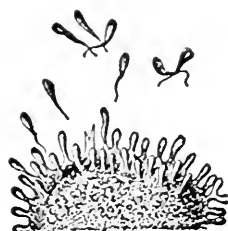


FIG. 57.—FOURTH STAGE: THE RECEPTORS HAVE LEFT THE CELL AND FLOAT FREE IN THE BLOOD—ANTITOXIN.

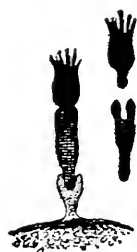


FIG. 59.—SHOWING COMPLEMENT AND IMMUNE BODY.

It became necessary for Ehrlich to modify and extend his theory in order to explain phases of antibody-antigen reactions other than the simple toxin-antitoxin combination.<sup>20</sup> For this purpose, Ehrlich conceived three main varieties or "orders" of receptors. Of these the simplest are those of the *first order*, which attach to the toxins and by over-regeneration appear in the blood stream as antitoxins. Those of the *second order*, adapted to the assimilation of more formidable protein molecules, are of necessity of greater structural complexity and appear in immunized animals as the agglutinins and precipitins. Those of the *third order* are dependent upon the coöperation of complement for proper functioning and appear as the cytotoxins or lysins.

One of the remarkable facts connected with the phenomena of the lytic poisons is that the poison itself (the complement) is normally present in the blood. Complement is thermolabile, that is, it has less resistance to heat than the intermediary body, which is thermostabile. According to Ehrlich's theory, immunity can only be obtained by means of the intermediary body, which is believed to be specific.

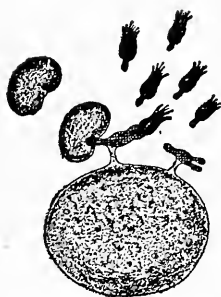


FIG. 60. — SHOWING AN IMMUNE BODY HAVING TWO AFFINITIES.

Ehrlich compares the intermediary body with diazobenzaldehyd, which by means of its diazo group is capable of combining with a series of bodies, such as aromatic amins, phenols, ketomethyl bodies, etc., while by means of its aldehyd group it may combine with a different series, such as the hydrazins, ammonia radicals, and hydrocyanic acid. Phenol and hydrocyanic acid will not directly combine, but, with diazobenzaldehyd acting as an intermediary body, these two substances can be brought into combination.

Pushing this comparison further, we may say that the aromatic body, or the phenol, represents a constituent of the blood corpuscle. The diazobenzaldehyd is the intermediary body, while the poisonous hydrocyanic acid constitutes the complement.<sup>21</sup>

Welch<sup>22</sup> very ingeniously extended Ehrlich's conception of immunity to the bacterial cell. According to Welch's views, the bacterial cell has the same power of defensive action against the poisons produced by the cells of higher animals that they have against the toxic products of the bacteria. This chemical conception of immunity has been helpful, but doubtless it is not the final explanation, for we now think of the mechanism of immunity more in terms of physical states of a colloidal nature.

<sup>20</sup> For every phenomenon it has been necessary for Ehrlich to invent a phenomenon.

<sup>21</sup> Vaughan and Novy: "Cellular Toxins," 1902, p. 131.

<sup>22</sup> Welch, William H.: "Huxley lecture on recent studies of immunity with special reference for their bearing on pathology." *Bull. Johns Hopkins Hosp.*, Baltimore, XIII (141), Dec., 1902, pp. 285-299.

In other words, there is a chemical battle. Both the bacterial cell and the body cell excrete poisonous substances against each other, and both in turn are building up a chemical defense against the action of these respective poisons.

**Antitoxic Immunity.**—In order to understand antitoxic immunity it is necessary to consider the nature and action of toxins, the formation and production of antitoxins, and the reaction between toxins and antitoxins.

## TOXINS

Bacteria produce many different kinds of poisonous substances, but not all of these are toxins in the specific sense in which that term is now used. A *toxin* may be defined as a specific poison elaborated by bacterial metabolism; it is soluble in water; poisonous in minute amounts; reproduces the essential symptoms and lesions of the disease; acts only after a period of incubation; and produces antibodies, namely, antitoxin. The toxins are thermolabile, unstable, and have a complex chemical structure.

Toxins are known only by their effects upon animals; they cannot be recognized in any other way. Presumably they belong to the higher proteins, but nothing definite can be stated concerning their chemical structure. They have never been isolated in pure form; they are not toxalbumins, as was once believed, and they only have a remote analogy to the enzymes. Toxins may be globulins, at least they come down in the globulin fraction. They may readily be precipitated with ammonium sulphate, for example, but whether they are mechanically carried down in the precipitate is not known. The toxin molecule is at least small enough to pass readily through the pores of the finest porcelain filter, and large enough not to dialyze through a membrane.

There are three well-known toxins: diphtheria, tetanus, and botulinus. Toxins are also produced by *B. perfringens* (Welch) and other anaërobes. A number of bacteria, such as cholera, dysentery, pyocyanus, and others, produce a certain amount of toxic substances soluble in water, but it is very doubtful whether they are true toxins in accordance with the above definition. Bacteria produce many poisonous substances other than the true toxins, such as acids, alkalies, nitrites, ferments, alcohol, hydrogen sulphid, etc. Some of these substances may play a part in the pathogenesis of disease.

Some organisms produce both endo- and exo-toxins; thus, two toxic substances have been demonstrated by Oltitzky and Kligler<sup>23</sup> in filtrates of the dysentery bacillus; (1) an exotoxin, which acts especially upon the nerves and is therefore called a neurotoxin; (2) another, which is probably an endotoxin, acts upon the intestinal tract and is therefore an

<sup>23</sup> *Journ. Exp. Med.*, Jan. 1, 1920, XXXI, 1, pp. 19-33.

enterotoxin. Toxins are sometimes divided into *exotoxins* and *endotoxins*. The former are the true or soluble toxins; the latter are insoluble under ordinary circumstances, and differ markedly from the true exotoxins. The endotoxins will be considered separately.

The tubercle bacillus, the bacillus of glanders, and other microorganisms produce soluble toxic substances specific in nature but quite different from the true toxins, in that they are harmless to a normal animal, but poisonous to one suffering with the specific disease. Tuberculin, mallein, and similar so-called "toxins" are very stable, resist heat and other influences, do not produce the specific lesions and symptoms of the disease, and do not stimulate antitoxin formation. They are not toxins.

A toxin is produced as a result of bacterial metabolism, but whether it is a secretion, an excretion, or a product of the action of the bacteria upon the medium (as alcohol and carbon dioxide are produced by yeasts) is not known. It is known, however, that toxins do not result simply from the breaking down of the dead bacterial cells, as was once stated.

It is now evident that different groups of bacteria produce poisons that differ essentially in chemical structure as well as in physiological action, just as different species of higher plants produce various poisons that differ markedly in composition and physiologic action. Some bacteria produce more than one toxin; thus, diphtheria bacilli produce toxin and toxogen; tetanus produces tetanospasmin and tetanolysin; dysentery produces an enterotoxin and a neurotoxin, etc.

Very few of the bacterial poisons are injurious when taken by the mouth. Diphtheria and tetanus toxins are practically inert, being destroyed largely by the digestive juices and not being absorbed in any harmful amount. Enormous doses of these toxins may be administered by the mouth to susceptible animals without appreciable harm. There is one notable exception in the case of the toxin of the *Bacillus botulinus*, for this poison is absorbed by the digestive mucosa, and it is in this way that it produces its harmful effects in man.

There are several poisons produced by higher plants that resemble the true bacterial toxins in all important respects. Among them are: *ricin* from the castor bean, and *abrin* from the jequirity bean. These toxins of vegetable origin are known as phytotoxins. They are soluble, act only after a period of incubation, are exceedingly poisonous in small amounts, are destroyed by heating, and produce specific antibodies. They are probably of protein nature, according to Osborne, Mendel, and Harris, who obtained ricin in very pure form. These poisonous substances of vegetable origin have more than theoretical interest, for it was through a study of their action that Ehrlich first obtained a deeper insight into the nature of toxins and antitoxic immunity.



There are poisons in the animal kingdom which closely resemble the toxins, such as the venom of snakes, scorpions, spiders, wasps, etc.

True toxins are unstable and are readily affected by heat, sunlight, acids, and various chemicals. They are much more unstable in solution than in dry powdered form. Tetanus toxin is more labile than diphtheria toxin, but when precipitated with ammonium sulphate and preserved as a dry powder in a vacuum tube, and in a cool, dark place it may be kept without deterioration for several years. Diphtheria toxin, in solution, weakens rapidly at first, and then comes to a stage of equilibrium which it maintains indefinitely if preserved in a cold, dark place and protected from the oxygen of the air.

The poisonous properties of toxins of diphtheria, tetanus, and botulinus are destroyed at once by boiling, and at 75° C. in a short time. At 60° C. for one hour they lose most or all toxic power.

It has been stated that one of the characteristics of the toxins is that they are poisonous in exceedingly small amounts. Thus, .000,000,05 gram of a partially purified tetanus toxin will kill a mouse. Diphtheria toxins have been obtained so that .0008 c. c. of the unconcentrated fluid (crude filtrate) will kill a guinea-pig.

A true toxin reproduces the true symptoms and essential lesions of the disease. In this sense they have a specific action. The symptoms produced in a susceptible animal by the inoculation of tetanus toxin cannot be distinguished from the disease naturally contracted. The symptoms produced by the injection of diphtheria toxin closely resemble diphtheria, including coagulation necrosis at the site of the injection, fever, depression, postdiphtheritic paralysis, etc. The symptoms following the ingestion of the toxin of the *Bacillus botulinus* are an exact counterpart of the disease. This specific action is very important, and, if it were more generally known, would save many mistakes in experimental biology and its application to serum therapy. It is comparatively easy to obtain useful antitoxins from true toxins. On the other hand, it seems to be impossible to obtain antitoxins of any therapeutic potency from other bacterial poisons. Thus, tuberculin and mallein and other so-called "toxins" do not stimulate production of antitoxin and the sera thus produced have no protective or curative value. Certain antigens, as the pneumococcus and meningococcus, produce antibodies with protective properties—but these antibodies are not antitoxins. It must not be forgotten that the lesions and symptoms of but a few infections depend upon true toxins and may be prevented or cured by corresponding antitoxins.

One of the characteristics of the true toxins is that they act only after a period of incubation. In this respect they resemble the natural disease. Simple chemical poisons may act at once, but the toxins produce no apparent effect until a definite time elapses after they have been intro-

duced into the system—even when overpowering doses are administered. Thus, the ordinary period of incubation when tetanus or diphtheria toxin is injected into a susceptible animal is several days. When enormous amounts are injected this may be reduced to about 8 or 12 hours, but never less. In botulism the symptoms may appear in a few hours. The period of incubation is inversely proportional to the amount of poison injected. The longer the period of incubation the milder the symptoms; when the period of incubation is short the result is almost invariably fatal. The cause of the period of incubation is not well understood. A certain length of time is required for the toxin to reach the susceptible cells. This varies especially in the case of tetanus, which travels up the nerves. After the poison reaches the cells further time is required to combine chemically, and then more time to produce the injury. On account of the period of incubation large amounts of toxin may be present in the circulating blood before the appearance of the symptoms. Thus, in horses enough tetanus toxin has been found in the blood two days before the onset of symptoms to kill a guinea-pig, when only 0.1 c. c. of the blood serum of the horse was injected into the guinea-pig.

The distribution of the toxins in the body is unequal. Most of the poison unites with the cells; some is destroyed and some neutralized if antitoxin is present. Most of it probably unites with the cells, as it soon disappears from the blood. Tetanus toxin may remain a long time in the blood of an insusceptible animal. Thus, Metchnikoff could demonstrate the presence of tetanus toxin in the tortoise four months after the injection. After tetanus toxin is injected it soon disappears from the blood, but if the tissues are injected into a susceptible animal tetanus is produced, for it is now known that this poison has a specific affinity for the motor nerve endings. In the case of fowls it seems that this power of combining with the tetanus toxin is most marked in the leukocytes. Toxins will not combine with all cells indifferently. They have a specific combining affinity for certain cells. Tetanus toxin has a special affinity for the cells of the central nervous system. Diphtheria toxin also acts specifically upon nervous structures; it is also a general protoplasmic poison. These facts are of immense importance in the prevention and cure of certain infections, for a correct understanding of the chemical relation between the poison and the particular cell is of the greatest fundamental and practical value. A realization of this fact has stimulated studies which are now in progress upon the relation between the chemical constitution and the physiological action of various substances—studies which have already borne fruitful and useful results.

Tetanus toxin may combine with certain cells without apparently injuring them. Diphtheria toxin also combines with indifferent structures, such as the connective tissue. There is evidently a wide difference between the power to combine and the power to injure. The power to

injure, however, is not always evident, as it depends upon the importance and extent of the cells affected. Thus, tetanus toxin may combine with the leukocytes in such a way as to prevent phagocytosis. This may be demonstrated by injecting tetanus spores washed free of toxin, in which case the spores are taken up by the leukocytes and their development is prevented. If, however, a slight amount of toxin is injected with the spores, the poison inhibits phagocytosis and permits the growth and multiplication of the tetanus microorganisms and the further production of toxin.

From one standpoint the most important property of a true toxin is its power to produce specific antitoxins. This will be given separate consideration.

Ehrlich conceives the toxin to be a complex molecule containing both a haptophore and a toxophore group. The haptophore, or seizing, group is that part of the molecular structure which combines in a chemical sense with the antitoxin or with the receptors of the cell. The toxophore group is the poisonous part of the toxin molecule. This is usually represented diagrammatically. See Fig. 53, page 549.

It may readily be demonstrated by simple experiments that the toxophore group is much more unstable than the haptophore group. The toxin may degenerate so that it has little or no poisonous properties left; however, its combining properties remain unaltered. Such a degenerated toxin is known as a *toxoid*. A toxoid, then, is an altered toxin which possesses the combining property of the original toxin, but has lost its poisonous power. Some years ago I proposed to draw a distinction between the terms "toxine" and "toxin." The *toxine* is the crude filtered culture and contains several poisonous substances as well as other bodies. The *toxin* is the specific poison in the *toxine*. Thus, a filtered broth culture of diphtheria is known as diphtheria *toxine*. This filtrate contains at least two primary metabolic poisons: *toxin* and *toxon*. The *toxin* produces the acute symptoms and death; the *toxon* produces the late paralysis. A filtered broth culture of tetanus is called the tetanus *toxine*. The filtrate contains at least two primary metabolic poisons: tetanoplasmin and tetanolysin.

## ANTITOXINS

An antitoxin is an antibody formed in an animal through the stimulation of a specific toxin. The usual method of producing an antitoxin is by the repeated injections of increasing amounts of *toxine* into a susceptible animal. The strongest antitoxins are obtained from animals that are very susceptible to the *toxine*, but all susceptible animals by no means produce antitoxins, although repeatedly injected with the

appropriate poison. Thus, a guinea-pig which is very susceptible to diphtheria will not form diphtheria antitoxin, even after the repeated administration of diphtheria toxine. Guinea-pigs are also exceedingly susceptible to tetanus and react characteristically and violently to tetanus toxine, but the repeated injections of subminimal lethal doses of tetanus toxine into a guinea-pig do not immunize that animal, nor do they induce the formation of antitoxin. In fact, Knorr and also Behring and Kitashima have shown that guinea-pigs develop an increasing sensitiveness to repeated injections of tetanus toxine instead of an increasing resistance. In other words, the guinea-pig, a susceptible animal, lacks the mechanism of antitoxin formation which is possessed in such a high degree by horses and other animals. Antitoxin produced by the horse or other animal when injected into the guinea-pig will protect it.

On the other hand, insusceptible animals, as a rule, do not produce antitoxin, but there are notable exceptions to this rule. Metchnikoff has shown that the cayman, an animal insusceptible to tetanus, will, however, produce tetanus antitoxin if the animal is kept at an elevated temperature ( $32^{\circ}$  to  $37^{\circ}$  C.), but not if kept cold ( $20^{\circ}$  C.). The mechanism of antitoxin formation is not understood, and the only way of determining whether a certain species of animal is suitable or not is by experimental trial. There is a very great difference in the ability to produce antitoxin even among different individuals of a suitable species. Thus, some horses have this power developed to such an exquisite degree that they produce a high grade of antitoxin for prolonged periods—years. Other horses make comparatively weak antitoxin. This difference among horses is well known to manufacturers, who have no means of knowing beforehand which horses will be profitable.

There are several reasons for selecting the horse for the production of immune sera for human use. On account of its size it furnishes large quantities of blood; the serum of the horse is the blandest blood serum of any known species; finally, the horse furnishes antitoxin in higher potency than any other known animal.

Just how and by what cells antitoxins are formed in the body is not known. They are not formed directly from the toxins. In some way the toxine excites the cell to the formation of the antibody. The antibody leaves the cell and becomes "dissolved" in the blood and tissue juices. Perhaps the white blood cells (Metchnikoff), perhaps the connective tissue cells (Ehrlich), are chiefly concerned. Within the body most of the antitoxin is found in the blood, but it also exists in greater or less concentration in practically all the fluids of the body and may also appear in the excretions, as the urine, saliva, milk, and bile.

Nothing definite can be stated concerning the chemical nature of antitoxins. Evidence strongly points to the fact that they belong to the higher proteins. In all probability antitoxins are globulins, at least

they come down with the pseudo-globulin fraction from which they have not been separated.

Antitoxins are somewhat more stable than the toxins. Further, the toxins have a more complex constitution than the antitoxins. When the toxins deteriorate they change qualitatively as well as quantitatively. The antitoxins have a simpler constitution and deteriorate simply by a loss of power.

Antitoxins are destroyed by heat, acids, and many chemicals. They gradually deteriorate spontaneously when in solution. Thus, Anderson has found that the average yearly loss of the potency of diphtheria antitoxin at room temperature is about 20 per cent.; at 15° C. it loses about 10 per cent.; and at 5° C. about 6 per cent. There is little difference between the keeping qualities of untreated sera and concentrated sera. Dried diphtheria antitoxin kept in the dark at 5° C. retains its potency practically unimpaired for at least 5½ years. Antitoxic sera should always be kept in a cool, dark place. While antitoxin loses some of its potency with time, and while recently tested sera of known unit value are always desirable, there is absolutely no reason why a serum, however old, should not be employed provided a fresh supply is not at hand. It should be remembered that antitoxins deteriorate quantitatively only; in other words, an old antitoxin is quite as useful in proportion to its unit strength as a fresh serum; in fact, antitoxic sera are frequently two years old when placed upon the market by manufacturers.

Antitoxins are strictly specific; that is, they neutralize the corresponding toxine and have no other apparent action within the body. The occasional ill effects, such as the serum sickness, following the injection of antitoxic sera, are due to other substances (the proteins in the serum) and not to the antitoxins themselves. Tulloch<sup>24</sup> on the basis of agglutination tests has separated tetanus cultures into four types. Fortunately, any one of the four antitoxins will neutralize any or all of the four toxins. It is, however, advisable to prepare the antitoxin with the four different types.

Antitoxins may be injected subcutaneously, intravenously, into the subarachnoid space, into muscle, into the brain substance, or into any of the body cavities. Antitoxins are practically useless when given by the mouth, as very little is absorbed. Antitoxins when injected into an organism disappear rather quickly. Some of the antitoxin is bound to the corresponding toxine, if any is present, some combines with the cells, but the greater part is eliminated as antitoxin in the urine, bile, saliva, etc. The antitoxin produced actively by the body as a result of an attack of disease, or stimulated by the injection of toxine, is formed continuously and confers an immunity for an indefinite period. Passive

<sup>24</sup>Proc. Royal Soc., Series B, April, 1918.

or antitoxic immunity is, on the other hand, transient; it cannot be depended upon for more than ten days or two weeks.

Some persons have sufficient native antitoxin in their blood to protect them against diphtheria. This has been demonstrated through the Schick reaction (see page 201). In such cases the antitoxin is produced naturally for long periods, often during the life-time of the individual.

When antitoxic serum is injected subcutaneously the antitoxin is absorbed slowly. It requires about 48 hours under these circumstances for the antitoxin to appear in the blood in maximum amount. Therefore, when very prompt action is desired, the antitoxic serum may be introduced directly into the circulation by intravenous injection.

There are a number of antibodies that are either true antitoxins or closely resemble these antibodies. Some of these antibodies neutralize the true bacterial toxins, others the poisons of animal origin, others the poisons of plant origin, and others neutralize the activity of ferments. The principal antitoxins, according to this classification, are brought together as follows:

(1) *Bacterial Antitoxins*.—The three principal and most potent bacterial antitoxins are those of diphtheria, tetanus, and botulinus. The following are also considered to have antitoxic properties: pyocyaneus, symptomatic anthrax, antileukocidin and antilysin against bacterial hemolysins.

(2) *Animal Antitoxins*.—These antitoxins are produced by animal poisons belonging to the venoms. True antibodies are obtained against snake venom and similar poisons in spiders, eels, wasps, scorpions, fish, salamanders, and toads.

(3) *Plant Antitoxins*.—These are antiricin, antiabrin, antirobin, and anticroton.

(4) *Ferment Antitoxins*.—Antibodies may be obtained against ferments, such as pepsin, urease, rosinase, steapsin, trypsin, fibrin ferment, lactase, cyranase; and antibodies may also be obtained against the enzymes found in bacterial cultures.

There are comparatively few antitoxic sera of practical use in human therapy, just as there are relatively few true bacterial toxins. The best known antitoxins are those of diphtheria, tetanus, and botulinus. Numerous other antitoxic sera are found upon the market or have been described, but they are of doubtful value.

Antitoxins are valuable both as curative and immunizing agents. Their preventive action depends upon the fact that they meet the toxin, unite with and neutralize it, thus rendering it harmless. As already stated, the antitoxins remain in the body a brief time and their immunizing power, while of a high grade, is transitory. They disappear in about ten days or two weeks; the immunity must, therefore, be renewed

in special cases by repeated injections of the antitoxin until the danger is passed. This phase of the subject is considered in more detail under the prevention of diphtheria and tetanus. The usual immunizing dose for diphtheria is 1,000 units, for tetanus 1,500 units.

As a curative agent antitoxin must be administered early and in sufficient amount to insure success. It is most important to give the antitoxin early—before the damage is done. Too great emphasis cannot be laid upon this point. After the toxin has united with the cells it cannot be dislodged by the antitoxin. The importance of giving antitoxin early is well illustrated in the case of diphtheria. When moderate amounts (3,000 to 10,000 units) are injected on the first day of the disease the mortality is practically nil. The mortality increases with each hour's delay.

The importance of giving this sovereign remedy early is also illustrated in the experiments of Rosenau and Anderson<sup>25</sup> upon the influence of antitoxin upon postdiphtheritic paralysis. It was found that one unit of antitoxin, given not less than 24 hours after a fatal dose of diphtheria toxine in a guinea-pig, greatly modified the postdiphtheritic paralysis and saved the life of the animal, whereas 4,000 units given 48 hours after the infection did not modify the paralysis or save the life of the animal. Four thousand units of antitoxin is an enormous amount for a guinea-pig weighing about one-half pound. Weight for weight, it corresponds to 400,000 units for a 50-pound child. The fact that one unit of antitoxin saves life when administered timely, whereas enormous doses fail totally when delayed, should be sufficient to place physicians on their guard; increased dosage cannot atone for delay. When cases are seen late in the progress of the disease it is good practice to give the serum intravenously, so as to neutralize the toxin at once and prevent further damage. If given subcutaneously, further delay results on account of the time necessary for absorption. Tetanus antitoxin is a very valuable immunizing agent, but is of less value after symptoms have appeared, for then most of the damage has been done.

**Preparation of Antitoxin.**—The antitoxin used in human therapy is practically always contained in the blood serum or blood plasma of the horse. The blood is drawn from the jugular vein into sterile bottles. The bleeding should never be done until a week or more has elapsed after the last injection of toxine, so as to allow time for the disappearance of the poison from the circulation. The horses are given no food for about 24 hours preceding the bleeding, so that the blood may not contain the fresh products of digestion and metabolism. After the blood is drawn it may be allowed to clot spontaneously. In the case of horse blood this takes place more quickly at room temperature than in the ice chest.

<sup>25</sup> *Hyg. Lab. Bull.*, No. 38, 1907.

The clot is allowed to contract for a few days and the serum containing the antitoxin is then drawn off with a pipet or simply decanted. In this way a clear transparent serum is obtained which, if protected against contamination by the usual bacteriological precautions, is sterile and may be preserved indefinitely. It is almost a universal practice, however, to add a preservative; either chloroform (0.3 per cent.), phenol (0.5 per cent.), or cresol (0.4 per cent.). These preservatives in the amounts named are harmless when injected and have practically no effect upon the antitoxin itself. They gradually precipitate the albuminous matter from the serum, which settles as a white amorphous deposit and which may be disregarded, as it is harmless. Chloroform produces a better-looking serum, but the less volatile preservatives are usually preferred on account of their stability and, hence, greater reliability.

By the method of allowing the blood to coagulate, as above described, only about one-third of its volume is recovered as antitoxic serum. A much greater yield may be obtained by citrating the blood: sodium citrate prevents the clotting of blood. A solution of this salt is placed in the bottle which is to receive the blood directly from the horse, in sufficient amount to be present in 1 per cent. of the whole blood. The corpuscles soon settle to the bottom, leaving the clear supernatant plasma, which is then decanted or drawn off with a pipet. In this way the yield of antitoxic fluid is about 90 per cent. of the volume of the blood, and is, therefore, preferred to the less economical method of allowing the blood to clot.

The citrated plasma may further be "purified" or concentrated by various methods, that generally used being a modification of Gibson's<sup>28</sup> method, based upon the earlier experiments of Atchinson.

Ordinary antitoxic serum contains serum globulins (antitoxic), serum globulins (non-antitoxic), serum albumins (non-antitoxic), serum nucleoproteids (non-antitoxic), cholesterin, lecithin, traces of bile coloring matter, traces of bile salts and acids, traces of inorganic blood salts, and other non-proteid compounds. Refined serum contains serum globulins (antitoxic), traces of serum globulins (non-antitoxic) dissolved in dilute saline solution.

**Method of Concentrating Diphtheria Antitoxin.**—The Banzhaf modification of the original Gibson method for concentrating antitoxic serums is based on the fact that the antitoxin is contained in the pseudoglobulin fraction of the serum, and has as its purpose the isolation of the antitoxic pseudoglobulin from the non-antitoxic euglobulin, albumin and other serum constituents. Plasma, instead of serum, is used for reasons of convenience and economy. By adding ammonium sulphate to the diluted plasma up to about 30 per cent. saturation and heating the mixture to 60° C., the euglobulin and converted non-antitoxic pseudo-

<sup>28</sup> *Jour. of Biolog. Chem.*, Vol. I, 1906.



globulin are precipitated, and removed by filtration. By raising the saturation of the filtrate to about 50 per cent. with ammonium sulphate, the antitoxin is precipitated. This is collected on filters, pressed, and dialyzed in parchment bags until all the antitoxin is in solution and free from ammonium sulphate. It is then neutralized and brought to isotonicity with the blood by sodium chlorid, and a preservative added. It is filtered first through pulp and finally through a Berkefeld filter.

This method entails a loss of about 25 per cent. of the antitoxic units, but results in a five- or six-fold concentration of the antitoxin. The process of concentration makes it possible to utilize serum of low potency; it enables one to give large doses of antitoxin in small volume; and eliminates the bulk of serum proteins responsible for reactions and for serum sickness.

**Mode of Action.**—The mode of action of antitoxins is now fairly well understood. One thing is certain, and that is that the antitoxin unites directly with the toxin. This may be readily demonstrated by adding a little antitoxin to some toxin in a test tube and then injecting the mixture into a susceptible animal; no symptoms result. Diphtheria antitoxin combines with diphtheria toxin more quickly than tetanus antitoxin combines with its toxin. Thus, in the case of diphtheria the union between the toxin and its antibody is complete in less than twenty minutes at room temperature, while in the case of tetanus it requires one hour. These facts are of practical importance in the work of standardization, in which case the toxines and antitoxins are mixed in the test tube and the combining action must be complete before the mixtures are injected into the test animals in order to insure accurate results.

Ehrlich believes and strongly defends his assumption that an antitoxin unites with a toxin just as an acid unites with an alkali, that is, the one has a strong chemical affinity for the other, and the union is simple and direct. The reaction is complicated only on account of the complex nature of toxine. According to Ehrlich, there are two primary metabolic poisons in a filtrate of a culture of *B. diphtheriae*: (1) *toxin*, a poison which produces a local destruction of tissue and acute death; and (2) *toxon*, a nerve poison that produces late paralysis. There is also a modified toxin, known as *toxoid*. Toxin is more actively poisonous and also has a greater affinity for antitoxin than toxon, which it is able to displace from its combination with antitoxin. This explains in part the discrepancy between the  $L_0$  and the  $L_+$  doses. Ehrlich believed that the union of filtrate with antitoxin seems to occur in multiple proportions resembling valencies.

On the other hand, Arrhenius and Madsen insist that, instead of considering the toxine as a complex mixture of various substances, such as a toxin, toxon, etc., it would be simpler to consider it as a single (at

least homogeneous) substance which has a very weak affinity for the antitoxin and that in mixtures containing toxin and antitoxin there are always both free toxin and free antitoxin. Arrhenius draws his analogy from known facts in physical chemistry, particularly from studies upon the relation between solutions of boracic acid and ammonia. These two substances have a comparatively weak affinity for each other, and in mixtures all the boracic acid does not combine with all the ammonia, but there are always present both free ammonia and free boracic acid.

When ammonia and boracic acid are brought together in watery solution some of the ammonia at once unites with some of the boracic acid to form ammonium borate. This reaction starts with a certain velocity, but as the mass of ammonium borate increases the velocity of the reaction gradually diminishes. After a time a condition is reached when the ammonium borate has a maximum value and does not further increase, no matter how long the reaction is allowed to proceed under the given conditions.

When this condition of equilibrium is reached the mass contains a certain quantity of water, ammonia, boracic acid, and ammonium borate; but these substances are not at rest. The ammonia and boracic acid will always react when in the presence of each other, whether or not ammonium borate is present. But, as the appropriate amount of ammonium borate remains constant, it is understood while this continuous association between the ammonia and the boracic acid is going on there is at the same time a reversible action—that is, a dissociation of the ammonium borate to re-form ammonia and boracic acid. These two reactions take place simultaneously.

Arrhenius believes that the diphtheria poison changes slowly according to the laws of monomolecular reactions, that the toxin combines feebly with the antitoxin, the equilibrium constant being equal for both. The claim, however, that the toxin is a simple substance having a weak affinity for the antitoxin and that the combination of toxin and antitoxin follows the Guldberg-Waage law, and that the reaction is, therefore, reversible, seems untenable in the light of the evidence brought forward by Ehrlich, Nernst, Michaelis, and others.

Another view which seems to be gaining ground, as the analogy between reactions of immunity and those of colloids in general is being established more definitely, is that of Bordet.<sup>27</sup> According to this author, the toxin does not combine with antitoxin according to the laws of proportions as typical for chemical reactions, but the antitoxin distributes itself equally upon all the molecules of toxin present. Thus, if the amount of antitoxin present is not sufficient to neutralize all of the toxin, all of the molecules of toxin become partially saturated with the

<sup>27</sup> Ann. Inst. Pasteur, 1903, Vol. 17.

antitoxin. Accordingly, there can be any number of degrees of saturation before a complete neutralization of toxin by antitoxin is reached. This process can be likened, according to Bordet, to the saturation of starch with iodine. The starch particles can absorb variable amounts of iodine and accordingly will present different intensities of color. Bordet speaks of this process as being based on "adsorption" and not on chemical combination between toxin and antitoxin.

## ENDOTOXINS

In contradistinction to the soluble or exotoxins, there is a group of poisons known as endotoxins. The existence of endotoxins was taken for granted before they were actually demonstrated. As soon as it was found that only some bacteria produce soluble specific toxins it was at once assumed that the other bacteria must contain similar poisons, but closely bound within the cell and insoluble in ordinary culture fluids. It was further assumed that these endotoxins were in some way set loose in the body and thereby produced the lesions and symptoms of the disease. The endotoxins are conceived to be poisons very closely bound up with the protein contents of the bacterial cell, and are liberated in the body when the bacterial cell dies and disintegrates. However, it by no means follows that these endotoxins are poisons similar in action and composition to the soluble true toxins; in fact, there is evidence to indicate the contrary. It is true that some bacteria, such as the dysentery bacillus, cholera vibrio, and a few other microorganisms that produce little or no soluble toxin, may be ground up so that the bacterial cells are mechanically ruptured, thus liberating the endotoxin. It is doubtful whether the so-called "endotoxins" exist as such in the bacterial cells, or whether they are poisons formed by the methods of extraction. The existence of endotoxin is an assumption based on scant experimental evidence. In some cases of so-called endotoxic action the reaction of anaphylaxis appears to be the best explanation.

## STANDARDIZATION OF ANTITOXIC SERA

The method of measuring the strength of diphtheria and tetanus antitoxins is exceedingly accurate and satisfactory. The tests are physiological, that is, depend upon animal experimentation. Guinea-pigs are used because they are particularly susceptible to both tetanus and diphtheria toxins and react to these poisons so uniformly that they serve the purpose of an accurate analytical balance. In order to obtain precise results it is essential that all the conditions of the test be uniform. It is, therefore, advisable to follow the official methods, which have been prescribed in great detail. All antitoxic sera upon the American market

are standardized in accordance with the official unit dispensed by the federal government. This work is done in the Hygienic Laboratory of the Public Health Service.

**The Standardization of Diphtheria Antitoxin.**—The immunity unit for measuring the strength of diphtheria antitoxin may be defined as the neutralizing power possessed by an arbitrary quantity of diphtheria antitoxic serum kept under special conditions to prevent deterioration in an authorized laboratory.

From a theoretical viewpoint the unit may be defined as that quantity of diphtheria antitoxic serum which will just neutralize 200 minimal lethal doses of a pure poison. By a "pure" poison is understood one containing only *toxin* and no *toxoid*, *toxone*, or other substance capable of uniting with the antibodies.

The first definition may be compared to the platino-iridium bars kept under special conditions in Paris or Washington as the standard yard or meter. If all the meter bars or yardsticks were lost it would be difficult, if not impossible, to reproduce others having the exact lengths of the originals. These standard measures are, therefore, guarded against deterioration just as the standard antitoxic sera are preserved under strict conditions of light, heat, moisture, etc., in the Hygienic Laboratory of the Public Health Service at Washington. From time to time duplicates of this serum are made to guard against deterioration or accident to the original.

The second definition may be compared to the original conception of the meter, which was intended to be one ten-millionth of the quadrant of a great circle of the earth. Theoretically, therefore, if all the meter bars were lost this unit of measurement could be reproduced with approximate fidelity. In the same way it is theoretically possible to reproduce the diphtheria antitoxic unit in consideration of that fact that it has just 200 combining units.

The test by which the strength of antitoxin is measured is a physiological one, and depends upon the neutralization of the toxin by the antitoxin. This neutralization can only be determined by injecting the toxine-antitoxin mixtures into guinea-pigs and noting the results. The unit for measuring the strength of diphtheria antitoxin is a measure of physiologic strength, not of quantity.

In all the early work on this subject the toxine was used as a basis for measuring the strength of the antitoxin, but as the toxine is a much more complex substance than the antitoxin, and as it is less stable, accurate results were not possible. Ehrlich showed that the antitoxin under certain conditions was permanent both in power of chemically combining with and physiologically neutralizing the toxine. One antitoxin, however, cannot be compared with another antitoxin directly. This can only be done through the toxine.

From a practical standpoint, the following illustration of a test will give a clear conception as to how the unit of strength of a serum is determined.

*Example of a Test.*—It is first necessary to obtain our official yardstick. This may be done by applying to the Hygienic Laboratory in Washington, where the standard serum is kept in a dry, powdered form in vacuum tubes under the influence of pentaphosphoric acid in a cold place and carefully preserved from the light. This powder is dissolved, carefully tested, and sent to the applicant in a glycerinated solution. Each cubic centimeter of a certain dilution of this standard serum contains just 1 unit. Before, however, we can measure the potency of an antitoxic serum of unknown strength it is first necessary to standardize a toxine. This is done by mixing one unit of the standard antitoxic serum with varying quantities of the toxine, as shown in table below.

From this series we learned that one unit contains just sufficient antitoxin to neutralize 0.16 c. c. of the toxine. This is known as the  $L_0$  dose.<sup>28</sup> By the  $L_0$  dose, then, is meant that quantity of toxine which just neutralizes or saturates one immunity unit as shown at the necropsy done 48 hours after the subcutaneous injection of the mixture into the guinea-pig. The reaction at the site of inoculation at this examination must be hardly noticeable.

Mixtures of Antitoxic Serum and Toxine Injected Subcutaneously into Guinea-Pigs.	Result.
1 immunity unit + 0.14 c. c. toxine	No reaction.
“ “ + 0.15 “ “	No reaction.
“ “ + 0.16 “ “	Slight congestion at site of injection. [This is the $L_0$ dose.]
“ “ + 0.17 “ “	Apparent reaction at site of injection.
“ “ + 0.18 “ “	Injection and edema at site.
“ “ + 0.19 “ “	Injection and edema at site; late paralysis.
“ “ + 0.20 “ “	Sometimes death in 5 or 6 days, sometimes late paralysis.
“ “ + 0.21 “ “	Always causes acute death about the fourth day. [This is the $L_+$ dose.]
“ “ + 0.22 “ “	Acute death usually on second or third day.
“ “ + 0.23 “ “	Acute death on second day.

In the above illustration the  $L_+$  dose of this toxine is just 0.21 c. c. By the  $L_+$  dose is meant the smallest quantity of poison that will neutralize one immunity unit plus a quantity necessary to kill the animal

<sup>28</sup>  $L$  stands for Limit.  $L_0$  stands for the limit of no reaction, and  $L_+$  the limit of acute death.

on the fourth day. The  $L_+$  dose is the test dose which is used to determine the strength of our unknown antitoxic serum, as follows:

The $L_+$ (or Test Dose of Toxin) + Varying Amounts of Antitoxin Injected into Guinea-Pigs.						Results.
0.21 c. c. toxine	+	1/150	c. c. antitoxic serum			No effect.
" "	+	1/175	" "			No effect.
" "	+	1/200	" "			Late paralysis.
" "	+	1/225	" "			Late paralysis.
" "	+	1/250	" "			Dies 4th day.
" "	+	1/275	" "			Dies 3d day.
" "	+	1/300	" "			Dies 2d day.

From this series it is evident that 1/250 c. c. of the serum contains that amount of antitoxin which will neutralize the toxin in the test dose, leaving sufficient free poison to kill the animal on the fourth day. The serum, therefore, contains one antitoxic unit in 1/250 c. c. of serum. One c. c. of the serum would, therefore, contain 250 units.<sup>29</sup>

**Standardization of Tetanus Antitoxin.**—There are four methods of measuring the strength of tetanus antitoxin: (1) the German method described by Behring; (2) the French method described by Roux; (3) the Italian method after Tizzoni, and (4) the American method established by Rosenau and Anderson.<sup>30</sup> European standards are admitted to be unsatisfactory and for the most part not accurate. Further, they are complicated and difficult to carry out. The American method, which has been made the official government standard for this and other countries, commends itself for its simplicity, directness, and precision.

The tetanus antitoxic unit is based upon the neutralizing value of an arbitrary quantity of antitoxic serum preserved under special conditions to prevent deterioration in the Hygienic Laboratory of the Public Health Service. This arbitrary quantity now contains ten times the amount of tetanus antitoxin necessary to neutralize somewhat less than 100 minimal lethal doses of a standard toxine for a 350-gram guinea-pig. That is, 0.1 of a unit mixed with 100 minimal lethal doses of the standard toxine contains just enough free poison in the mixture to kill the guinea-pig in four days after subcutaneous injection.

The official definition of a tetanus antitoxic unit is the following: The immunity unit for measuring the strength of tetanus antitoxin

<sup>29</sup> For the details for carrying out these tests the reader is referred to the *Hygienic Laboratory Bulletin No. 21* upon "The Immunity Unit for Standardizing Diphtheria Antitoxin," by M. J. Rosenau, which contains the official description and details of the process and its theoretical considerations.

<sup>30</sup> *Hygienic Laboratory Bulletin No. 43*, P. H. & M. H. Service, Washington, March, 1908.

shall be ten times the least quantity of antitetanic serum necessary to save the life of a 350-gram guinea-pig for 96 hours against the official dose of a standard toxine furnished by the Hygienic Laboratory of the Public Health and Marine Hospital Service.

The standardization of tetanus antitoxin does not differ radically from the standardization of diphtheria antitoxin. The toxins and antitoxins are mixed and the mixture injected into guinea-pigs. While, however, the unit is based upon the neutralizing value of an arbitrary quantity of antitoxic serum, the antitoxin is not issued for a basis of comparison, as in the case of diphtheria. A stable precipitated toxine, the test dose of which has been carefully determined, is issued to other laboratories for the purpose of testing.

The value of an unknown serum is measured directly from this standard precipitated toxine, the  $L_+$  or test dose of which is stated. The  $L_+$  or test dose of the particular toxine now dispensed by the government contains just 100 minimal lethal doses for a 350-gram guinea-pig. This particular toxine is very stable and has not changed appreciably in eight years. As soon as it alters or is exhausted the next toxine that will be issued may contain more or less than 100 minimal lethal doses, but the test dose will contain precisely the same neutralizing power.

The tetanus antitoxic unit may be better understood from an example of a test.

*An Example of a Test.*—Carefully tare a weighing bottle, then add approximately 20 to 50 mg. of the dried poison. Again carefully weigh. Dissolve the toxine in the weighing bottle with salt solution (0.85) in the proportion of 0.1 gram of the dried poison to 166.66 c. c. of the salt solution. This proportion is used for the reason that each cubic centimeter of this solution will represent 0.0006 gm. of the original dried poison (= 100 MLD's). This proportion is taken because it is very convenient in measuring out the test dose, which represents 1 c. c. of the solution. Thus:

$$\begin{array}{r}
 44.5692 \text{ gm., bottle + toxine.} \\
 44.5300 \text{ gm., bottle.} \\
 \hline
 .0392 \text{ gm., toxine.} \\
 0.1 \text{ gm. : } 166.66 \text{ c. c. : : } 0.0392 : x. \\
 x = 65.33 \text{ c. c.}
 \end{array}$$

In other words, if the quantity of toxine placed in the weighing bottle should weigh, as in this instance, just 0.0392 gm., carefully deliver from an accurately graduated burette just 65.33 c. c. salt solution into the weighing bottle; and, as before stated, each cubic centimeter of this solution will be the  $L_+$  or test dose.

Now dilute the serum of unknown value in accordance with the table

of dilutions, and mix aliquot parts of the serum with the test dose of toxine, as follows:

No. of guinea-pig	Weight of guinea-pig (grams)	Subcutaneous injection of a mixture of—		Time of death
		Toxine (test dose)	Antitoxin	
		<i>Gram.</i>	<i>c. c.</i>	
1.....	350	0.0006	0.001	2 days, 4 hours.
2.....	350	.0006	.0015	4 days, 1 hour.
3.....	350	.0006	.002	Symptoms.
4.....	350	.0006	.0025	Slight symptoms.
5.....	350	.0006	.003	No symptoms.

According to this series the guinea-pig which received the mixture containing 0.0015 c. c. of the serum died in four days and one hour. Therefore, 0.0015 c. c. of the serum contains one-tenth of an immunity unit, as the unit has been defined as ten times the least amount of anti-tetanic serum necessary to save the life of a 350-gram guinea-pig 96 hours against the official test dose. This serum would, therefore, contain just 66 units per c. c.

In order to obtain reliable and comparable results, it is necessary to take into account all the factors concerned—the composition of the poisons, their concentration, the diluting fluid, length of time the mixtures are allowed to stand, the site of inoculation, etc., in accordance with directions in the official methods.

## PHAGOCYTOSIS

Metchnikoff gave us the first physical explanation of immunity through his brilliant studies upon phagocytosis. Metchnikoff was a biologist, and as a result of his stimulating observations upon the phagocytes in all the orders of the animal kingdom he contributed much to our knowledge, not alone of immunity, but to our fundamental knowledge of nutrition and inflammation. The ingenuity and fertility of his views caused a flood of work from others upon these basic subjects in medical biology.

Phagocytosis is a process common to all cells having amebic motion and also to some fixed cells. A phagocyte is any cell capable of absorbing particulate matter into its substance. The process is best seen with an ameba under the microscope.

For a clear understanding of phagocytosis it is necessary to consider three phases of the process: (1) the approach, (2) the engulfment, and (3) the digestion.



The *approach* or *chemotaxis* is a phenomenon which is displayed by almost all motile, unicellular organisms, whether animal or vegetable, as well as by the leukocytes. It manifests itself by a movement of the unicellular organism or the phagocytic cell toward the particle and seems to be a response to a chemical stimulus. Chemotaxis is said to be *positive* when the leukocytes are quickly and energetically attracted to a substance, and *negative* when this attraction is lacking. There is considerable doubt whether there is true negative chemotaxis in the sense of repulsion. The degree of chemotaxis possessed by any substance may readily be determined by placing it in a capillary tube closed at one end and then inserting the open end of the tube into the tissue of an animal or into a fluid containing active phagocytes. If the substance has positive chemotactic power the phagocytes soon approach the free end of the capillary tube, which they enter; if the substance has negative chemotactic power the phagocytes are not attracted and do not enter the capillary tube. As Emery points out, the leukocytes are in many cases attracted into an infected area to their own undoing, and it must not be forgotten that "even in inflammatory processes which are mild in nature and favorable in result the number of leukocytes which may be killed in the conflict is enormous. The leukocytes are not independent protozoa inhabiting the blood and tissues, but an integral part of the organism. It is to the advantage of the latter that the former should be attracted at once to the seat of invasion, and hence the processes of evolution have led to the development of this function in the nomadic cells of the body. These are extraordinarily susceptible to chemotactic influences. They seem to be attracted by any deviation from the normal situation of the tissues and fluids—a slight injury, a hemorrhage, the presence of a poison, or a foreign body of any sort, or any dead or useless tissue—and the leukocytes are immediately attracted into the area affected. The more we regard the process the more we must regard it as one of the most exquisite examples of means to ends met with in the animal economy."

The *engulfment* of the bacteria may readily be studied in amebae in their free living stage. The protoplasm of the ameba is thrown out in the form of pseudopodia; these encircle the particle, which soon appears within the substance of the ameba. The engulfment of particles by the leukocytes and other cells is precisely the same.

The *digestion* within the cell is entirely comparable to gastric digestion in higher animals. It is now known that active proteolytic ferments dissolve the albuminous particles, and that this takes place in an acid medium may be demonstrated by the use of delicate indicators, such as neutral red.

The phagocytes may take up and digest either live or dead bacteria; they are not simply scavengers. They engulf particles of all kinds, both

organic and inorganic. Thus, in anthracosis the particles of coal are mainly carried and contained in the phagocytic cells. The phagocytes engulf and dispose of malarial pigment, the granules of pigment left after a hemorrhage, and other foreign particles in the body. Phagocytes are also enabled to absorb colloidal substances and fluids as well as particulate matter. They are enabled to dispose of a comparatively large mass by removing it piecemeal. Thus, the "core" of a boil is gradually removed, mainly by the phagocytes. Catgut and silk ligatures are similarly removed; the absorption of the tadpole's tail is disposed of through the same process.

Metchnikoff divided the phagocytes into free and fixed, macrophages and microphages.

The free phagocytes are the leukocytes, lymphocytes, and other blood cells, as the myelocytes from the bone marrow. The fixed phagocytes are the connective tissue cells and endothelial cells. The free phagocytes, according to Metchnikoff, play the more important rôle.

The microphages, or microcytes, are the mononuclear leukocytes, the polymorphonuclear leukocytes, and the wandering connective tissue cells. The macrophages, or macrocytes, are the large lymphocytes, the mononuclear pulp cells of the spleen and bone marrow, endothelial cells of the large vessels, and Kupfer's stellate cells of the liver. The microphages play an active part in all acute infections. They are the first to come in the field and for the most part are vegetarians, that is, they take up bacteria especially. The macrophages, on the other hand, are carnivorous, engulfing other cells and protozoön parasites, and are especially concerned in chronic inflammations, such as tuberculosis and leprosy, rather than in the acute processes. These distinctions between the free and fixed phagocytes, the microphages and macrophages, are entirely arbitrary. All the leukocytes have the power of phagocytosis, though in varying degree. This is readily seen in an opsonic preparation or in an examination of a smear of gonorrheal pus, when some of the polymorphonuclear leukocytes will be loaded with the cocci while others contain few or none. The small phagocytes (microcytes) are able to engulf protozoa and animal cells as well as bacteria.

Metchnikoff has insisted since the beginning of his studies upon phagocytosis that this process plays an important, if not the sole, rôle in immunity. He conceives that a true battle takes place between the cells and the invading germs. When phagocytosis is active and successful, immunity is the result. If phagocytosis is absent, or the phagocytes are unsuccessful, the result is susceptibility instead of immunity. Metchnikoff first studied the protective power of the phagocytes in a fresh water crustacean, the daphnia, which, from its transparency and small size, is a very suitable creature for observation. He found that the daphnia is subject to a disease due to the invasion of its body cavity by

the spores of a yeast (*Monospora*), and that if these spores gain access in large numbers they multiply, form into mature organisms, and finally kill their host. When, however, a few spores gain access he found the leukocytes of the daphnia approach them, form a wall around them, and finally digest and destroy them. It is obvious, therefore, that the immunity of the daphnia to this infection depends upon the activity of its leukocytes. Analogous instances are found in many other animals, including man. In the streptococcus infections particularly Metchnikoff believed their virulence depended upon the absence of phagocytic action.

It soon became evident to Metchnikoff himself that the mechanism of immunity was a much more complicated process than could be accounted for simply by the number and physical activity of the phagocytes. The simple act of phagocytosis alone could not explain all the phenomena. It, therefore, became necessary to study the processes of digestion and the products of excretion of the phagocytes. It soon became evident that the digestive power of the phagocytes is a very powerful one, and substances usually deemed entirely insoluble may be gradually removed by their action. Metchnikoff considered two of these substances to be concerned in immunity: the microcytase and the macrocytase.

The *microcytase* is a ferment-like substance obtained from the microcytes. It is thermolabile and corresponds in all essential respects to the alexin of Buchner or the complement of Ehrlich.

The *macrocytase* is a thermostable substance obtained from the macrocytes. It is concerned with specific acquired immunity. The macrocyte fastens itself to the bacteria, hence was called by Metchnikoff the fixator. It is similar in all essential respects to the "substance sensibilitrice" of Bordet, or the amboceptor of Ehrlich.

Buchner, as well as most other unprejudiced students in immunology, takes the middle ground between the doctrines of the cellular theory represented by Metchnikoff and his school and the doctrines of the humoral theory represented by Ehrlich. It now seems quite evident that both the cells and the body fluids play an important rôle in the mechanism of immunity. It is also equally evident that the mechanism of immunity differs widely with different infections; in some phagocytosis plays a dominant part; in others it seems that the fluids of the body are chiefly concerned. It must not be forgotten that even where the fluids of the body are the chief actors the antibodies are probably in all cases derived from the cells. Just what cells—whether the fixed tissue cells or the free phagocytes—are chiefly concerned in the production of these antibodies is not quite clear.

All observers are agreed upon one fundamental thought, and that is, immunity is closely allied to the processes of cell nutrition. The receptors of Ehrlich are the mouths of the cells for food. The phago-

cytosis of Metchnikoff is primarily a mechanism by which cells possessing amebic motion obtain their food. Anaphylaxis, which offers another explanation of immunity to certain infections, deals with the fundamental problems of protein metabolism. It is, therefore, plain that any experimental research that gives a deeper insight into protein metabolism as well as the more direct researches in immunology has a fundamental bearing upon the prevention and cure of disease.

### OPSONINS

The name opsonin (*ὀψωνίω*, I cater for, I prepare) is given to substances which occur in the blood and which have the power of preparing bacteria and other cells for ingestion by the leukocytes. The opsonins combine with the bacteria and in that way prepare them for being taken up more easily by the phagocytic cells. In the absence of opsonins, phagocytosis does not take place, and their great importance is, therefore, at once manifest. There is now no doubt concerning the existence of these substances, and the brilliant work of Wright has stimulated a flood of researches which have thrown much light upon this chapter in immunology. According to Rhumbler, opsonic action merely shows the presence of something that affects the surface tension of the bacteria.

The opsonins are normally present in the blood or may be increased or diminished in amount by the injection of bacteria or appropriate antigen. The opsonins are specific, that is, the blood serum may contain opsonins which prepare staphylococci for the phagocytes, but may contain no suitable substance to prepare streptococci, tubercle bacilli, or some other microorganism. The opsonins are probably similar to the bacteriotropins; their chemical nature, however, in common with other antibodies, is not understood.

*Tropins* are simple antibodies, not affected by the usual inactivating temperature, 56° C. They act without the aid of complement. The opsonins are complex, containing thermolabile complement as well as a more stable body. They are inactivated at 56° C. for 30 minutes, or by standing at ordinary temperatures.

*The Opsonic Index.*—Sir Almroth Wright has modified Leishmann's method for measuring the opsonic power of the blood serum, but the method is somewhat complicated and gives variable results even in the hands of trained workers. It may be questioned whether any of the tests now in use are a true index of the amounts of opsonins in the serum, although they may be taken to indicate roughly the measure of their activity. The opsonic index has been especially used as a guide to vaccine therapy rather than in preventive medicine. If, however, we had a satisfactory and ready method by which the specific opsonins of the

blood could be measured so that deficiencies could be readily determined and strengthened, we would theoretically at least have a valuable addition to prophylaxis.

## LYSINS

Lysins are "substances" that have the power of disintegrating or dissolving cells or other organized structures. Those that dissolve bacteria are known as the *bacteriolysins*, those that dissolve red blood cells are called *hemolysins*, those that dissolve epithelial or other body cells are called *cytolysins* or cytotoxins. The lysins in themselves are not poisonous, but through their action they may liberate or generate toxic substances and thus play an important rôle not only in the pathogenesis of many infectious diseases and diseased states, but also in their cure and prevention.

Normally the blood possesses bactericidal properties, and it is believed that this is almost entirely due to its power of dissolving the bacterial cells.<sup>31</sup> The bacteriolytic property of normal blood serum is not specific, whereas the bacteriolysins induced through special processes by immunization are strictly specific. The fact that the blood has the power of resisting decomposition longer than other animal fluids was known to Hunter before the era of bacteriology. It was also early known that this property of the blood diminishes spontaneously after it was shed and could be destroyed by heat—about 55° C. The bacteriolytic substances in the blood were first studied by Buchner and Nuttall, who called them alexins. When it was discovered that the blood possesses marked powers of destroying bacteria the conclusion was naturally drawn that herein lies the explanation of immunity. It was soon learned, however, that, though the blood of certain animals may possess marked bactericidal properties, nevertheless they are very susceptible; and, further, that the power to kill bacteria is much more marked in the serum *in vitro*, than in the live circulating blood in the animal. Thus, according to Lubarsch, 16,000 virulent bacilli will kill a rabbit if injected intravenously; that is, the blood within the body has not the power of killing this number, yet 1 c. c. of fresh blood serum will destroy this number or even more in a test tube.

Rabbits are very susceptible to anthrax, although the blood serum of these animals possesses marked bactericidal properties *in vitro*, for the anthrax bacillus; on the other hand, the dog is very resistant to anthrax, despite the fact that its blood serum is very slightly bactericidal.

The bacteriolysins were discovered by Richard Pfeiffer<sup>32</sup> in his attempt actively to immunize animals against cholera by the injection

<sup>31</sup> Demonstrated by Nuttall, in 1888.

<sup>32</sup> *Zeit. f. Hyg.*, Vol. XVIII, and *Deutsche med. Wochen.*, 1896, pp. 97, 119.

of live cultures. He observed that the cholera organisms were disintegrated and dissolved in the peritoneal cavity of the immunized animals. This gave rise to what is now known as Pfeiffer's phenomenon, which, on account of its importance, must be considered.

**Pfeiffer's Phenomenon.**—Guinea-pigs are immunized by the subcutaneous injection of increasing doses of a cholera culture about once a week until they are able to withstand large amounts of a fresh virulent strain. This usually required at least three or four injections. Some of the live microorganisms are now injected into the peritoneal cavity of the immunized animal, and from time to time minute drops of this injected material with the peritoneal exudate are withdrawn by means of capillary tubes and examined under the microscope. It will be found that the bacteria previously actively motile soon lose their power of motion and die. They then become somewhat swollen and agglutinate into balls or clumps, which gradually become paler and paler. The disintegrating bacterial cells become granular and finally are completely dissolved in the peritoneal fluid. This process usually takes about twenty minutes, provided the animal has been sufficiently highly immunized. For a control, a like quantity of the cholera culture is injected into the peritoneal cavity of a normal guinea-pig. In this case the microorganisms are not immobilized, agglutinated, or dissolved. Further, the immunized animal remains unaffected while the control animal dies as a result of the infection. This reaction is specific, that is, a guinea-pig immunized against cholera will immobilize, agglutinate, and dissolve only the cholera vibrios; a guinea-pig immunized with typhoid will act upon typhoid and not upon cholera.

It was soon discovered by Bordet that this reaction takes place not only in the peritoneal cavity of the immunized animal, but will occur in the test tube when the peritoneal exudate or the blood serum of the immunized animal is mixed with the cholera organisms. It was through a study of this reaction that Pfeiffer and Kolle and later Gruber and then Widal discovered and described the ability of blood serum to clump or agglutinate bacteria. It seems evident that this power of the blood serum or the peritoneal exudate of the immunized guinea-pig is an important factor in the mechanism of its immunity.

**Nature of Lysins.**—Bacteriolysins are absolutely distinct from anti-toxins and agglutinins. Even when these three substances coexist they may be distinguished one from another through appropriate tests. Nothing is known as to their chemical composition.

Any general statement concerning the thermal death point or other characters of the lysins must be misleading, from the fact that we now know that lytic action is always due to a combination of two substances; one stable, the other unstable; one readily destroyed by heat, the other quite resistant to heat. This important observation was made by Bordet,

who was the first to show that two substances are necessary for the phenomenon of bacteriolysis. He considered that one of these substances sensitized the bacteria, and, therefore, called it the "substance sensibilisatrice"; this substance is thermostable. The other substance, which is thermolabile, he continued to call alexin. Bordet found that all the essential features of bacteriolysis could be reproduced exactly if red blood corpuscles were substituted for the bacteria. It was this analogy between bacteriolysis and hemolysis that led Ehrlich to an investigation of the latter phenomenon, and his researches led to further light upon the subject. Ehrlich introduced new names for the substances which Bordet had shown to be necessary for the phenomenon, and applied his side-chain theory to explain the reaction.

Many names have been given to the two substances which take part in lysis. The thermostable substance has been called substance sensibilisatrice, or simply sensibilatrice, immune body, amboceptor, fixator, intermediary body, interbody, philocytase, immunisin, desmon, copula and preparator; while the thermolabile substance has been called the alexin, complement, addiment, and cytase. We shall speak of the first as the *immune body* and the second as the *complement*.

One of the remarkable facts connected with the phenomenon of the lytic poisons is that the poison itself (complement) is normally present in the blood. This substance is a fragile "body," readily destroyed at a moderate temperature—55° C. It disappears spontaneously from the serum when kept for a few days; it is destroyed by acids and alkalis and is not specific in its action. Complement appears to be formed by the breaking down of the leukocytes, which accounts for the fact that blood serum after clotting is much more potent than the whole blood; further, complement is absent from fluids containing no leukocytes, such as the aqueous humor. Complement exists in blood while it is physiologically alive. It may not be a "substance" in the chemical sense, but a state of colloidal dispersion of the proteins of the serum.

According to Ehrlich, the immune body has two combining affinities, and, therefore, he called it the amboceptor. It unites on the one hand with the complement and on the other with the receptor of the cell. Bordet, however, considers that the cell unites directly but separately with both the complement and the immune body. The immune body is stable and specific; it is more stable than the agglutinins or even the anti-toxins. It is not injured by heating to 60° C., it is weakened at 70° C., and finally destroyed by prolonged exposure at this temperature. It is called the immune body because, according to Ehrlich's views, immunity can only be obtained through it on account of its specific reaction.

In bacteriolytic immunity it is the immune body rather than the complement that is increased.

Just what service the lysins are in the mechanism of immunity is

not clear. Recent studies indicate that they may at times be harmful as well as useful. Thus, by dissolving the bacterial cell they have the power of releasing "endotoxins."

The studies upon anaphylaxis have thrown collateral light upon the probable action of the bacteriolysins in the pathogenesis, cure, and prevention of some infections. When the bacteria are dissolved within the body the protein matter which they contain is set free. This may not be poisonous in itself, that is, may not have any of the properties ordinarily attributed to the endotoxins. This foreign bacterial protein, however, may sensitize the organism so that the second time the protein is liberated it may cause a reaction which may account for some of the pathogenic effects and symptoms of the disease.

Buxton and Coleman explain the pathogenesis of typhoid fever as largely due to a solution of the typhoid bacilli within the body, and it is probable that in pneumonia and other infections a like action takes place. An organism that has once reacted to a particular bacterium remains immune so long as it possesses an altered power of reaction, when brought in association with the microorganism in question. Immunity in this sense is an example of allergie and is discussed more in detail under anaphylaxis.

### HEMOLYSINS

Hemolysins are substances that lake the blood; that is, they dissolve the hemoglobin from the red blood corpuscle and set it free in solution. A certain part of the stroma of the red corpuscle is also destroyed in complete hemolysis. Some of the hemolysins are specific and others are not. Thus, distilled water will dissolve the hemoglobin from the red corpuscles of almost all animals. Other known non-specific hemolytic substances are various alkalies and acids; plant poisons, such as ricin and abrin; bacterial poisons, such as tetanolysin and staphylolysin; and animal poisons, such as snake venom, scorpion venom, etc. The specific hemolysins are obtained by treating (i. e., immunizing) one animal species with the blood corpuscles of another. For example, the blood corpuscles of a guinea-pig are injected into a rabbit. After several such injections the blood serum of the rabbit will contain hemolytic substances for the guinea-pig's corpuscles. The corpuscles used for immunization are obtained by drawing the blood of the animal into isotonic salt solution (0.85 per cent.) containing about 1 per cent. of sodium citrate, which prevents coagulation. The citrated blood is then centrifugalized, the supernatant fluid drawn off and replaced with isotonic salt solution. This process is repeated three or four times and is known as washing the corpuscles. The object is to remove all trace of serum containing complement and other substances. If this is not done the results will be unnecessarily complicated and misleading. The washed cor-



puscles are injected into the peritoneal cavity about once a week or ten days until the blood contains the desired hemolytic action. When this point is reached can only be determined by withdrawing small quantities of the blood and testing it.

Hemolytic tests are made by adding together the complement and the immune bodies. The corpuscles are obtained as above described, washed three or four times, and suspended in isotonic salt solution, so that they are present in the proportion of about 5 to 10 per cent. by volume of the salt solution. One c. c. of this suspension is placed in a small test tube. To this is then added the immune body contained in the serum of the animal that had been injected with the corpuscles. This immune serum is first heated to 55° or 56° C. for half an hour in order to destroy the complement. This degree of heat does not destroy the immune body.<sup>33</sup> Uniform amounts of the complement are obtained by adding a definite quantity (0.2 of a c. c.) of fresh serum to each test tube. Each test tube then contains a uniform quantity of the corpuscles to be tested, a uniform quantity of complement in the fresh serum, and a variable quantity of heated immune serum containing the immune body. In most cases normal saline solution is added to bring the whole up to a definite volume—say 5 c. c.

These mixtures are now incubated at 37° C. for two hours, being stirred or shaken once or twice in the meantime. The test tubes are now removed and placed in a vertical position in the ice chest from 12 to 24 hours and then examined. If no hemolysis has taken place the supernatant fluid will be untinged and the corpuscles will have settled in a distinct layer at the bottom. If there is complete hemolysis the fluid will be deeply and uniformly colored and there will be no sediment or only a minute deposit of stromata. If the reaction is partial, the fluid will be less deeply colored and there will be more or less of a deposit of undissolved corpuscles. It must be remembered that many bacteria produce hemolysis and that, if the mixtures of corpuscles and sera be incubated for long periods, fallacies may arise from such contaminations.

### CYTOTOXINS

If instead of red blood cells an animal is treated with the body cells or glandular cells of another species, it develops the power to dissolve the cells in question. This power is contained in the blood serum and is brought about by substances known as cytotoxins, which are entirely similar to the bacteriolysins, the hemolysins, and other lytic substances. Cytotoxins have been obtained with the spleen (leukocidin), with the sperm (spermotoxin), liver cells (hepatotoxin), kidney cells (nephrotoxin), gastric mucosa (gastrotoxin), placental tissue (syncy-

<sup>33</sup> This degree of heat weakens the immune body about 25 to 30 per cent.

tiolysin or placentolysin), prostatic tissue (prostatolysin), brain (neurotoxin), and other organs and tissues. When the cytotoxins were discovered they aroused great enthusiasm in the hope that it would now be possible to dissolve and destroy such foreign cells as cancer and other tumors and pathological processes in which it is desirable to get rid of certain cellular elements. The practical results have been exceedingly disappointing, as further investigations have shown that these cytotoxins are exceedingly weak and, further, are not very specific.

### THE BORDET-GENGOU PHENOMENON—FIXATION OF COMPLEMENT

Bordet and Gengou<sup>34</sup> found that bacteria and also red blood cells could be "sensitized" by placing them in heated immune serum. The immune serum is heated to 55° or 56° C. in order to destroy the complement, leaving only the thermostable "substance sensibilisatrice" which unites with the bacteria or the red blood cells, and thus prepares or sensitizes them to the action of the complement. If, now, these sensitized bacteria or red corpuscles are added to fresh serum, all the complement contained in the fresh serum is removed or fixed so that the fluid will no longer dissolve bacteria or cells. These facts are of very great importance, and upon them are based the Wassermann reaction for syphilis and other practical applications in immunology. The complement fixation test is also used in the diagnosis of gonococcus infection, glanders (page 399), streptococcus infections, pertussis, meningitis, typhoid fever, and other infections.

The reaction of fixation based upon the work of Bordet and Gengou has many useful practical applications in addition to the Wassermann reaction for the diagnosis of syphilis. If either the antigen or the antibody are unknown, their presence may be determined through the reaction of fixation, because it is strictly specific. The problem is something like the theorem in geometry with the triangle; two sides and an angle of a triangle being known, the other side and angles may be determined.

The *antigen* is any substance which, when injected into a suitable animal, has the power of generating an antibody. Practically all pathogenic bacteria and pathogenic protozoa act as antigens; many albuminous bodies, such as the venoms, the enzymes, and bland proteins, may also act as antigens. As the reaction is specific, it is possible to determine whether a particular microörganism is the true cause of a disease or not.

<sup>34</sup> Bordet: *Ann. de l'Inst. Pasteur*, Vol. XIV, 1900, p. 257; Vol. XV, 1901, p. 289.

Gengou: *Ann. de l'Inst. Pasteur*, Vol. XVI, 1902, p. 734.

Bordet and Gengou: *Compte rendu Acad.*, Vol. CXXXVII, p. 351.

Thus, Bordet was enabled to satisfy himself that the bacillus which he isolated during the early stages of whooping-cough was the true cause of that disease, as it gave the reaction of fixation with a specific antibody. On the other hand, if the antigen is known, the diagnosis may be made through the reaction of fixation, as in the case of syphilis and the Wassermann reaction. Complement fixation is used to show generic differences between bacteria, whereas agglutinins at most show specific differences.

The **Wassermann reaction** for syphilis is a special method of application of the Bordet-Gengou phenomenon.

The following is a brief description of the Wassermann reaction as carried out for the Massachusetts State Department of Health, by Dr. W. A. Hinton, under my direction.

Two antigens are used: one is an alcoholic extract prepared from human heart muscle and half saturated with cholesterol at 17° C., the other is prepared in like manner from guinea-pig hearts. Each of these antigens is diluted with 0.85 per cent. salt solution before testing, in the proportion of 4 parts of the antigen extract to 16 parts of 0.85 per cent. salt solution. The amount to be used—the dosage—is carefully determined by testing each antigen against a large number of known positive and known negative specimens of blood. Any antigen which gives a positive reaction with a known negative specimen of blood ("false positive") is unsuitable for testing and should be rejected. Further, it is unsafe to employ an antigen when twice its dosage inhibits hemolysis when incubated for 1 hour with "the hemolytic system" consisting of complement, and the hemolytic mixture.<sup>35</sup> (See Antigen Control in table on Wassermann Test.) Usually 0.1 c. c. to 0.2 c. c. of the diluted antigen is used. Lecithin and other lipoidal substances may also act as antigen.<sup>36</sup>

Syphilitic antibody in the patient's serum to be tested is the unknown quantity. This serum is heated in a water bath at 55° C. for 30 minutes to destroy its complement. One-tenth cubic centimeter of the patient's serum is used in *the test* and 0.2 cubic centimeter is used for *the serum control*. The serum control indicates the presence or absence of inhibiting (anticomplementary) substance other than specific antibodies.










The *complement* is contained in the serum of freshly drawn guinea-pig's blood which has been kept at 37° C. for one to two hours. A 10 per cent. solution of this serum in salt solution constitutes the complement. The amount used in the test is twice the minimum necessary to hemolyze a definite quantity of sensitized cells. Usually this is from 0.4 to 0.5 c. c. of the complement.

*Washed corpuscles* are prepared from freshly obtained defibrinated

<sup>35</sup> Also known as sensitized red blood cells.

<sup>36</sup> In routine examinations upon a large number of specimens it is better to test all specimens first with a cholesterolized alcoholic extract prepared from guinea-pig hearts (this antigen being more sensitive to syphilitic antibody), and then retest the positives with the same antigen and also with an antigen prepared from a cholesterolized alcoholic extract of human heart muscle.

## WASSERMANN TEST

Number of tube	Antigen	Antibody	Complement	Saline Solution 0.85%	Incubate 40 minutes in water bath at 37° C.		Result
					Hemolytic Mixture 5% suspension of sheep's corpuscles + heated rabbit's immune serum (ambocceptor)	Incubate for 1 hour in water bath at 37° C. Note results immediately and again after having kept in ice box for 12 to 14 hours.	
Antigen Control	0.2 c. c.	0.0 c. c.	0.5 c. c.	0.8 c. c.	1.0 c. c.		Hemolysis should be complete
Serum Control	0.0	0.2	0.5	0.8	1.0		Hemolysis should be complete
Serum Test	0.1	0.1	0.5	0.8	1.0		No Hemolysis = syphilitic antibody in patient's serum (Positive) Hemolysis = absence of syphilitic antibody in patient's serum (Negative) Partial Hemolysis = Doubtful result
Diagrammatic Representation of Positive and Negative Test	Antigen	Syphilitic Antibody	Complement		Hemolytic Mixture		Hemolysis absent = Positive
							
		Syphilitic Antibody (Absent)					Hemolysis present = Negative
							

For routine tests the positive serum of a known syphilitic, the negative serum of a non-syphilitic and each of the serums (or spinal fluids) to be tested are set up according to tubes No. II and No. III, together with one antigen control according to tube No. I.

\* The dilution is made so that 0.1 c. c. contains one-half the maximum amount or less than one-half the maximum amount which does not inhibit hemolysis. A carefully standardized alcoholic extract of human heart muscle, half-saturated with cholesterol, usually gives a superior antigen. (See text.)

\*\* Use five times the quantity of spinal fluid not heated.

† Five-tenths cubic centimeter contains two units, as determined against the hemolytic mixture.

‡ The amount of immune rabbit's serum in each c. c. of this mixture is twice that necessary to hemolyze 0.5 c. c. of a 5% suspension of sheep's cells in the presence of 0.5 c. c. of 10% complement.

sheep's blood. In order to free the corpuscles of serum, the blood is washed three times with from four to five volumes of physiological salt solution at each washing. Finally the volume of cells and salt solution is made equal to the volume of defibrinated blood originally used. Such a suspension is called washed sheep's corpuscles from which the 5 per cent. suspension for the test is prepared.

*Immune rabbit's serum* is prepared by injecting washed sheep's corpuscles into the peritoneal cavity of a rabbit at three-day intervals, namely, first injection, 7 c. c.; second, 14 c. c.; third, 21 c. c.; and finally, 28 c. c. The rabbit is bled on the 9th or 10th day after the last injection and the clear serum obtained from its blood is heated in a water bath at 55° C. for one-half hour to destroy complement. This heated rabbit's serum contains the amboceptor and is diluted with 0.85 per cent. salt solution, so that 0.25 c. c. will hemolyze 0.5 c. c. of a 5 per cent. suspension of sheep's corpuscles. In the test 0.5 c. c. of the diluted amboceptor is used. A small quantity of the rabbit's serum is freshly diluted for each day's test.

The *hemolytic mixture, or sensitized cells*, consists of equal parts of a 5 per cent. suspension of washed sheep's corpuscles and the diluted amboceptor which have been incubated together in a water bath at 37° C. for one-half hour completely to sensitize the red corpuscles. One c. c. of sensitized cells is used in the test.

*The Test.*—Mix the patient's serum or spinal fluid with the antigen and the complement, according to the table on page 582. The tubes are well shaken and the whole is incubated at 37° C. for 40 minutes. At the end of this time all of the complement has been fixed in those tubes which contain syphilitic antibody, antigen and complement. Finally, 1 c. c. of sensitized cells is added to each tube and the whole again incubated at 37° C. for one hour. The results of the Wassermann test are then read.

The absence of hemolysis indicates the presence of syphilitic antibody in the patient's serum, and therefore a positive reaction. The presence of hemolysis indicates the absence of syphilitic antibody in the patient's serum, and therefore a negative reaction. Partial hemolysis signifies a doubtful reaction. It is advisable to test several specimens from such a case, and to interpret a persistently or predominatingly doubtful reaction as indicative of a syphilitic infection.

## THE NEISSER-WECHSBERG PHENOMENON OR DEVIATION OF THE COMPLEMENT

Neisser and Wechsberg in 1901<sup>37</sup> found that, although the addition of a small amount of immune serum renders normal serum more bac-

<sup>37</sup> *Munch. med. Wochenschr.*, 1901, No. 18.

tericidal or increases its power of protection, a greater addition robs it of most, and sometimes of all, of its bactericidal power. In other words, the solvent effect of the immune body on cells or bacteria in the presence of complement diminishes as an excess of the immune body is added. This particular action is explained by Neisser and Wechsberg as due to a locking up or deviation (*Ablenkung*) of the complement which is brought about by an excess of the immune body. The

DIAGRAM ILLUSTRATING DEVIATION OF COMPLEMENT (Neisser Wechsberg Phenomenon)					
TEST	A BACTERIA Same number in each Test.	B COMPLEMENT Same amount in each Test	C AMBOCEPTOR Variable amount of Immune Serum in each Test	COMBINE A B and C	RESULT
I		vvvvvv	~		Few or no bacteria killed.
II		vvvvvv	~~~~~		All bacteria killed.
III		vvvvvv	~~~~~ ~~~~~		Few or no bacteria killed because the Complement is deviated by the excess of Amboceptor.

FIG. 61.

phenomenon is better understood from a study of an example given by Neisser:

(1) Bacteria+1 unit immune serum<sup>38</sup> +complement=little or no destruction of the bacteria.

(2) Bacteria+5 units immune serum+complement=complete destruction of the bacteria.

(3) Bacteria+10 units immune serum+complement=no destruction of the bacteria.

<sup>38</sup> Containing amboceptor.

In the above experiment it is necessary that the number of bacteria and the amount of complement shall remain practically the same in all three tests. The immune serum is the only factor that should vary.

In (1), few or no bacteria are killed because there are not enough immune bodies (amboceptors) to unite the complement to the bacteria.

In (2), the proper proportion of amboceptors and complement occurs so that all the bacteria are killed.

In (3), few or no bacteria are killed for the reason that the complement is deviated by the excess of amboceptors.

The action, therefore, while specific, is strictly quantitative, depending upon the amount of amboceptors present. This explains why an immune serum may be effective in certain infections if the proper dose is used, but large amounts of immune serum may be ineffective in controlling the course of the disease.

**Isohemolysins** have the property of destroying the red blood cells of the same species. They occur naturally in certain animals, principally in the horse and in man. They may also be produced experimentally in certain animals, as in goats, by the injection of the blood of other goats. There is further the possibility that *autohemolysins* may be produced which destroy the blood cells of the individual himself. These have not been produced artificially, but are said to occur in paroxysms of hemoglobinuria. The subject of *isohemolysins* is of importance in transfusion.

## PRECIPITINS

Another class of immune bodies known as the precipitins may readily be produced in the blood serum of animals by the injection of bacteria or albuminous substances having this antigenic property. The precipitating action of immune sera was discovered by R. Kraus in 1897. When the clear antiserum is added to the clear antigen in solution, the mixture of the two fluids becomes opalescent, then opaque from the formation of a precipitate, and after a time this settles to the bottom of the test tube, leaving a clear supernatant fluid. One theory of precipitins is that the precipitate consists of a combination of two substances, one of which is present in the immune serum and the other in the antigen. A more likely theory is that the precipitate is composed of the globulin of the immune serum which comes down due to a change in the electric charge. This insoluble precipitate is known as the *precipitum*. The substance in the antigen is known as the precipitable substance or *precipitinogen*, and the substance in the antiserum is called the *precipitin*. Precipitums are doubtless formed within as well as without the body when proper conditions of antibody and antigen are

present. The reaction, however, may not be massive enough to cause a visible precipitum.

The precipitins are quite analogous to the agglutinins, and from the standpoint of physical chemistry are often classified with them. It is now known that proteins do not form true solutions, but molecular or colloidal suspensions. The effect of the addition of a precipitin is to cause the agglutination of particles. According to Emery, the laws which govern the action of the precipitins and agglutinins are entirely similar, and theoretically it would probably be more accurate to consider them under one head. The practical applications of the two classes of antibodies are, however, very different, and it is more convenient to treat them as separate phenomena.

Precipitins as well as agglutinins probably act by change of surface tension and alteration of the electric charge of the particles.

The bacterial precipitins were those first discovered. Kraus added some typhoid serum to a filtered culture of typhoid bacilli and obtained a precipitate when the two clear solutions were brought together. The same happens with cultures of cholera, plague, and other bacteria with corresponding antiserum. Certain bacteria, however, do not produce a precipitable substance. This is notably the case with diphtheria. Thus, when diphtheria antitoxin is added to diphtheria toxin, no visible reaction takes place.

Tsistowitch in 1899 found that precipitins may be produced by injecting albuminous substances into suitable animals. Thus, if rabbits are injected with horse serum or with eel's blood, the blood serum of the treated rabbit will precipitate the blood serum of the horse or the eel's blood respectively. This reaction is used in forensic medicine for the recognition of blood stains, which will presently be discussed. The chemical nature of the precipitins is not known. They come down with the globulins. In the terms of the side-chain theory they contain two groups, one a thermostable haptophore or combining group, the other a thermolabile functioning group. Precipitins are destroyed by heat ( $60^{\circ}$ - $70^{\circ}$  C.), light, moisture, and other external influences about as readily as the agglutinins. Precipitating sera should, therefore, be kept in a dry state, in a cool place, and preserved from light. A proprecipitoid zone entirely analogous to the proagglutinoid zone is observed under certain conditions. Precipitins, like agglutinins, act more quickly at the body temperature and require the presence of certain salts for their action. According to Friedemann, the amount of precipitum formed depends on the quantity of the salts present.

The relation of precipitins to immunity is not entirely clear. There is a strong suspicion that, like all antibodies, they play some part in the mechanism of immunity in certain infections, but just what part is obscure. It is quite evident that the presence of precipitins in the



blood must have valuable protective properties against the poisons of certain infections. The immunity in this case would be due to the throwing out of "solution" of the poison, thus rendering it insoluble and inactive.

Nuttall in his "Blood Relationship" made a very careful study of the question of specificity of the precipitins.

He showed that the reaction of the precipitins, like the reaction of other similar antibodies, is relatively specific or quantitatively specific. If the antiserum is powerful enough it will react with all the bloods of animals in the same great division of the animal kingdom. Thus, a strong antihuman serum, that is, a serum obtained by injecting human blood into rabbits, will give a precipitate when this rabbit serum and human serum are brought together; it will also react with apes, monkeys, etc., but not in such high dilutions, and a slight trace of precipitum appears after a long period even when mixed with the serum of more remote mammalia, but no precipitate occurs with the blood of birds, fishes, etc. A quite similar relationship holds with lactosera and with the precipitating sera for muscle proteids; the antisera for egg proteids are apparently less specific. Precipitins, then, are not specific as regards the animal species from which they are derived, but possess that partial specificity seen in the cytotoxins and in the group reaction of the agglutinins. According to Emery, they are specific as regards the antibodies which bring them into existence, irrespective of the source from which the antigen is derived. For medico-legal purposes the specificity of the reaction may be considered satisfactory, provided the tests are made quantitatively, in which case the reaction is both specific and delicate. In fact, the delicacy of the reaction is truly astonishing. Thus, Ascoli obtained an anti-egg albumin serum which gave a precipitate with 1-1,000,000 dilution of egg albumin; and Stern an antihuman serum which reacted with serum at a dilution of 1-50,000. While these are extreme figures, it is not unusual to obtain precipitates in dilutions of 1-5,000.

The practical application of precipitins is limited. The test is especially used to differentiate types of pneumococci. It is also used to determine the presence and variety of bacterial substances in excretions, exudates and lesions. Thus, in lobar pneumonia considerable soluble products of the pneumococcus are found in the lungs, sputum, blood and urine. Precipitins are also of practical use in forensic medicine as a test for blood, meat and other products.

**Tests for Blood.**—In carrying out the precipitin tests for the recognition of blood stains, as suggested by Uhlenhuth and Wassermann, it is necessary first to obtain an antiserum. This is usually gained from rabbits, which are injected intravenously or intraperitoneally at intervals of three or four days with human serum. The human serum may readily be obtained by puncturing a vein at the bend of the elbow, or from the

placenta, or from a cadaver; pleuritic or ascitic fluid may also be used. The amount injected rises from 1 to 3 or 4 c. c. in the case of intravenous injections, or twice as much or even more into the peritoncum. The course of treatment lasts three or four months. A simpler method is to give larger doses up to 10 c. c. or more intraperitoneally at intervals of a week. The intervals should not be longer than this, for danger of complicating anaphylactic reactions. The blood may be drawn from a vein or the heart of the rabbit from time to time as needed, or the animal may be chloroformed and exsanguinated through the carotid artery, or as much blood as possible may be collected from the heart.

The blood to be tested is usually in the form of clots or stains, usually upon linen, or pistols, or other objects. These stains are macerated with normal saline solution or with 1 per cent. sodium hydrate. In the case of very old stains Zienka recommends the use of a strong solution of potassium cyanid which is subsequently neutralized with tartaric acid. The fluid is then examined with the microscope and tested spectroscopically to determine the presence of blood corpuscles and pigments, so as to be sure we are really dealing with blood. The solution is then filtered. In order to determine the approximate strength of the solution it is sufficient to bubble air through the fluid. A dilution of blood serum in the proportion of 1-1,000 will produce a stable foam. If a stable foam is not produced it indicates that the protein material has not actually passed into solution or is too dilute to be of service in the test. Three tests are made. In the first tube one part of the fluid under examination is mixed with two parts of the antiserum, the second contains the fluid alone, and the third antiserum plus normal saline solution. Further controls in which the antiserum is mixed with diluted serum from animals other than man may also be made. The tubes are then incubated at 37° C. and examined from time to time. A positive result is obtained if there is a precipitate in the first tube and not in the others. In case a precipitate is obtained further tests are then made with greater dilutions. With a powerful antiserum a reaction may usually be obtained in dilutions so high that evidence of the presence of proteids is barely obtainable by ordinary chemical means. The weak point in the method is that it is never possible to say exactly how much of the protein matter of the clot has been dissolved, and thus it is not possible to obtain precise quantitative results. With an unknown blood serum, unaltered, and in the fluid state the test can be carried out with almost complete certainty, but this is rarely if ever possible in medico-legal cases.

Another test for blood has been introduced by Neisser and Sachs and based on the Gengou reaction of fixation of the complement. The test is extraordinarily sensitive. Neisser and Sachs found that one-millionth part of a cubic centimeter of human serum is readily demon-

strable. The technic is complicated, and, according to Emery, it appears, moreover, that complement may be extracted in an altogether non-specific manner by substances other than the combination of antigen and antibody. Another serious objection is that a similar deviation of the complement may be brought about by means of sweat, so that if the reaction were obtained in a stain on body linen it would be of doubtful significance.

The precipitin reaction further finds practical application in determining the nature of meat, whether fresh, as in the case of beef suspected to be horse flesh, or prepared, as in sausages, etc. For these tests the antiserum is prepared by injecting rabbits with meat juices or an unheated watery extract of the meat, and the test is carried out on lines similar to those described above.

## AGGLUTININS

Agglutinins were definitely described in 1896 by Gruber and Durham, and a few days later by Pfeiffer and Kolle. Shortly thereafter Widal announced the fact that the blood serum of a typhoid patient will agglutinate the typhoid bacillus in high dilutions. The phenomenon of agglutination with special reference to typhoid fever is, therefore, often called the Widal reaction or the Gruber reaction.<sup>39</sup>

Agglutination consists in a clumping or grouping of the bacteria into clusters, just as though they were iron filings drawn about a magnetic point. Usually they are immobilized before they are drawn together into a clump or cluster. Theobald Smith has shown that the first phenomenon, the immobilization of bacteria, may be due to a *flagellar agglutinin*, and that the second phenomenon, the clumping, may be due to a *cellular agglutinin*.

The agglutination of bacteria apparently does little harm to them other than rendering them motionless, for they are not altered in appearance, viability, or virulence. Bacteria that have been agglutinated may again multiply and grow vigorously; in fact, agglutination may be an important source of error in counting the number of bacteria in any fluid. A cluster will develop into one colony and thereby give misleading results. The apparent diminution in the number of bacteria in freshly drawn milk, judged by the number of colonies that develop upon agar plates and known as the germicidal property of milk, is largely a phenomenon of agglutination.

<sup>39</sup> The phenomenon of agglutination had been previously observed by Charrin and Roger in 1899 in the case of the *Bacillus pyocyaneus*. It was also observed by Metchnikoff in the case of the *Vibrio metchnikovi* in 1891. Similar appearance had also been seen by Issaef in 1893.

Agglutination may occur quickly or slowly, depending upon the temperature, the dilution of the serum or fluid containing the agglutinin, and upon other factors; hence, it is important in reporting positive or negative tests in the diagnosis of typhoid fever, Malta fever, and other infections always to state the dilution, the time, the temperature, and other conditions under which the test was made. The interpretation of the results may depend upon these factors.

**Macroscopic Method.**—Agglutination may readily be seen by the naked eye. A uniform suspension of bacteria in a test tube under the action of an agglutinin first becomes granular; the granules increase in size and flock into masses with intervening clear spaces. Then these flocculi settle to the bottom as a precipitate, leaving the supernatant fluid clear.

**Microscopic Method.**—Under the microscope the bacteria are first seen to lose their motion, then to be drawn together into irregular clumps or clusters, which increase in size. The macroscopic method gives higher titers in testing agglutinins than the microscopic method. The latter is subject to several sources of error, and the end point is not as sharply defined as in the macroscopic method.

Agglutination, like almost all chemical processes, takes place more quickly when warm than in the cold. The reaction is accelerated by heat up to 56° C. The clumping usually takes place more slowly with the non-motile bacteria. Capsulated bacteria are peculiarly insusceptible to the ordinary agglutinating powers of immune serum. Certain strains of some species of bacteria agglutinate more readily than others. Thus, the typhoid bacillus is usually agglutinated readily with its specific serum, but some strains are agglutinated with considerable difficulty; in general, when first isolated, they resist agglutination. This resistance or "immunity" of the microorganism usually wears off after a number of subcultures. A very interesting phenomenon in agglutination which has considerable practical importance is the so-called proagglutinoid zone; that is, bacteria sometimes will not agglutinate in a stronger dilution, whereas they agglutinate readily in a weaker. The proagglutinoid zone is occasionally found with the typhoid bacillus, but especially with the *Micrococcus melitensis*. Thus, this coccus may give no reaction in a dilution between 1-10 and 1-100, whereas it will clump strongly at 1-200 and higher.

Agglutinins are not very resistant to light, putrefactive processes, and dryness. They are very active at a temperature of 55° to 56° C., but are destroyed at 65° to 70° C. They are very sensitive to acids; they are partially held back by a Pasteur-Chamberland filter; they are not dialyzable. They may be preserved for a very long time in dried serum protected from light and moisture.

The chemical composition of the agglutinins is not known. Like

antitoxin and other antibodies, they come down with the globulins when precipitated with ammonium sulphate. They unite directly with the bacteria or other cells and, according to Ehrlich, contain both a haptophore and an "agglutinophore" group.

Agglutination is not a vital phenomenon of bacterial activity. The microorganisms play a purely passive rôle. Dead bacteria agglutinate readily. Bordet showed conclusively that agglutination is a physical phenomenon, and that the combination of antigen and antibody is one phase and the agglutination another.

Agglutinins may readily be produced by injecting either live or dead bacterial cells into a suitable animal. The injections may be given either subcutaneously, intravenously, intraperitoneally or the microorganisms may be rubbed upon the closely shaven skin. Agglutinins may even be produced by giving the microorganisms by the mouth. Agglutinins in highest concentration may be obtained by repeated injections, every 10 or 12 days, continued over a long period of time. In experimental work in the laboratory rabbits are suitable. Three or four injections into the ear vein of the rabbit, spaced at intervals of 8 or 10 days with cultures of cholera or typhoid, will develop agglutinins in the blood serum when diluted as high as 1 to 5,000 or 1 to 10,000. Where large amounts are needed the horse is the most suitable animal. Agglutinins are also produced in man by the inoculation of bacterial vaccines.

Agglutinins also appear spontaneously in attacks of certain infectious diseases and continue in the blood for some time after convalescence. In typhoid fever they appear about the end of the first week. They are usually weak at first, clumping the typhoid bacilli in a dilution of 1-30 in one hour at the body temperature, and increase with the progress of the disease, so that the serum may agglutinate in dilutions of 1-1,000 or more. In Malta fever agglutinins appear about the fifth day of the disease and may develop in large amount. Thus, the blood serum from a case of Malta fever may agglutinate the *Micrococcus melitensis* in dilutions as high as 1-500,000. Agglutinins may also develop in cholera, dysentery and many other diseases. The reaction of agglutination is not only practical as an aid to diagnosis of disease, but is of considerable practical use as an aid in recognition of the bacteria themselves. Agglutination is usually regarded as diagnostic of races or strains of bacteria; at most it distinguishes one species from another; while complement fixation distinguishes genera.

The reaction of agglutination is not absolutely specific; thus, a typhoid agglutinin will occasionally clump proteus or other not very closely related microorganisms. Thus, Frost found a *Pseudomonas protea* in the Potomac River water that showed quite constantly the characteristic of being agglutinated by specific typhoid immune serum.

However, when animals were injected with the *Ps. protea* they developed agglutinins for this organism, but not for the *B. typhosus*. Further, there is the phenomenon of *group agglutination* or group reaction; that is, typhoid serum will clump the colon bacillus, the paratyphoid, the paracolon bacillus, and other related organisms. However, this occurs only in slightly diluted serum. The reaction is, therefore, specific in a quantitative sense. Thus, a strong cholera or typhoid serum will agglutinate these organisms in dilutions of 1-1,000 and over, whereas the group reactions occur in dilutions of about 1-50 or less. It is very important to remove the group agglutinins by *absorption* before giving a judgment concerning the specificity of any given reaction.

The difference between specific and group agglutinins may be accurately determined by Castellani's method, known as the absorption of agglutinins. The specific agglutinins may be absorbed from the serum, leaving the group agglutinins, or vice versa. The specific agglutinins can only be absorbed by the specific antigen—therefore, absorption results are of value only when we possess the specific bacterium in question. In this country Dochez has used group and specific agglutinins for the classification of pneumococci and Krumweide for the study of the colon-typhoid group.

In addition to the bacteria, the red blood cells, or cells of any sort, trypanosomes and other protozoa may be agglutinated. The agglutination of the red blood cells of the recipient is an important factor in blood transfusions, etc.

We have no satisfactory explanation of agglutination. Analogous phenomena occur in the study of the physical chemistry of colloidal substances. It seems that in agglutination two separate phenomena are involved: the approach of the particles, one to the other, and their adhesion subsequently. The phenomenon may be imitated by coating match sticks with soap, floating them upon the surface of water, in a basin, and then adding sulphuric acid. The agglutinins affect the surface tension between the bacteria and the fluid in which they are suspended in some way, but just how is not quite clear. The probable explanation of agglutination lies in an alteration in the electric charge of the particles. The agglutinins are probably formed in the lymphoid organs, red marrow, and spleen; at least, Pfeiffer and Marx found them early in these organs after injections of cholera vibrios. Metchnikoff found that the peritoneal exudate may be richer in agglutinins than the blood, and believes in that fluid they come from the leukocytes and endothelial cells.

The part played by the agglutinins in immunity is not clear. Although the bacteria are immobilized, this does not particularly favor phagocytosis. Large clusters of bacteria or agglutinated clumps of closely packed cells may even afford a mechanical protection against the

dissolving action of the lysins. Bull <sup>40</sup> has demonstrated that the power of the blood to cause agglutination determines, in large measure, whether after their direct introduction in an experimental way the bacteria are to be removed promptly from the circulation and septicemia avoided, or whether they are to remain there and produce a blood infection. When the bacteria are clumped they accumulate in the organs, in which they are phagocyted.

## ANAPHYLAXIS

Anaphylaxis <sup>41</sup> (*ana*, against, and *phylax*, guard, or *phylaxis*, protection), also called hypersusceptibility, is a condition of unusual or exaggerated susceptibility of the organism to foreign proteins. In other words, anaphylaxis is an altered power of reaction on the part of the body to foreign proteins. The word anaphylaxis was introduced by Richet to describe a condition contrary to prophylaxis. As we now regard the phenomenon, the word is a misnomer, for we look upon the condition of hypersusceptibility as a distinct benefit and advantage to the organism; in fact, immunity against a large class of infectious diseases probably depends upon an altered power of reaction, that is, upon hypersusceptibility or anaphylaxis.

The condition of anaphylaxis may be congenital or acquired, local or general, and is specific in nature. It may be brought about by the introduction of any strange protein into the body. Hypersusceptibility to proteins that are non-poisonous in themselves may readily be induced in certain animals. The animal may be in a condition of hypersusceptibility and immunity at the same time. The two conditions are closely interwoven. The latter is often dependent upon the former. Von Pirquet suggests the term "allergie" to indicate conditions of acquired immunity associated with anaphylaxis. Allergie, as the word indicates (*allos*, change, and *ergon*, action) is an altered power of the organism to react. When this power of reaction is increased we say the body is hypersusceptible, or in a state of anaphylaxis.

*Hypersensitiveness* may be defined as a specific or particular reaction with characteristic symptoms due to the administration of, or contact with, any substance, which, in the majority of the members of the same species of animal, causes no evident disturbance. According to this definition hypersensitiveness is a broad conception, including both anaphylaxis and allergie. *Anaphylaxis* is an antigen-antibody reaction, artificially induced by immunologic processes. *Allergie*, on the other hand, is used to express a natural hypersensitiveness of the individual

<sup>40</sup> *Journ. Exp. Med.*, 1915, XXII, 484; 1916, XXIV, 25.

<sup>41</sup> The present status of the problems of anaphylaxis and the fundamental theories involved is reviewed by Wells, *Physiological Rev.*, Vol. I, No. 1, Jan., 1921.

not produced by immunologic processes, as the exciting agents or allergens are in many cases not capable of producing antibodies. For example, the natural hypersensitiveness of the human being to pollens, the clinical reaction known as hay fever, is admittedly allergic.

**Examples of Anaphylaxis.**—In the case of vaccinia, the reaction to a primary “take” appears after an incubation of four days. In a secondary vaccination the period of incubation is shortened and the clinical reaction lessened. In other words, the power of the organism to react is changed. This power of accelerated or immediate reaction protects the individual. Therefore, the prophylaxis depending upon the anaphylaxis.

The tuberculin and mallein reactions are well-known instances of anaphylaxis. These substances are not poisonous when introduced into a healthy individual, but the tuberculous individual is anaphylactic to tuberculin, and an individual suffering from glanders is in a state of hypersusceptibility to mallein.

A clinical instance of anaphylaxis is the hypersusceptibility of some individuals to pollen—hay fever. Other examples are food “idiosyncrasies,” serum sickness, urticarial and other skin eruptions.

Experimental anaphylaxis may be brought about in various ways, such as the introduction of an alien protein into the body.

**Experimental Anaphylaxis.**—The essential features of experimental anaphylaxis are:

- (1) The *first injection*, consisting of a bland alien protein non-poisonous in itself, which sensitizes the animal;
- (2) An *interval* of about 10 days;
- (3) The *second injection* of the same protein which produces a reaction known as acute anaphylactic shock or other manifestations.

Horse serum, when injected into normal guinea-pigs, causes no symptoms. As much as 20 c. c. may be injected into the peritoneal cavity of a guinea-pig without causing any apparent inconvenience to the animal. Small amounts of horse serum may even be injected directly into the brain without causing any untoward symptoms.

Very characteristic symptoms, however, are produced by horse serum when injected into a susceptible guinea-pig; i. e., one that has received a prior injection of horse serum. In five or ten minutes after subcutaneous injection the pig becomes restless and then manifests indications of respiratory embarrassment by scratching at the mouth, coughing, and sometimes by spasmodic, rapid, or irregular breathing; the pig becomes agitated and there is a discharge of urine and feces. This stage of exhilaration is soon followed by one of paresis or complete paralysis, with spasmodic and difficult breathing. The pig is unable to stand or, if it attempts to move, falls upon its side; when taken up it is limp: spasmodic, jerky, and convulsive movements now supervene. This chain of



symptoms is very characteristic, although they do not always follow in the order given. Pigs in the stage of complete paralysis may fully recover, but usually convulsions appear, and are almost invariably a forerunner of death. Symptoms appear about ten minutes after the injection has been given; occasionally in pigs not very susceptible they are delayed thirty to forty-five minutes. Pigs developing late symptoms are not very susceptible and do not die. Death usually occurs within an hour and frequently in less than thirty minutes. If the second injection be made directly into the brain or circulation, the symptoms are manifested with explosive violence, the animal frequently dying within two or three minutes.

A fall in temperature occurs which in fatal cases may be as great as 13° C. (Pfeiffer). The blood during anaphylactic shock shows a leukopenia and a diminution in complement. The blood pressure falls. When the chest is opened the lungs show a striking condition resembling emphysema. They do not collapse but remain fully distended, forming a cast of the pleural cavities. The heart continues to beat long after respiration has ceased. Asphyxia, due to inspiratory immobilization of the lungs, is, therefore, probably the immediate cause of death.

Judged by the severity of the symptoms of the acute anaphylactic reaction, the guinea-pig is apparently the most susceptible of animals (being 400 times more sensitive than the rabbit, according to Doerr), but probably all animals may be sensitized to a greater or less degree, although our criteria are still too crude to admit of any accurately graded comparison. White mice were long thought to be non-responsive on account of the absence of anaphylactic shock and death from asphyxia, so striking in the guinea-pig; but Schultz and Jordan have shown that white mice do react toward horse serum with restlessness, marked irritability of the skin, passage of urine and feces, and temperature and blood pressure changes. The symptoms vary with the species and also to some degree with the antigen.

In dogs, according to Richet, the principal symptoms are gastro-intestinal. There is immediate vomiting, followed by tenesmus and bloody discharges from the intestines. Death is infrequent, but there may develop a condition of hemorrhagic inflammation in both the large and the small intestine which is called by Richet "chronic anaphylaxis," and by Schittenhelm and Weichardt, "enteritis anaphylactia." Another important sign is the rapid fall in blood pressure, sometimes 80-100 mm.; on account of the relatively enormous amount of smooth muscle in the hepatic vein of the dog, there is a rise in portal pressure and an increased flow of lymph; coagulation of the blood is delayed. Dyspnea is not marked, but, as in other animals, there is initial restlessness and skin irritability; there may be paralysis and death.

Rabbits are apt to react to a reinjection of horse serum by edema

and even necrosis at the site of injection—the “Arthus phenomenon,” a local anaphylaxis. Arthus also described, in non-fatal cases in rabbits, respiratory disturbance, general prostration, fall in blood pressure, and increased peristalsis. In cases of acute lethal anaphylaxis produced in rabbits highly sensitized by repeated minute injections, Auer describes the slow respiration, the sudden falling of the animal on its side with a short chronic convulsion, stoppage of the respiration, weak heart beat, and death within a few minutes.

The reaction to a second injection of serum has been observed, though not studied so carefully, in numerous other animals, e. g., in cows, horses, goats, sheep, and cats, in hens and pigeons, and in certain cold-blooded animals, with symptoms varying according to the species.

It is evident that no one symptom, or group of symptoms, can be taken as an adequate criterion of anaphylaxis in all cases. Different species give a widely differing picture with the same protein agent, because the same organs are not involved to the same degree. An explanation of these differences from the physiological point of view has been given by Schultz. He has shown that serum anaphylaxis is essentially a matter of hypersensitization of smooth muscle in general. He concludes, as a result of his experiments, that, during anaphylactic shock, all smooth muscle contracts. This is fatal to the guinea-pig, owing to the peculiar though normal anatomical condition of its bronchial tree: the mucosal layer of the secondary bronchi is relatively thick in comparison with the lumen, and the contraction of the smooth muscle throws it into folds which completely occlude the bronchi (Schultz and Jordan). The guinea-pig dies of asphyxia, the cause of which is purely local and not in the central nervous system, as the first investigators believed. The bronchi of mice, dogs, and rabbits, however, are relatively poor in smooth muscle, which accounts for the almost complete absence of death from asphyxia. In the dog the contraction of smooth muscle sets up a vigorous intestinal peristalsis and a forced emptying of the urinary bladder; the characteristic initial rise in blood pressure may be due to constriction of the pulmonary, coronary and systemic arteries, and according to Auer, the subsequent marked fall to direct action on the heart muscle itself, particularly of the right side, causing a venous accumulation of blood, an effect typified most strikingly in the rabbit. This provides also an adequate pharmacological explanation of the action of atropin and the anesthetics in alleviating the symptoms of acute anaphylaxis.

**Specificity.**—The anaphylactic reaction is *specific*. Thus, a guinea-pig sensitized with horse serum does not react to a subsequent injection of egg-white, vegetable protein, or milk. The specificity extends even further than this. In order to give rise to anaphylactic symptoms, the protein material given at the first and second injections must be from

the same species or from some closely related species. Thus a guinea-pig sensitized with cow's milk will not react to a subsequent injection of woman's milk. Guinea-pigs sensitized with the albumen of hen's eggs will not react to a subsequent injection of the albumen of the eggs of pigeons, but do react mildly to duck egg-white. This specificity according to species is, therefore, of the same degree as that of certain immune reactions, notably the precipitins; that is, there is a group reaction in the proteins of allied species, but no reaction between the proteins of widely different species or between proteins of widely different origin. The maximum effect at second injection is obtained by the use of the identical protein used for sensitization. Certain sera which react interchangeably to precipitins, as, for example, human and ape, horse and ass, sheep and goat, rat and mouse, remain indistinguishable also by the anaphylactic reaction. The same specificity holds with respect to bacterial proteins: an animal sensitized with typhoid bacilli will react strongly toward paratyphoid, and somewhat toward colon bacilli, but not at all to unrelated genera.

One of the remarkable facts in relation to the specificity of anaphylaxis is that guinea-pigs may be in a condition of anaphylaxis to three protein substances at the same time; for instance, a guinea-pig may be sensitized with egg-white, milk, and horse serum, and subsequently react separately to a second injection of each one of these substances. The guinea-pig may be sensitized by giving these strange proteins either at the same time or different times, in the same place or in different places, or by injecting them separately or mixed. The guinea-pig differentiates each anaphylactogenic protein in a perfectly distinct and separate manner. The animal is susceptible to the second injection of each one of the three substances in the same sense that it is susceptible to three separate infectious diseases.

That there may be exceptions to the rule of species-specificity is shown in the case of the crystalline lens. A guinea-pig sensitized to the lens-extract of one species of animal will react to the lens-extract of widely different species, or even of its own species, but not to other tissues (Andrejew). Here, too, there is an exact parallel in the precipitin reaction which fails to distinguish the lens of one species from that of another (Uhlenhuth). This is an example of organ-specificity. In the vegetable world Osborne has shown that, whereas preparations of globulins from hemp, flax, and squash do not react with each other, gliadin from rye reacts strongly with gliadin from wheat, a result in accord with the fact that by chemical and physical means no differences have been detected which were sufficient to indicate that these gliadins were different substances.

It is probable that only proteins which have a complete or partial chemical identity of structure will react with each other. Differences

too small to be detected by analytic means at our disposal may yet prevent any tendency toward interaction, and the anaphylactic phenomenon is therefore used to determine the fine relationships of proteins. It is evident from these facts, as Osborne concludes, that structural differences exist between very similar proteins of different origin, and that chemically identical proteins apparently do not occur in animals and plants of different species unless they are biologically very closely related.

**Sensitization by Feeding.**—Guinea-pigs may be sensitized by feeding them meat or serum. The fact that guinea-pigs may be rendered susceptible by feeding of strange protein matter opens an interesting question as to whether sensitive guinea-pigs may also be poisoned by feeding with the same protein given after a proper interval of time. If man can be sensitized in a similar way by the eating of certain protein substances, this may throw light on those interesting and obscure cases in which the eating of fish, sea food, or other articles of diet sometimes causes sudden and often serious symptoms resembling those of anaphylaxis in all essential respects.

**Maternal Transmission.**—It has been found that hypersusceptibility to the toxic action of horse serum is transmitted from the mother guinea-pig to her young. This function is solely maternal; the male takes no part whatever in the transmission of these acquired properties. Whether this maternal transmission is hereditary or congenital cannot be definitely stated.

There are certain analogies between the action of tuberculosis and anaphylaxis. Both produce hypersensitiveness and also a certain degree of immunity. Now that it has been proved that hypersensitiveness or anaphylactic action may be transmitted in guinea-pigs, may it not throw light upon the fact that tuberculosis "runs in families"? While there are several recorded instances demonstrating that immunity to certain infectious diseases may be transmitted from a mother to her young, this is, so far as is known, the only recorded instance in which hypersensitiveness or a tendency to a pathologic state has been experimentally shown to be transmitted from a mother to her young.

**Serum Anaphylaxis in Man, or Serum Sickness.**—Serum anaphylaxis in man is met with most frequently following the use of antitoxic sera, and has been carefully described by v. Pirquet and Schick (1905).<sup>42</sup> After an injection of serum (usually in from eight to twelve days) there is apt to be a febrile reaction, now generally known as "serum sickness," or serum disease. The common symptoms are local redness, itching and pain at the point of injection, swelling of the lymph nodes, fever, and a general urticaria lasting from two to six days. In more severe cases there is malaise, albuminuria, pronounced joint pains and even effusions, swelling of the mucous membranes, hoarseness and cough, nausea and

<sup>42</sup> "Serum Krankheit," Wien, 1905.

vomiting, vertigo, and remarkable skin manifestations varying from hyperemias and erythemas to efflorescences resembling measles or scarlatina, and other vasomotor disturbances. There is a striking resemblance between serum sickness and measles.

Rarely there may be subnormal temperature, a weak and rapid pulse, a catarrhal or hemorrhagic enteritis and extreme weakness approaching collapse. These results are independent of the antitoxic qualities of the serum, for Johannessen obtained the same symptoms by introducing normal horse serum into the bodies of perfectly healthy human beings. Indeed, the very earliest animal experiments were particularly concerned in determining whether the antitoxin played any part in the phenomenon, and it was soon conclusively eliminated as a factor.

Both the incidence and the severity of serum sickness are proportional to the amount injected up to a certain point, but the acute (sometimes fatal) reaction in man is more dependent upon the hypersusceptibility of the individual than upon the amount of serum injected. If the serum is "concentrated" (i. e., serum-globulin), the reactions are correspondingly lessened because smaller quantities of the foreign protein are injected, and the albumins and certain other proteins having been eliminated by the partial purification.

The peculiarity of serum sickness in man is that it may follow the first injection of a foreign serum, though only after a definite incubation period corresponding to the time required to sensitize an experimental animal. There is no proof that other animals do not develop a reaction to the first dose which never rises to the threshold of clinical observation; in fact, Ehrlich, Francione, and others have observed a temporary diminution of complement in the blood of guinea-pigs 10-12 days after the first injection. Just how man becomes sensitized is not always clear. It may be by a previous injection of horse serum, or by eating horse meat, or by the introduction of small amounts of horse protein through wounds of the skin, or through the respiratory tract; finally, hereditary transmission may account for the susceptibility.

Besides the typical serum sickness, there has been reported since the introduction of serum therapy a certain small number of unforeseen and fatal catastrophes attending the injection of horse serum into human beings. The following case published by H. F. Gillette will serve to illustrate them all:

"The patient was a man of 52, a subject of asthma. He asked me to administer diphtheria antitoxin to him, hoping it might cure his asthma. I administered 2,000 units under the left scapula with the usual precautions. He had about completed dressing when he said he had a pricking sensation in the neck and chest; soon he sat down and said he could not breathe, nor did he breathe again. . . . His pulse at the wrist remained regular and full for some time after respira-

tion ceased. He had a mild degree of cyanosis and edema of the face. He died in tonic spasms ten minutes after injection. Autopsy revealed no palpable cause of death."

The same author collected 28 cases of collapse or death after serum injection, of which 15 died. There was a common history of previous asthmatic trouble in all but 5 of the 28, and all, after injection, showed common symptoms of sudden intense dyspnea, a sense of overwhelming anxiety, edema and cyanosis of the face, a sudden massive urticaria, tonic muscular spasms and continued beating of the heart long after the ceasing of respiration. Rosenau and Anderson collected 19 cases and were able to examine the serum used in two of them. It was found to be no more toxic to sensitized guinea-pigs than normal horse serum. These cases of severe anaphylactic shock seem susceptible of no other explanation than that the unfortunate individuals had been in some manner, at a previous time, sensitized to horse protein. They present a picture which is almost the counterpart of typical anaphylactic shock in guinea-pigs, and the most striking thing about them is that practically all give a history of respiratory trouble in the past, especially horse-asthma. Schultz and Jordan suggest that these occasional cases of sudden death in man may perhaps be due to an abnormal development of the mucous membrane and smooth muscle of the bronchi (as in asthmatics), and that the smooth muscle, being hypersusceptible, produces asphyxia by sudden contraction. There is evidence<sup>43</sup> indicating that the protein given off by one animal may be absorbed by individuals of different species by way of the lungs. One thing is clear, that these immediate and sometimes fatal reactions are not dependent upon any peculiar property in the serum, but to an altered power of reaction of the individual to the foreign protein injected. The anaphylactic reactions following the injection of serum in man may be summed up briefly as follows:

*Reactions following first injection:*

- (a) "Serum sickness," incubation 8-12 days (common).
- (b) Acute anaphylactic shock, with collapse or death (rare).

*Reactions following second injection:*

- (a) Interval between injections less than 8 days, no reaction.
- (b) Interval 12-40 days, immediate reaction.
- (c) Interval 15 days-6 mos., either immediate or accelerated reaction, or both.
- (d) Interval over 6 mos., accelerated reaction.

The above table represents the usual course of events, but exceptions may occur, and the time intervals are only approximate. Sometimes

<sup>43</sup> Rosenau, M. J., and Amoss, H. L.: *Jour. of Med. Res.*, Sept., 1911, XXV, 1, pp. 35-84.

the reactions do not appear until the third, fourth, or some subsequent injection.

The following precautions are suggested in serum therapy:

(1) Except in urgent cases, avoid injecting horse serum into individuals known to be asthmatic, especially those in whom symptoms are brought on by being around horses.

(2) If hypersensitiveness is suspected, give at first a very small amount of serum subcutaneously, following it in an hour or so with the rest, injecting it exceedingly slowly and avoiding direct injection into the circulation. Sometimes an intradermal injection is given to determine sensitization; this is followed by small desensitizing doses of the serum at intervals of an hour. There is no necessary correlation between skin hypersensitiveness and general anaphylaxis.

(3) In persons known or suspected of being hypersusceptible to horse serum, bovine antitoxin may be used.

#### **Hypersusceptibility and Immunity Produced by Bacterial Proteins.**

—The problem of hypersusceptibility has an important bearing on the question of immunity, and hence the opinion has been expressed that “resistance to disease may largely be gained through a process of hypersusceptibility. Whether this increased susceptibility is an essential element or only one stage in the process of resistance to disease must now engage our attention.” It is now clear that the phenomenon of hypersusceptibility has an important bearing on the prevention and cure of certain infectious processes.

Hypersusceptibility may easily be induced in guinea-pigs with protein extracts obtained from the bacterial cell. The first injection of most of the extract seems comparatively harmless to the animal. A second injection of the same extract shows, however, that profound physiologic changes have taken place. A definite period must elapse between the first and the second injection. The symptoms presented by the guinea-pigs as a result of the second injection resemble those caused by other proteins. The phenomenon induced by a second injection is followed (in certain cases) by an immunity to the corresponding infection.

These results strengthen the belief that the phenomenon of hypersusceptibility has a practical significance in the prevention and cure of certain infectious processes. It also gives a possible explanation of the period of incubation of some of the communicable diseases. Is it a coincidence that the period of incubation of a number of infectious diseases is about seven to fourteen days, which corresponds significantly with the time required to sensitize animals with a strange protein? The mechanism of prevention and cure of tuberculosis finds its readiest explanation in terms of anaphylaxis.

In certain infectious diseases, such as pneumonia, the crisis which

commonly appears about the tenth day may find a somewhat similar explanation. It is evident that disease processes produced by soluble toxins, such as diphtheria and tetanus, do not belong to the category now under consideration.

**Relation of Anaphylaxis to Protein Metabolism.**—The whole problem of protein metabolism seems to be an adjustment in the sense of a defense. The power to assimilate and use foreign proteins is not achieved without a certain amount of violence to the body. The relation between the fundamental facts of protein metabolism and immunity to certain diseases becomes clearer in the light of observations upon anaphylaxis. A deeper insight into these problems will throw light on the fundamental processes concerned in both protein metabolism and immunity.

**Relation of Anaphylaxis to Endotoxins.**—The fact that the great majority of bacteria do not produce soluble poisons, such as diphtheria and tetanus, has led to the belief that in such cases we are dealing with an "endotoxin." The endotoxin has long been regarded as a poisonous substance so intimately associated with the cell that it is not released until the microbic cell is broken up in the body. The inability to demonstrate many of these endotoxins has cast a doubt on their existence and increased the mystery of their action. It now seems probable that the studies on anaphylaxis may throw light upon this question.

When bacteria grow in the body they are dissolved by lytic agencies and the foreign protein thus released may sensitize the body and afterward "poison" it. The bacterial proteins may not be poisonous in themselves in the sense of an "endotoxin." We have, in fact, shown that protein extracts of bacterial cells at the second injection may produce characteristic symptoms, and this reaction may be followed by an immunity to the corresponding infection.

**The Relation of Anaphylaxis to Tuberculosis.**—The tuberculin reaction is one of the best known clinical instances of anaphylaxis. The reaction may be general, local or focal; even anaphylactic shock may occur. The general reaction is manifested by fever and constitutional symptoms; the local reaction by inflammation of the skin (von Pirquet test); the focal reaction by congestion and increased functional activity about the tuberculous lesion. Balwin and Krause have demonstrated that the general, local or focal reactions occur only as a result of an anatomical tubercle. Following a local infection with the tubercle bacillus the tissues generally become hypersusceptible to tuberculin. It has been shown that a local hypersusceptibility may be produced by the direct application of tuberculin to certain tissues (conjunctiva). The same has been demonstrated for the skin, and is probably true of other tissues. This hypersusceptibility of the tissues immediately surrounding a tuberculous focus helps to encapsulate and limit the process. Should



a tubercle bacillus lodge in or on a tissue in a state of tuberculin anaphylaxis, the result is that all of nature's protecting agencies are quickly concentrated on the point where most needed. We conceive that this active power of reacting quickly is not only an important factor in individual prophylaxis against tuberculosis, but is an important agency by which the spread of the disease after it has obtained a lodgment in the body is prevented.

The normal individual does not react to tuberculin. The tuberculous individual reacts promptly, except in the final stage of the disease. The difference between the normal individual and the individual in the final stage of tuberculosis is that the former has not had his anaphylactic powers developed, while the latter has had them developed and disappear.<sup>44</sup> A tuberculous individual in whom the specific power of hypersusceptibility to the tubercle bacillus is broken down presents little or no resistance against the advance of the infection.

We may adduce a practical lesson from this. When tuberculin is used in large or too oft-repeated doses there is a tendency to break down or to exhaust the useful and beneficial hypersusceptible state of the tissues. In accordance with this line of reasoning, therefore, tuberculin would be of benefit in tuberculosis only when used in such a way as to develop and not diminish the power of anaphylaxis of the tissues. This explanation has been borne out in the use of tuberculin, especially as a therapeutic agent in bone, gland and skin tuberculosis, when the process is sluggish. Hence, for therapeutic purposes, it should be used chiefly to stimulate a chronic sluggish process—even then only in small amounts at infrequent intervals, and only when autogenous tuberculin is not secreted.

**Relation of Anaphylaxis to Vaccination.**—When the virus of cowpox is introduced into the skin we implant a colony of microorganisms. They grow day by day, and on the eighth day there is an enormous number of them. The contents of the vesicle will start new colonies on thousands of other arms, but now the antibodies appear and the colony is attacked and digested, and toxic bodies are formed. This is diffused in the neighborhood and we get an intense local inflammation called the areola. Some of the toxic bodies enter the circulation and cause fever, but the microorganisms are killed and we can no longer vaccinate with the contents of the now yellow pustule; two or three days more, the struggle is over, but the antibodies remain a long time. Let us now revaccinate, and a different series of events takes place, for in the meantime the body has become educated and instead of waiting some days before attacking the colony of microorganisms in the skin, starts the attack at once. In other words, there is an immediate reaction—a

<sup>44</sup> The term *antianaphylaxis* is now used to describe the condition when a sensitized animal fails to respond.

changed power of reaction or anaphylaxis. In brief, the first vaccination has sensitized the tissues, so that they respond at once upon the second vaccination.

The invading microorganisms, attacked at once, are soon destroyed—they are given no chance to multiply, and little toxin is formed. This attractive explanation of the immunity to smallpox or cowpox, developed by von Pirquet, shows that the prophylaxis depends upon the anaphylaxis. See *Immediate and Accelerated Reactions*, page 18.

**Relation of Anaphylaxis to Food "Idiosyncrasies."**—Many persons are susceptible to some particular article of diet. The symptoms produced are vasomotor disturbances, skin eruptions, gastro-intestinal disorders, and respiratory difficulty. The articles of diet usually responsible are shell-fish, fish, strawberries, tomatoes, pork, cereals, eggs, milk,—the list is very long, including even honey. Fish, tomatoes, and cheese are apt to produce urticarias; cereal, pork and milk, erythemas and eczemas; eggs, asthmatic symptoms. There is, however, no constancy in this regard. Collapse may result in a few minutes from the ingestion of a very small amount of the particular substance to which a person is hyper-susceptible.

These cases of food "idiosyncrasies" are instances of local and general anaphylaxis. Bronfenbrenner<sup>45</sup> demonstrated the presence of specific antibodies in the blood of a young girl, 17 years old, who was subject to asthmatic attacks and severe gastro-intestinal disturbances, following the ingestion of small quantities of egg protein. In most cases the susceptibility is clearly inherited, in some it may be acquired. When there is difficulty in determining which food is responsible, the skin test may be employed. This consists in rubbing a drop of the food itself, or a watery extract, into a scratch upon the skin. The reaction comes on within thirty minutes, as a pink-red papule, and declines rapidly. The relation between the local and general reactions is not always clear.

Antianaphylaxis to this condition may be brought about by "immunizing" the subject with increasing doses of the responsible antigen given by the mouth. Peptone, 0.4 to 0.5 gram, by the mouth before eating also acts as a desensitizing agent. The peptone seems to be polyvalent for most of the proteins causing the anaphylaxis.

**Eczema.**—Towle and Talbot were among the first definitely to reveal that a goodly proportion of eczematous infants were passing stools containing an excess of fats and starch. A correction of diet will relieve most of these infants in a few weeks. In cases where eczematous infants and older children do not reveal an excess of starch or fat, they are usually anaphylactic to egg albumin, milk, oatmeal, or some other food containing protein. In chronic eczema, the great majority of these victims exhibit anaphylactic reactions to one or more types of food sub-

<sup>45</sup> *Journ. Exp. Med.*, 1915, XXI, No. 3.

stances. Only about 20 per cent. of eczematous individuals do not appear sensitized to any of the common food types.

**Relation of Anaphylaxis to Hay Fever.**—Hay fever may be caused by the pollen of grasses and certain plants, such as ragweed, goldenrod, etc.; by emanations from animals, especially horses and cats; by suggestion, as in nervous coryza; and by changes in chemical reaction, as when hyperacidity of the gastric juice causes the mucous membranes to swell and discharge a watery secretion. Hay fever is a characteristic symptom-complex that depends entirely upon an inherited predisposition on the part of the respiratory and conjunctival mucous membranes, and not upon the influence of a specific agent.

Persons who are susceptible to pollen represent instances of local anaphylaxis of the respiratory mucosa. The symptoms are mainly local, but also general. The particular pollen responsible in any individual case may be determined by placing a drop of a watery extract upon a scratch on the skin. A positive reaction manifests itself in five or ten minutes as an elevation with a hyperemic border and itching. Certain foods, especially eggs, give rise to respiratory difficulty, asthmatic in nature.

**Rose colds** are associated with pollen from roses, timothy, daisies, etc. Usually they occur early and are mild. Rose colds may be helped by inoculations with their respective proteins. The problem is different with hay fever due to ragweed, for the pollen of ragweed is a microscopic bur with penetrating properties. In cases due to ragweed, it is necessary to consider massive dosage, also secondary infections which follow injury to the mucosa.

**Relation of Anaphylaxis to Drugs; Anaphylactoid Reactions.**—Most of the persons who show idiosyncrasies to certain drugs give a clear history of inherited hypersensitiveness. The symptoms of drug reaction are the same as those that occur with foods, i. e., coryza, cough, bronchial spasm with urticaria in some cases, or angioneuritic edema, and frequently gastro-intestinal manifestations, with pain, vomiting and diarrhea. These symptoms are quite separate and apart from any normal or toxic action of the drug. The class of drugs known as antipyretics occasionally produce chills and pyrexia, sometimes cardiac collapse. In practically all these cases, there is a marked eosinophilia, from 10 to 15 per cent. Symptoms usually appear within a few hours after the administration of the drug, but are sometimes delayed for days.

The drugs that may act as exciting agents are many: metals, the halogens, alkaloids, methane derivatives, coal tar products, benzol derivatives, also resins, turpentine, sandalwood oil, cubebs, copaiba balsam, and others.

**Other Practical Relations of Anaphylaxis.**—Other conditions which have been explained in whole or part on the theory of anaphylaxis are

puerperal eclampsia, sympathetic ophthalmia, the onset of labor, the crisis in pneumonia, the spasmophilic diathesis, the symptoms attendant on the rupture of the cysts in echinococcus disease, etc. The anaphylactic reaction is also used in diagnosis, and in forensic medicine in the identification of blood stains, and, finally, may be used as a scientific instrument for the detection of minute amounts of protein.

#### REFERENCES TO IMMUNITY

Emery's book upon "Immunity and Specific Therapy" and Zinsser's book on "Immunity" are recommended to the reader who desires a more extended review upon the subject. Kolle and Wassermann's "Handbuch der Pathogenen Mikroorganismen" has also been consulted, as well as Kraus and Levaditi's "Handbuch der Technik und Methodik der Immunitätsforschung." These volumes also contain selected bibliographies.

The laboratory methods of Immunology are described in Kolmer's "Practical text book of Infection, Immunity and Specific Therapy."

The current literature upon immunity will be found in the *Journal of Immunology* and *Zeitschrift für Immunitätsforschungen*.

For those who desire to dip deeper into the subject the original reference to many of the fundamental studies will be found in "Collected Studies on Immunity" by Ehrlich, translated by Bolduan; "Studies on Immunity" by Bordet, translated by Gay; "Studies in Immunization" by Wright; "L'Immunité dans les Maladies Infestieuses" by Metchnikoff, translated by Binnie; and Ricketts, H. T.: "Infection, Immunity and Serum Therapy in Relation to the Infectious Diseases Which Attack Man," Chicago, 1906.

## CHAPTER II

### HEREDITY AND EUGENICS

Heredity may be defined as the genetic relation between successive generations. It is a condition of all organic evolution. Castle defines heredity as organic resemblance based on descent.

It is now perfectly evident that heredity is one of the fundamental factors in preventive medicine—and of first importance in sociology. It is well known to students of biology that education and environment have but a limited power to improve imperfect human protoplasm.

One of the best protections we have against diseases of body and mind is that which is inherited from our forebears. The whole problem of improving the human stock, not only from the medical view, but from the broader sociologic standpoint, is based upon the breeding of the fit and elimination of the unfit. The science of eugenics (normal genesis), therefore, assumes especial importance in preventive medicine. The physician, as well as the sanitarian, stands impotent before many deplorable conditions both in the individual and in society at large, which are inherited from our ancestors and are, therefore, incurable—but largely preventable. We are interested in educating the present generation to the facts of eugenics so that future generations may have that best of all birthrights—good human protoplasm.

The discoveries of Mendel have made it quite clear how certain characters are inherited, why certain characters skip a generation and reappear in the grandchildren, and why it is that certain defects are carried from generation to generation through many centuries.<sup>1</sup> The defects transmitted hereditarily are not all of equal practical importance. Thus, it makes comparatively little difference to the individual if he has a supernumerary spleen, an extra finger, or an unusual arrangement of the lobes of the liver. The defects which are of especial importance both to the individual and to succeeding generations are the defects of the nervous system. These comprise the class known as defectives. A slight defect in the structure of the brain which would be unnoticed in the lung, bone, or musculature may render the individual vicious instead of useful. The principal factors which are believed to

<sup>1</sup> Mendel's work has not only made it possible for us to predict with precision whether certain good or bad traits will or will not appear in the future offspring, but also to foretell with considerable precision in what proportion certain characters will appear and reappear.

start a line of defectives are inbreeding, syphilis, and alcohol; also nervous or physical diseases, mental or nervous exhaustion, and excesses and poisons of all kinds.<sup>2</sup>

### DEFECTIVES

Mental defectives are due to restricted mental development and must be regarded as children, and whatever their age must be treated as children. They are unmoral, not immoral. They need treatment, not punishment, for they are as innocent as children, not naturally bad, vicious or wicked.

**Recognition.**—The supposition that mentally defective persons may readily be recognized by their physical appearance, or by some outward expression, such as the movement of the eyes, is a mistake. It is also important not to confuse illiteracy with mental deficiency.

The defective individual is very easily recognized when the condition is well marked. The mental abnormality is usually accompanied by prominent physical defects known as the stigmata of degeneration (Lombroso and Weismann). The typical degenerate is of poor bodily development; the brain is smaller than normal, with convolutions less abundant, and less fully formed. He has a degraded physiognomy, lacks capacity for sustained attention or for prolonged thought, is cunning rather than intelligent, deficient in moral sense—in all points resembling the stigmata of the lower, less developed races of our species. The whole gives the impression of a reversion to a lower type. An unfortunate side to this problem is that degenerates and defectives generally are not only irresponsible morally, but are very prolific. They lack self-control and have abnormal sexual appetites. Defectives beget defectives, and thus insanity, nervous diseases, moral and physical degeneracy are propagated.

**Mongolianism.**—The Mongolian<sup>3</sup> type is described by Shuttleworth as follows: "The skull is a short oval, the transverse and longitudinal diameters approximating, while there is a tendency to parallelism of the frontal and occipital planes. Children of this type have a skin coarse in epidermis, if not furfuraceous; many have sore eyelids, some fissured lips; but one of the most striking peculiarities is the state of the tongue, which is transversely fissured, and has hypertrophied papillae. Dr. John Thomson states that in the early weeks of life the tongue is normal: between the third and ninth months the papillae get enlarged, while during the third and fourth years the transverse fissures appear. This latter

<sup>2</sup> The real cause or method of origin of some defective characters that are transmitted hereditarily is no better understood than the origin of "sports" or mutations.

<sup>3</sup> This type has no connection with the Mongolian race. It is so named on account of the resemblance to that type of countenance.

peculiarity is possibly due to tongue sucking, which is so common in this type of defective, acting on an abnormally vulnerable mucous membrane. Many of them have almond-shaped eyes, obliquely set, and this feature, with the squat nose, epicanthic fold, and wiry hair, gives the Mongol aspect from which they derive their name. The hands are usually broad and the fingers short, and often the little finger is incurved. The feet also are characteristically clumsy, with a marked cleft between the big toe and the next one. Laxity of the joints is a marked feature. There is no reason to believe that they are essentially *unfinished* children, and that their peculiar appearance is really that of a phase of fetal life."

Mongolianism is definite and easily recognized and should be diagnosed early, usually before the sixth or eighth month. This is important for the sake of the parents. Goddard states that a diagnosis of Mongolianism settles the following points: (1) The condition is not hereditary. (2) It is more frequent in the better families. (3) The child will never develop beyond the seven-year mentality, and the great majority have a mentality of almost exactly four years. Consequently (4) they must always be cared for. Unpleasant as the duty is, yet in the long run it is a kindness to the parents to inform them of such a diagnosis.

**Feeble-minded—Idiots, Imbeciles and Morons.**—Feeble-minded persons are now commonly divided into three groups: (1) *idiots*, which comprise those whose mentality does not advance beyond normal children of two years; (2) *imbeciles*, those whose minds remain at about the fourth-year period; and (3) *morons* or fools, those whose mental condition does not get farther than about the twelve-year age. Mild grades are called *psychopathic inferiority*. All grades of mental inferiority between the moron and the normal occur. In addition, there is a group above the moron whose conduct shows that they are not normal. These are sometimes called *dull normal*, or *backward*. Of these three groups the moron is perhaps the most important from every standpoint, for this is the group of defectives that propagates itself, and the crop is large. The high grade defective or moron is the most troublesome, partly because he is not easily recognized as defective, and partly because he has sufficient mentality to go about by himself and get into all kinds of mischief, either on his own account or led on by someone else. The male morons grow up into paupers, drinkers, hoboos and ne'er-do-wells and fill our hospitals and asylums. The female morons grow up into irresponsible women who replenish the ranks of the prostitutes and other defectives.

The Royal Commission of England reports that in that country the feeble-minded are increasing at twice the rate of the general population. Butler of Indiana states that feeble-mindedness produces more pauperism, degeneracy, and crime than any other source; that it touches every form of charitable activity; that it is felt in every part of the state, and

affects, in some way, all the people, and that its cost is beyond comprehension. The Committee of Visitors of the State Charities of New York reported that there are in that state 32,000 feeble-minded persons (1914). Of these, 4,900 are provided for in institutions especially designed for their care, and 4,500 in other institutions, leaving at large 22,600. It has been estimated that of the 32,000 feeble-minded, 10,000 are girls and women of child-bearing age, 1,750 of whom are cared for in institutions designed for the care of such persons, and 1,625 are confined in reformatories, prisons, and almshouses, leaving about 7,000 at large in the community. Goddard estimates that in the way of spreading disease, immorality, and increasing the stock of the feeble-minded, a girl or a woman of this class, of child-bearing age, is three times as great a menace to the community as is a feeble-minded boy or man. It is estimated that the feeble-minded constitute 25 to 50 per cent. of the inmates of our prisons, 15 to 30 per cent. of the almshouses, and a still larger percentage of prostitutes.

Upwards of 2 per cent. of juveniles are so defective mentally as to be incapable of self-support and self-direction, and are largely irresponsible.

Mental deficiency can be acquired in persons with good heredity. This sometimes occurs as a result of injury to the brain, or of cerebral hemorrhages occurring in the course of acute febrile infections of childhood. Other causes are:—Bacterial toxins which may permanently injure the brain cells and prevent their development; cerebrospinal fever; local meningitis, resulting from middle ear disease; or serious impairment of the special senses, etc.

*Intelligence Quotient.*—Albert Binet first suggested that it was possible to take the mental measure of normal and defective mentality. He devised a measure scale for intelligence. He deduced from his experience the following formula: "Children who are under nine years of age and show a backwardness of more than two years, are probably mental defectives to the extent of being actually feeble-minded; those who are nine years or more and show a backwardness of more than three years are also feeble-minded." Goddard states that Binet's formula is well within the truth. More accurate methods of measurement, however, have been devised, and specialists use the "Intelligence Quotient" (I. Q.). This is obtained by dividing the *mental* age by the age in years, which gives in the case of backward children a fraction. If this fraction is less than 0.75 there is a very high degree of certainty that the person is feeble-minded. If the fraction is greater than 0.80, the person while backward or dull normal is not feeble-minded. If the I. Q. is between 0.75 and 0.80, the case may be a doubtful one and is frequently called "border-line."

The general mental characteristics that can be determined without



special psychological tests are (1) lack of control of emotions and impulses, (2) inability to adapt to new conditions, (3) inability to generalize from experiences or to deal with abstractions, (4) general lack of good judgment and good sense.

**Prevention of Propagation of Defectives.**—Four methods have been proposed to prevent the propagation of defectives: (1) education; (2) legislation; (3) segregation; (4) surgery.

*Education.*—Education directed toward the defective is a failure, for he is incapable of profiting by the lessons. The education of the better class of the community is indirectly helpful in calling attention to the situation as being largely preventable, and to the necessity and means for controlling it.

*Restrictive Legislation.*—Restrictive legislation is a praiseworthy effort, but has signally failed as a preventive measure, for the evident reason that it only adds illegitimacy to degeneracy, and thus the children enter on life's battle doubly handicapped. Minnesota has a law providing that within the bounds of the state no marriage shall be permitted, either party to which is epileptic, imbecile, feeble-minded, or afflicted with insanity, unless the woman be over forty-five. Michigan, Delaware, Connecticut, Indiana, New Jersey, and North Dakota have also passed laws for the purpose of preventing marriage among defectives.

*Segregation.*—Segregation would be an ideal and humane method of isolating those who are incapable of having normal offspring, but the segregation of all degenerates and defectives would be an enormous and impractical task. Further, the great difficulty is to detect the unfit individual who starts a strain of defectives and degenerates. It is evidently a hopeless task to know where to draw the line between the fit and the unfit, so that for the present we must be satisfied to enforce restrictive measures upon only those who are evident and well-marked examples. Insane asylums, homes for epileptics, reformatory schools, as well as special hospitals and institutions for advanced cases must not be regarded as preventive measures in the true sense, for such segregation provides care and comfort as a terminal measure; that is, it is usually a last resort. Frequently defectives propagate their kind before and sometimes after they are interned in such institutions. Preference, nevertheless, should be given to women of child-bearing age in institutional care.

Although segregation of all persons with higher types of mental defect is never likely to be accomplished, there is hope of devising a plan of registration and guardianship in the community which will protect a great many and prevent their marriage.<sup>4</sup>

<sup>4</sup>Fernard, "What is Practicable in the Way of Prevention of Mental Defect," a pamphlet distributed by the National Committee for Mental Hygiene, 1915. Also, Salmon, "Outlines of a State Policy for Dealing with Mental Deficiency," *Medical Record*, April 17, 1915.

*Surgery.*—Sterilization has been proposed as a means of controlling the propagation of defectives. This is done either by severing the *vas deferens* or the Fallopian tube. At the Indiana Reformatory Dr. Sharp carries out the law <sup>5</sup> of that state providing for the sterilization of defectives. The operation of *vasectomy* consists of ligation and resection of a small portion of the *vas deferens*. The operation is very simple and easy to perform. It may be done without an anesthetic, either local or general. As performed by Dr. Sharp it requires about three minutes, and the subject returns to his work immediately, suffering no inconvenience and in no way hampered in his pursuit of life, liberty, and happiness, but is effectively sterilized. In 456 cases Dr. Sharp has had no unfavorable symptoms. The operation is performed as follows: After cleansing the scrotum with soap and water, followed by alcohol, the spermatic cord is grasped between the thumb and index finger of the left hand. The *vas deferens* is detected, firmly held and fixed with a pair of bullet forceps. It is then exposed by a small incision and drawn through the scrotum wound by means of a tenaculum. It is stripped of all membranes and the accompanying artery, ligated above and severed, care being taken to cut away any portion of the *vas deferens* that may have been damaged in the manipulation. This is done in order to promote absorption from the interstitial cells of Leydig, and to avoid cystic degeneration of the testicle. The retraction of the muscle closes the skin wound and no stitch, collodion, or adhesive plaster is needed. There is no diminution of the sexual power or pleasure. The discharge at the orgasm is but slightly decreased.

The operation in the female is more difficult, but if carefully done is no more hazardous. The Fallopian tubes are reached through a

<sup>5</sup>The Indiana law reads as follows:

Whereas, Heredity plays a most important part in the transmission of crime, idiocy, and imbecility;

Therefore, Be it enacted by the General Assembly of the State of Indiana, That on and after the passage of this act it shall be compulsory for each and every institution in the State, entrusted with the care of confirmed criminals, idiots, rapists, and imbeciles, to appoint upon its staff, in addition to the regular institutional physician, two (2) skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable and there is no probability of improvement of the mental and physical condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable. . . .

Eleven other states provide for the sterilization of either criminals or the feeble-minded, viz.: California, Connecticut, Iowa, Kansas, Michigan, Nevada, North Dakota, New York, New Jersey, Washington, and Wisconsin. The constitutionality of the law has been appealed to the Supreme Court in Iowa. *Bull. of the Univ. of Wisconsin*, No. 82, 1 May, 1914.

median incision and ligated near the uterus and severed beyond the ligature.

Opinions vary greatly concerning the proper use of sterilizing criminals, insane, degenerates, and defectives generally. There is no doubt concerning its effectiveness.

Sterilization is a measure which contains great potential possibilities for abuse and injustice. It probably will never receive general acceptance on account of the difficulty of determining upon whom the operation shall be done. Even in perfectly clear cases, such as the insane, the epileptic, or the high grade degenerate, the harm has often been done before the operation is decided upon.

**Statistics of Defectives.**—The large number of defectives and unfit in our country may be gleaned from the following figures showing the number of inmates in state institutions in 1913.<sup>6</sup>

In institutions for—	
Feeble-minded .....	28,805*
Insane .....	205,198**
Criminalistic (including delinquent and wayward) ..	84,328
Epileptic .....	7,313*
Inebriate .....	463
Tuberculous .....	5,995
Blind and deaf .....	11,991
Deformed .....	456
Dependent .....	24,089
Total .....	368,638

\* As of January 1, 1916.

\*\* As of June 30, 1914.

The last census report for the United States gives data relative to the dependents and defectives in institutions; the number not in institutions can only be guessed at. Kellicott gives the following approximate numbers in our country in 1904:

Insane and feeble-minded, at least .....	200,000
Blind .....	100,000
Deaf and dumb .....	100,000
Paupers in institutions .....	80,000
Prisoners .....	100,000
Juvenile delinquents in institutions .....	23,000

The number of persons cared for in hospitals, dispensaries, and "homes" of various kinds in the year 1904 was in excess of two million. All these are not defectives, but many suffer from preventable disabilities.

Salmon estimates that there are about four mentally defectives per 1,000 of population.

<sup>6</sup> These figures were compiled by the Bureau of the Census, *The Eugenics Record Office*, and the National Committee for Mental Hygiene.

Goddard states that there are between 300,000 and 400,000 feeble-minded in the United States. Further, that two-thirds of them owe their condition to heredity, and that they are propagating their kind at a rate two to six times as fast as the good stock. It is estimated that the feeble-minded constitute 25 to 40 per cent. of the inmates of our prisons, 15 to 30 per cent. of the inmates of almshouses, and a still larger percentage of prostitutes.

We have to support about 500,000 insane, feeble-minded, epileptic, blind, and deaf, 80,000 prisoners, and 100,000 paupers, at a cost of \$100,000,000 per year. A new plague affecting 2 per cent. of the population and costing this vast treasure would instantly attract universal attention. One-sixth of the total appropriation of the State of Massachusetts is for the maintenance of insane and feeble-minded in institutions. We have become so used to crime, disease, and degeneracy that we take them as necessary evils. "That many of them were so in the world's-ignorance is granted; that they must remain so is denied."

Statistical studies seem to indicate a rapid (at least an unnecessary) increase of the unfit, defective, insane, criminal, and, on the other hand, a slow increase, or even a decrease (?), of the fit, normal, or gifted stocks. It is plain to the student of eugenics how such conditions account for the rise and fall of nations.

The United States census of 1880 reported 40,942 insane in hospitals and 51,017 not in hospitals; a total of 91,959 known insane. In 1903 it was estimated that there was a total of 180,000 in the United States. Thus, the ratio of known insane in the total population was 225 per 100,000 in 1903, as compared with 183 per 100,000 in 1880. On January 1st, 1920, there were 232,680 patients with mental disease in hospitals for the insane in this country. Including those on parole, the number would be over 250,000 (see page 422). These figures must not be taken as an index of the increase of insanity in the population at large—for institutional care has been growing much more popular during the past decade, especially since more humane methods have been adopted. Further, the classification of insanity now includes many cases that were formerly little noticed.<sup>7</sup> This subject is fully discussed in Section II.

<sup>7</sup>A special census of the insane confined in institutions was taken by the Bureau of the Census in 1910, and it was found that 187,454 patients were confined in hospitals for the insane in the continental United States.

While the population of the United States increased about 11 per cent. in the interval between 1904 and 1910, the population in insane asylums increased about 25 per cent. The number of insane in asylums per 100,000 population increased from 186.2 in 1904 to 203.8 in 1910. The number of persons annually committed to hospitals for the insane per 100,000 population increased from 61.5 in 1904 to 65.9 in 1910. If these ratios are accepted as representing insanity rates, it would appear that the number of persons becoming insane, in a community comprising 100,000 persons, was greater by 4.4 in 1910 than it was in 1904. It must be remembered, however, that these figures include only the insane

The comparatively large and increasing numbers of defectives and weaklings among the civilized races compared with wild animals may be accounted for by the fact that atavism and reversion are more frequently met with in artificially cultivated strains, such as civilized man; and the further fact that our charitable and philanthropic efforts foster and even favor the unfit.

**Degenerate Families.**—A careful study has been made of the records of several families in which the mating of unfit individuals has begotten a swarm of unfit descendants.

One of the best known families of this type is the so-called Jukes family of New York State investigated by Dugdale. This family is traced from the five daughters of a lazy and irresponsible fisherman born in 1720. In five generations the descendants of Jukes numbered about 1,200 persons, including nearly 200 who married into it. The histories of 540 of these are well-known, and about 500 more are partly known. Some 300 died in infancy. Of the remaining 900, 310 were professional paupers living in almshouses (a total of 2,300 years); 440 were physically wrecked by their own diseased wickedness; more than half of the women were prostitutes; 130 were convicted criminals; 60 were habitual thieves; 7 were murderers. Not one had even a common school education; only 20 learned a trade, and 10 of these learned it in State's prison. The descendants of Jukes in five generations have cost New York State over one million and a quarter dollars, and the cost is still going on.

Probably the most complete family history of this kind ever worked out is that of the "Familie Zero," a Swiss family whose pedigree has been studied by Jörger. In the seventeenth century this family divided into three lines. Two of these have ever since remained valued and highly respected families, while the third has descended to the depths. This third line was established by a man who was himself the result of two generations of intermarriage, the second tainted with insanity. He was of a roving disposition, and in the Valla Fontana found an Italian vagrant wife of vicious character. Their son inherited fully the parental traits and himself married a member of a German vagabond family—Marcus. This marriage sealed the fate of their hundreds of descendants. The pair had seven children, all characterized by vagabondage, thievery, who are committed to hospitals. As to the number of cases of insanity not resulting in commitments to hospitals the census has no data. It is entirely possible that the increase in the number of commitments per 100,000 population is not due to any considerable degree to an increased prevalence of insanity, but simply to the extension of this method of caring for the insane. It is a change which might result from an increase in the number of institutions of this class and from the increasing disposition on the part of the public to resort to such institutions. In this connection it may be noted that the number of institutions for the insane reported by the census increased from 328 in 1904 to 372 in 1910, an increase of about 13 per cent. The average number of inmates per institution increased from 458 in 1904 to 504 in 1910.

drunkenness, mental and physical defects, and immorality (Kellicott). How much of this is due to heredity and how much to environment will be discussed presently.

Another interesting example of the same type has been described by Poellmann. This family was established by two daughters of a woman drunkard who in five or six generations produced, all told, 834 descendants. The histories of 709 of these are known. Of the 709, 107 were of illegitimate birth, 64 were inmates of almshouses, 162 were professional beggars, 164 were prostitutes, and 17 procurers, 76 had served sentences in prison, aggregating 116 years, 7 were condemned for murder.

Dr. Henry H. Goddard<sup>8</sup> has investigated and compiled the results of his work on the heredity of a most remarkable family, the Kallikak family. During the Revolutionary days, the first Martin Kallikak (the name is fictitious), descended from a long line of good English ancestry, took advantage of a feeble-minded girl. The result of their indulgence was a feeble-minded son. This son married a normal woman. They in turn produced five feeble-minded and two normal children. Practically all of the descendants of these defectives have been traced, as well as those of the two normals. The tragic story follows:

From both normal and defective descendants of this union came a long line of defective stock. There were 480 in all. Of these 36 were illegitimate, 33 sexually immoral, 24 confirmed alcoholics, and 3 epilep-

<sup>8</sup> "The Kallikak Family, a Study in the Heredity of Feeble-mindedness," New York, Macmillan Company, 1912.

See also "The Story of the Dack Family: A Study in Eugenics." Finlayson, *Bull. No. 15*, Eugenics Record Office.

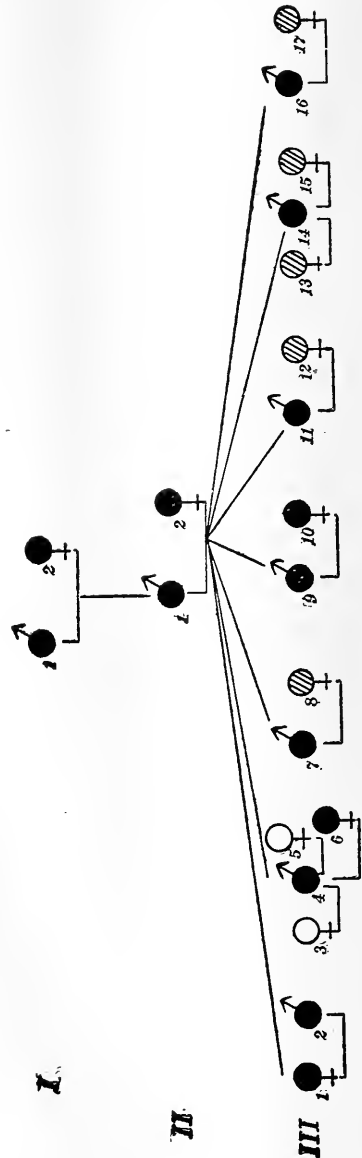


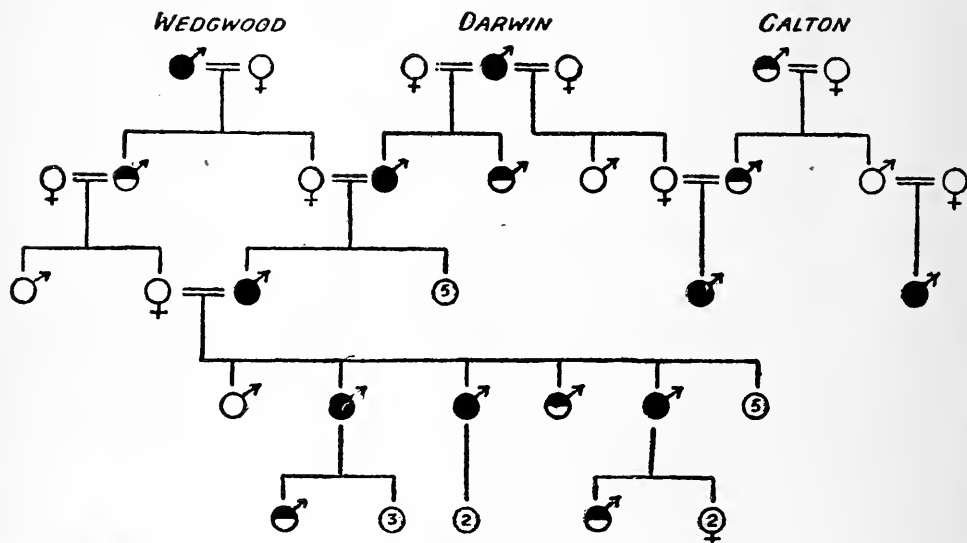
FIG. 62.—HISTORY OF THE FAMILY ZERO (condensed from Jörger's data, partly after Davenport).

ties. Eighty-two died in infancy, 3 were criminal, 8 kept houses of ill fame, and 143 were distinctly feeble-minded. Only 46 were found who were apparently normal. The rest are unknown or doubtful. But the scion of the good family who started this long line of delinquent and defective progeny is also responsible for a strain of an entirely different character. After the Revolutionary War was over, he married a Quaker girl of good ancestry and settled down to live a respectable life after the traditions of his forefathers. From this legal union with a normal woman there have been 496 descendants. All of these except two have been of normal mentality. The exceptions were cases of insanity, presumably inherited through marriage with an outside strain in which there was a constitutional psychopathic tendency. In all the 496 there is not an instance of feeble-mindedness. The offspring descended from this side of the house have universally occupied positions in the upper walks of life. They have never been criminals or ne'er-do-wells. On the other hand, there has not been a single instance of exceptional ability among the descendants of the first Martin Kallikak and the feeble-minded girl. Most of these descendants have failed to rise above the dead level of mediocrity; indeed, most of them have fallen far below even this minimum standard.

The fact that the descendants of both the normal and the feeble-minded mother have been traced and studied in every conceivable environment, and that the respective strains have always been true to type, tends to confirm the belief that heredity has been the determining factor in the formation of their respective characters. In the cities the descendants of the legal marriage with the normal woman are physicians, lawyers, and prominent business men, while the descendants of the feeble-minded mother are almost invariably found in the slums. In the rural districts the descendants of the normal mother and her consort are wealthy and influential farmers, while the others never rise above the rank of farm laborers and shiftless men and women, who are unable to subsist without the aid of charity. Many representatives of the defective branch are inmates of almshouses, while there are no paupers at all among the normal descendants.

In many ways this study of Goddard's far outweighs in importance the famous comparison by Dr. Winship of the Jukes and Edwards families. In that case the simple fact was demonstrated that a good family like that of the illustrious Jonathan Edwards had given rise to innumerable examples of the highest intellectual and moral worth, whereas the criminal Jukes for seven generations contributed nothing to the common good and cost the state of New York large sums of money. But the Jukes family and the Edwards family had no ancestor in common. Their environment was totally different and they lived in

entirely separate communities. Although from sociologic and economic points of view the history of the Jukes family and its comparison with that of the family of Jonathan Edwards has great value, it is of but scant scientific importance as compared with that of the Kallikak family, for here a natural object-lesson in eugenics shows unmistakably the manner in which after-coming generations from a given mating receive the characteristics of the dominant strain, which in the elder (illegitimate) Kallikak line was the inferior strain, with only a debased and enfeebled heritage to hand on.<sup>9</sup>



◐ shows a man of scientific ability ; ● shows a man of scientific ability, who is also a Fellow of the Royal Society ; 5 shows five other children, and so on.

FIG. 63.—HISTORY (CONDENSED AND INCOMPLETE) OF THREE MARKEDLY ABLE FAMILIES (After Whentham) (Kellicott).

In contrast to these we have the descendants of the families of Wedgwood, Darwin, and Galton, the Edwards family and the Ward family. These three noted families contained a large number of statesmen, jurists, professors, physicians, officers in the army and navy, prominent authors and writers, and occasionally men and women of genius. They show a long line of usefulness in every department of social progress, and not one of them ever has been convicted of a crime.

How much of this is due to heredity and how much to environment are debatable questions. Students of biology are convinced that heredity plays the major rôle in the lives of the individuals in the above-mentioned families. In how far such extreme instances as those given above

<sup>9</sup> *J. A. M. A.*, Oct. 26, 1912, LIX, 17, p. 1545.



represent the rule or exceptions it will require much additional data and long years of study to determine (see pages 425 and 638).

## EUGENICS

The science of eugenics has been defined as "the science of being well born." According to Galton, "eugenics is the study of the agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally."

The aim of eugenics is to increase the number of best specimens in each class; that done, leave them to work out their common civilization in their own way. It also aims to leave a good heritage to the next generation and to repress the propagation of the vicious and defective classes.

The success of eugenics depends almost entirely upon our knowledge of heredity and sociology. Therefore, the fundamental principles of heredity should be familiar to all students of preventive medicine.

The present movement started in 1865 when Francis Galton showed that mental qualities are inherited, just as are physical qualities, and pointed out that this opened a way to an improvement of the race in all respects. Galton's work on "Hereditary Genius," published in 1869, again emphasized the possibility and desirability of improving the natural qualities of the human race. The word "eugenics" was coined in 1883 in his "Inquiries Into the Human Faculty."

There is no doubt concerning the desirability of breeding better human stock, but how this may be accomplished practically is a difficult question. The program of the eugenicist is perplexing and complicated: To follow the theoretical extremists would require a social revolution—a change from the present method of haphazard mating. The threshold of the subject has scarcely been passed, and we must bear in mind that some of the striking men of genius from whom the world has greatly profited have been individuals whom the student of genetics would regard as degenerates or defectives. Eugenics does not mean free love, nor does the eugenicist recommend Burbanking the human race to produce great physical strength, beauty, endurance, mental or moral power. One point only in the program is perfectly clear, and that is that a check should be placed upon the propagation of the crop of defectives by means already pointed out.

The known facts of heredity and the study of eugenics make us examine more critically some of the directions which preventive medicine, including philanthropy and social uplift, has taken. We must now ask ourselves the question whether it would not be better for the future generations if we helped the fit instead of concentrating all our attention

and sympathies upon the weakling and the unfit. These are problems raised by Galton, who questions whether some of our philanthropic efforts are well balanced and well directed.

It is important to recognize that many diseases are due to defects of society. Sociology, therefore, must come to the aid of preventive medicine. Crime is often a defect that needs treatment rather than punishment. Poverty is one of the chief causes of diseases, and ignorance one of its first allies. Hence, constructive reforms must aim for social justice, education, and the teachings of eugenics.

According to the teachings of genetics, all men are not created free and equal; but bound by their protoplasmic make-up and unequal in their powers and responsibilities.

It is evidently now of great importance to collect a large number of pedigrees, in which the data shall be stated with scientific exactness and in minute detail. Such a mass of facts may then be studied in the light of science in order to determine in how far the laws of heredity apply to human characters. This is being done by the Eugenics Record Office at Cold Springs Harbor, New York, under the patronage of the Carnegie Institution.

Specifically, the Record Office seeks pedigrees of families in which one or more of the following traits appear: short stature, tallness, corpulency; special talents in music, art, literature, mechanics, invention, and mathematics; rheumatism, multiple sclerosis, hereditary ataxy, Ménière's disease, chorea of all forms, eye defects of all forms, otosclerosis, peculiarities of hair, skin, and nails (especially red hair), albinism, harelip and cleft palate, peculiarities of the teeth, cancer, Thomsen's disease, hemophilia, exophthalmic goiter, diabetes, alkaptonuria, gout, peculiarities of the hands and feet and of other parts of the skeleton.

In brief, then, the aim of eugenics is through heredity to give the individual the greatest of all birthrights, good human protoplasm—and to eliminate, as far as may be possible, bad human protoplasm.

## PRINCIPLES OF HEREDITY

For a clearer understanding of the hereditary transmission of disease, malformations, and defects, it is necessary to have an understanding of the principal views upon organic evolution and the theories of heredity. The student of preventive medicine should especially have a clear comprehension of Mendel's work, which has thrown a flood of light upon the problems before us. Mendel has opened new vistas in biology, which have a practical bearing upon public health work. It is evidently impossible in a short space to do justice to such large subjects as evolution and heredity, and the student is, therefore, referred

to the authorities given at the end of this chapter, which will repay careful study.

**Variation.**—It has been a matter of common observation that like *tends* to beget like rather than “like *begets* like,” for there is a tendency toward new departures.

Two distinct sorts of divergences may appear among the members of a single family. The first is known as variation; the second as mutation.

By variation we understand those slight differences which invariably distinguish all the members of every family. They consist of individual differences which affect every part and every character. Such differences are also known as fluctuating, normal, or continuous variations to distinguish them from abnormal, definite, or discontinuous variations, which are more properly termed mutations. As examples of variation in man we may cite the differences in size or stature, color of skin and eyes, curliness of hair, configuration of features, etc.

Darwin lays particular emphasis upon the importance of variation in his views of organic evolution.

**Darwin's Theory—The Survival of the Fittest.**—Darwin's views<sup>10</sup> of heredity form the basis of his theory of organic evolution. Two separate factors are primarily concerned: (1) the fact of fluctuating variation, that is, that no two members of the same family ever resemble one another exactly; and (2) the occurrence of a struggle for existence between organisms, owing to the geometric rate of increase of living things. From these two facts it follows that, when a change of environment takes place, certain members of an existing species will be somewhat better adapted than others to withstand the new conditions, and the former will tend to survive to the exclusion of the latter. Darwin assumes that during long series of generations this process will result in a steady change in the character of the species in the direction of better adaptation to the new conditions. In other words, Darwin considers that an accumulation of a series of small changes due to the influence of environment are transmitted hereditarily through natural selection.

The remarkable effects produced in the case of domestic animals and plants by the action of artificial selection greatly influenced Darwin's views upon the selective influences which exist in nature. Darwin believed in the hereditary transmission of acquired characters and regarded organic evolution as proceeding by a slow, gradual, or continuous process. There can be no doubt that natural and sexual selection have a great influence, but whether sufficient to originate new species or even new specific characters is a question. Now that the transmission of acquired characters is denied by students of heredity, and the

<sup>10</sup> Darwin: “The Origin of Species,” etc.

fact that DeVries has actually observed new species arise suddenly, this portion of Darwin's theory of organic evolution and the origin of species is receiving critical examination.

Darwin firmly believed that the characters of organisms can be modified by selection, and he made this the foundation stone of his theory of evolution. The brilliancy of the mutation theory of DeVries, coupled with his great service to biology in rediscovering the Mendelian laws, has somewhat dazzled our eyes. Castle believes, after ten years of continuous work in selection, that much may be accomplished by this means quite apart from the process of mutation, and considers that the work of DeVries himself argues strongly in favor of this idea, although his interpretation of it is adverse to selection. From the evidence at hand we must conclude that Darwin was right in assigning great importance to selection in evolution, that progress results not merely from sorting out particular combinations by large and striking unit characters, but also from the selection of slight differences in the potentiality of gametes representing the same unit character combinations.

**Mutation.**—Mutations comprise definite differences, usually of considerable magnitude—differences that indicate specific characters or the beginning of new species. Such differences are also known as abnormal, definite, or discontinuous variations, but more properly they are termed mutations, sometimes "sports." Mutations may be either useful or harmful. They arise "spontaneously" and are transmitted in accordance with Mendel's law. As examples of mutations in man we may cite albinism, polydactylism, brachydactylism, etc.

DeVries, Bateson, and the "mutationists" are convinced that mutation is a much more important factor in the origin of species than variation, as understood by Darwin. In the light of Mendel's work mutations appear to be unit characters which arise "spontaneously"—in some instances they represent recessive characters that have remained dormant for many generations.

**DeVries—Discontinuous Evolution.**—The observations of DeVries upon the evening primrose (*Oenothera lamarckiana*) convinced him that species may arise suddenly, that evolution is discontinuous and goes by leaps and bounds rather than by the slow or continuous process of organic evolution described by Darwin.

Mutation is the term applied by DeVries to express the process of origination of a new species or a new specific character, when this takes place by the discontinuous method at a single step. DeVries believes that this is the most important, if not the sole, method by which new species or specific characters arise. To those who are convinced that acquired characters are not inherited the explanations of Lamarck and Darwin have always been incomplete. Darwin insisted that nature does

not make jumps and that new species arise slowly through the action of natural selection on minute variations—a gradual or continuous evolution.<sup>11</sup> From his experiments DeVries concludes that when selection is really efficient the full possible effects of this process are exhausted in quite a small number of generations, and that then the only further effect of selection is to keep up the standard already arrived at. DeVries actually observed quite a number of new types of plants which arose suddenly and naturally. When they made their appearance the majority of the new types came true to seed. With regard to the causes of mutation little is known, unless we assume that they represent unit characters which have long remained recessive.

**Weismann's Views.**—Weismann's<sup>12</sup> views are based largely upon his assumption that the germ plasm is distinct from the body and that acquired characters are not inherited. The parent is composed biologically of somatic, or body cells, which are mortal, and reproduction cells, or germ plasm, which are distinct, continuous, immortal. The germ cells undergo the least modification from their original condition. Indeed, Weismann believes that there is no reason for supposing that they have undergone any modification at all. From this point of view we may consider the nature of a given series of animals as being determined only by the particular series of cells which constitute the direct ancestry of the germ cells in each individual. The cells which make up the bodily structure may be regarded as the result of so many offshoots which come to an end at the death of the organism and have no progeny of their own.

The minute study of the germ cells taken in connection with modern experimental work on the methods by which inheritance takes place shows a strong tendency to confirm Weismann's views, so far as the inheritance of distinct and definite characters is concerned.

Wilson<sup>13</sup> has expressed Weismann's theory as follows: It is a reversal of the true point of view to regard inheritance as taking place from the body of the parent to that of the child. The child inherits from the

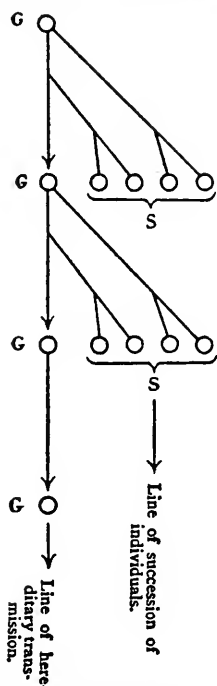


FIG. 64.—WILSON'S THEORY OF INHERITANCE MODIFIED BY LOCK (G, germ cells; S, somatic cells).

<sup>11</sup> Darwin, however, recognized the facts of mutations or "sports" as he called them and dwelt upon their importance.

<sup>12</sup> Weismann, A.: "Essays upon Heredity," 1889, and "The Evolution Theory," 1906.

<sup>13</sup> Wilson: "The Cell in Development and Inheritance," p. 13.

parent germ cell, not from the parent body, and the germ cell owes its characters not to the body which bears it, but to its descent from a pre-existing germ cell of the same kind. Thus, the body is, as it were, an offshoot from the germ cell. As far as inheritance is concerned, the body is merely the carrier of the germ cells which are held in trust for coming generations. Fig. 64 illustrates Wilson's theory of inheritance as modified by Lock.

**Mendel's Law.**—We are indebted to Mendel<sup>14</sup> for one of the most important observations of biology—the most important, in fact, with reference to heredity. The essential factors of Mendel's discovery are: (1) unit characters, (2) dominance, (3) segregation. By a unit character is understood any characteristic of an individual that is transmitted from parent to offspring through successive generations and which conforms to the following: When parents with complementary unit characters unite, it is found that one character predominates over the other. This is known as *dominance*. It has further been found that the unit characters contributed by the respective parents do not, as a rule, blend, but remain separate or distinct. This is known as *segregation*. The principles of segregation and dominance have been found to apply to the inheritance of many characters in animals and plants. It should be carefully borne in mind that the unit characters themselves are not transmitted as such in the germ cells. Just what is transmitted is not definitely known. It is quite sure that the only thing that is inherited in the germ cells is something which determines the development of the unit character. This something is called a *determiner*.

The essence of this great discovery was published by Mendel in a short paper in 1866. By some extraordinary chance Mendel's observations were entirely lost sight of until the same facts were independently rediscovered in 1899 by DeVries, working in Holland, by Correns in Germany, and by Tschermak in Austria.

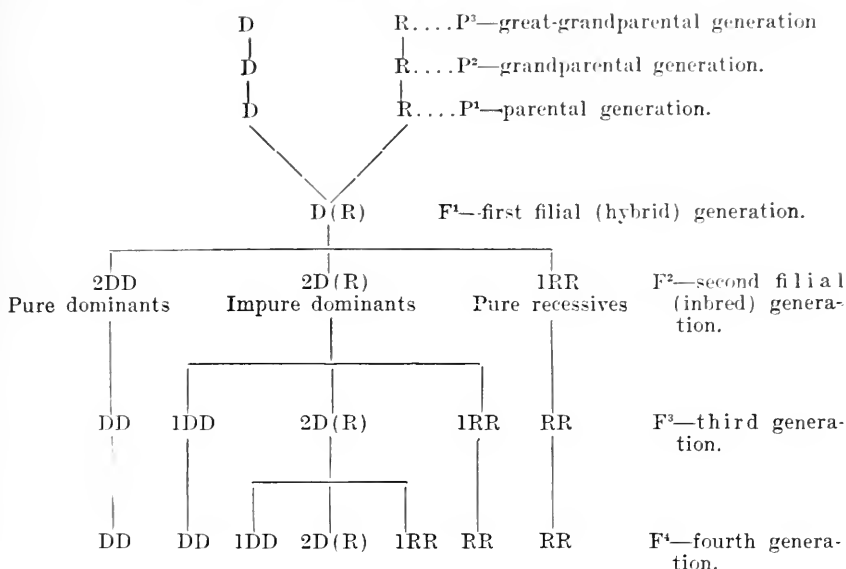
Mendel's law may best be understood from a concrete illustration. One of the simplest cases is that of the heredity of color in the Andalusian fowl, which has been so clearly described by Bateson.

There are two established color varieties of this fowl: one with a great deal of black and one that is white with some black markings or splashes.

<sup>14</sup>Gregor Johann Mendel was born July 22, 1822, at Heizendorf in Austrian Silesia. In 1843 he entered the Augustine Convent at Altbrunn as a novice, and was ordained priest in 1847. Mendel was a teacher of natural science in the Brunn Realschule from 1853 to 1868, when he was appointed abbot of his monastery.

Mendel published only the results of his work upon hybridization with peas and a few of his experiments with *Hieracium*. The original paper on "Hybridization" was published in the *Verh. Naturf. Ver.* in Brunn, Abhandlungen IV, 1865, which appeared in 1866; the paper on "*Hieracium*" appeared in the same journal, VIII, 1869. The student is advised to read "Mendel's Principles of Heredity" by W. Bateson, 1909, in which he will find a translation of these two important papers. A clear exposition is also given by R. C. Punnett in his book entitled "Mendelism" (1911).

A SCHEMATIC REPRESENTATION OF MENDEL'S LAW



D and R represent complementary unit characters, D the dominant character, and R the recessive character. D(R) represents a dominant with the recessive character unexpressed but potentially present. DD means pure dominants, and RR pure recessives.

For convenience we may refer to these as the black and white varieties respectively. Each of these breeds true by itself. Black mated with black produce none but black offspring. White mated with white produce none but white offspring. Crossing black and white, however, results in the production of fowls with a sort of grayish color called "blue" by the fancier, though in reality it is a fine mixture of black and white. If we continue to breed succeeding generations from these blue hybrid fowls we get three different colored forms. Some will be blue, like the parents, some black, like one grandparent, some white, like the other grandparent. Further, these different colors appear in certain definite proportions among the three classes of descendants. Of the total number of the immediate offspring of the hybrid blues, approximately one-half will be blue, like the parents, approximately one-fourth black, and one-fourth white, like each of the grandparents. Thus, black bred together produce only blacks; the white similarly produce only whites; the blues, on the other hand, when bred together produce a progeny sorting into three classes, and in the same proportion as that produced by the blues of the original hybrid generation. The fact that the black grandchildren and the white grandchildren respectively breed true is a very important fact. In this illustration no race of the hybrid

blue character can be established, for the blues always produce blacks and whites as well as blues (see Fig. 65).

Another instance which illustrates the phenomenon of dominant and recessive characters as well as segregation is here given. If black and

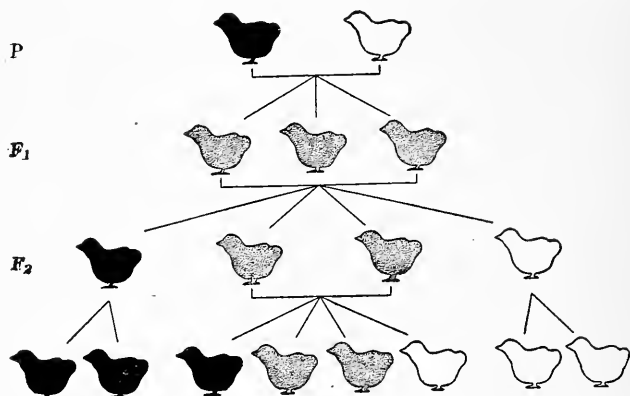


FIG. 65.—DIAGRAM SHOWING THE COURSE OF COLOR HEREDITY IN THE ANDALUSIAN FOWL, IN WHICH ONE COLOR DOES NOT COMPLETELY DOMINATE ANOTHER. *P*, parental generation. The offspring of this cross constitute *F*<sub>1</sub>, the first filial or hybrid generation. *F*<sub>2</sub>, the second filial generation. Bottom row, third filial generation. (Kellicott.)

white varieties of guinea-pigs are crossed the offspring are all black, like one parent; that is, when black and white characters are brought together in the guinea-pig, these do not appear to blend into gray or "blue," as in the case of the Andalusian fowl, but one character alone appears.

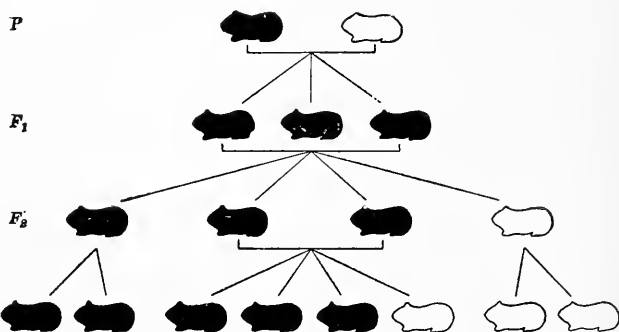


FIG. 66.—DIAGRAM SHOWING THE COURSE OF COLOR HEREDITY IN THE GUINEA-PIG, IN WHICH ONE COLOR (BLACK) COMPLETELY DOMINATES ANOTHER (WHITE). Reference letters as in Fig. 65. (Kellicott.)

The black seems to cover up or wipe out the white. The black color is, therefore, said to be dominant and the white recessive. The white character, however, has not disappeared, for when the black offspring are crossed together the progeny falls into two groups: some black and some



white. Three-fourths of the progeny are black; that is, they resemble the hybrid form and at the same time one of the grandparents, while the remaining fourth resemble the other white grandparent. Some of these blacks will breed true and are, therefore, known as *homozygotes*. Some of the blacks contain a mixture of the black and white characters and are, therefore, known as *heterozygotes*. The hereditary transmission of the color character in these two illustrations through the germ cell is shown in the accompanying diagram.

*Unit characters* may either be *positive* or *negative*; that is, they may be due to the presence or absence of "something" in the germ cell or sperm cell. This something, known as a determiner, is a force, a molecular structure or an enzyme (?) in the nuclear matter of the germ plasm. Thus, the determiner in the case of pigment is not the pigment itself, but something that activates pigment production. These determiners are transmitted in the germ plasm and are the only things that are truly transmitted. The determiner may be either in the ovum or the sperm.

An heritable character may be due to the presence or absence of a determiner in the germ plasm of both parents. When a character is due to the presence of a determiner it is called positive, when due to the absence of a determiner, negative. Thus, a brown eye depends on a determiner that produces the brown-colored pigment, while the blue eye depends upon the absence of such a determiner. It is not always easy to anticipate whether a given character is positive or negative. For instance, long hair in Angora cats, sheep, or guinea-pigs is apparently not due to a factor added to short hair, but rather to an absence of a determiner that stops growth in short-haired animals.

One of the most important conclusions from Mendel's observations is that the different inherited traits act independently; that is, they do not blend. In other words, the definitely heritable characters act as independent units that are without any apparent relation to other peculiarities of the individual concern. Furthermore, these units do not interfere with each other. It follows that all the unit characters of an individual are to be regarded as mutually independent assemblages. This is the doctrine of unit characters. According to this doctrine, each individual is of dual origin, paternal and maternal, and each individual is made up of a mosaic of inherited characters, some of which may be dominant, others recessive. The idea of unit characters capable of being inherited independently of one another is one of the most important conceptions which has been added to our knowledge of heredity. We now know from the phenomenon of segregation what constitutes purity in a strain of animals or plants; that is, purity does not depend upon the length of time during which a race has exhibited a constant character, for a strain of absolute purity may arise from the second generation of

a cross. Mendel's law has not only explained many facts in heredity, but also has important practical bearing in the improvement of the breeds of cultivated plants and domestic animals.

**Atavism and Reversion.**—Atavism (from *atavus*, a grandfather) is the inheritance of properties not manifest in either parent, but present in the grandfather or some relatively remote ancestor. Mendel's observations upon recessive characters now make plain some of the phenomena known as atavism. According to Castle, atavism or reversion to an ancestral condition can be completely explained by the Mendelian principles. It is nothing more or less than the reassertion of recessive unit characters that have long been overshadowed by dominant characters. It seems that recessive characters may not be lost, no matter how long they remain latent or dormant.

The term "atavism" is sometimes employed to mean any reversionary condition, whether favorable or unfavorable, while the term "reversion" means a return in the offspring to a lower type, usually of some remote ancestor. The degenerations which run in families may be instances either of atavism or reversion, or mutation.

Darwin's classical experiment illustrating reversion consisted in crossing a barbed fan-tail female pigeon with a barbed spot male and producing offspring hardly distinguishable from the wild Shetland species of blue-rock pigeon (*Colomba livia*). This is a case of reversion, in which an artificially bred and highly specialized race quickly recovered characters which had been lost during many generations. A foal is sometimes born with a few stripes on its forelegs, as if reminding us of striped wild horses. Highly cultivated and specialized flowers and vegetables have a tendency to revert, and sometimes produce forms hardly distinguishable from their wild progenitors.

Reversion is due to the reassertion of latent ancestral characters. It is an impelling hereditary force which must be taken into account. True reversion may arise in pure bred races, but is much more frequent as the result of hybridization.

The facts of reversion and atavism are of peculiar interest to man, for the reason that the human species has, through unconscious selection and conscious effort, improved the race to its present point of superiority. Whether civilized man to-day is superior to ancient races may be doubted, but the fact is plain that civilization is breeding an artificial and highly specialized strain that shows artificial departures from primitive stock.

It is well known that the high bred and "fancy" races of the domesticated animals show a marked tendency to reversion or deterioration of type. Likewise, the human race shows the same tendency to revert to types resembling its forebears. The present level attained by the more highly civilized races can only be maintained by a continua-

tion of that struggle for improvement, progress, and desire for perfection which is an inborn characteristic and an essential element of progress. Owing to the artificial position to which the human race has brought itself, it becomes necessary to continue the struggle—to stand still means rapid deterioration. Some of the stigmata of degeneration and hereditary defects may be accounted for by this natural tendency on the part of an artificially nurtured standard to slip backward.

**Galton's Law of Filial Regression.**—Filial regression has nothing to do with reversion. The law of filial regression concretely stated is that offspring are not likely to differ from mediocrity in a given direction so widely as their parents do in the same direction. There is a continual tendency to sustain a specific average or a stock average.

Let us take a simple instance from Professor Karl Pearson's "Grammar of Science." Suppose a group of fathers with a stature of 72 in.; the mean height of their sons is 70.8 in.—a regression toward the mean height of the general population. On the other hand, fathers with a mean height of 66 in. give a group of sons a mean height 68.3 in.—again nearer the mean height of the general population. The "regression" works both ways—there is a leveling up as well as a leveling down. "The father with a great excess of the character contributes sons with an excess, but a less excess of it; the father with a great defect of the character contributes sons with a defect, but less of it" (Thompson).

## THE CELL IN HEREDITY

Each parent (male and female) is composed biologically of somatic or body cells, which are mortal, and germ plasm which is distinct, continuous, immortal. The development and embryology of the germ and sperm cells are of particular interest to the student of heredity.

The view has gained ground and general acceptance that the nucleus is the chief or exclusive bearer of the hereditary characters; that is, the female nuclear material transmits the characters of the mother and her forebears and the male nucleus those of the father and his forebears to the offspring.

Cells divide and multiply in two ways: (1) by direct division or amitosis, and (2) by indirect division or mitosis. Direct division occurs more frequently than is usually suspected. The process appears to be a very simple one; the nucleus divides without any preliminary arrangement of its structure, the cytoplasm is constricted, and presently we have two cells in place of one. Indirect division or mitosis appears to be the natural mode of cell development. The chromatin, which is the deeply staining matter in the nucleus, rearranges itself from its

"resting" stage. After a complicated process the nuclear matter forms itself into a long cylindrical thread known as the linene thread. This then divides into links or chromosomes.<sup>15</sup> The chromosomes are of special interest, for they are believed to carry the "determiners."

In mitotic division each chromosome is divided in half longitudinally, as a stick might be split up the middle, and after a very complex process the halves of each split chromosome migrate to opposite poles. Then each centrosome attracts a group of chromosomes consisting of just one-half of the original chromatin material. Each group then, in orderly fashion, rounds itself into a new nucleus, and the body of the cell (the cytoplasm) constricts across the equatorial plane, and two cells are formed.

Every species of plant or animal has a fixed and characteristic number of chromosomes which regularly recurs in the division of all of its cells and in all forms arising by sexual reproduction the number is even. Thus, in some of the sharks the number of chromosomes is 36, in certain gastropodes it is 32; in the mouse and salamander, the trout, the lily, 24; in the worm *Sagitta*, 18; in the ox and guinea-pig, 16; in man the number was formerly stated as 16, now 24. In crustaceans the number of chromosomes may be as high as 168. In a few insects the females have in their body cells one chromosome in addition to the number possessed by the males. This has been interpreted as bearing upon the determination of sex.

Van Beneden in 1885 discovered the important fact that the nucleus of the ovum and the nucleus of the spermatozoön which unite in fertilization contain each one-half of the number of chromosomes characteristic of the body cells.

As both the germ and sperm cells contain only half the number of chromosomes, a reduction must take place in the history of these cells; in fact, alike in the history of the germ cell and in the history of the sperm cell, there is a parallel reduction in the number of chromosomes to one-half. This reduction appears to be a preparation of the reproduction cells for their subsequent union, and a means by which the number of chromosomes is held constant in the species.

In sexual reproduction each centrosome attracts a group of chromosomes, half of which are of paternal origin and half of maternal origin. This is interpreted as meaning that the paternal and maternal chromosomes that unite to form the new zygote probably carry the hereditary characters.

The gist and meaning of the whole process to the student of heredity is the precisely equal partition of the maternal and paternal con-

<sup>15</sup> For a full understanding of cell division the student is referred to one of the standard text-books upon Cytology, or Minot's "Embryology"; also, to E. B. Wilson's "The Cell in Development and Inheritance," 2d Ed., 1900.

tributions, so that each of the zygote cells that is to form a new individual has a nucleus half from the mother and half from the father.

Although the ovum is much larger than the spermatozoön, each contributes equally so far as the amount of nuclear matter is concerned; the new individual is dual in its origin, and the offspring is a double creature and retains its duality to its dying day, and transmits it to succeeding generations.

Professor E. B. Wilson states the generally accepted opinion somewhat as follows: As the ovum is much larger it is believed to furnish the initial capital—including, it may be, a legacy of food yolk—for the early development of the embryo. From both parents alike comes the inherited organization which has its seat (according to most biologists) in the readily stainable chromatin rods of the nuclei. From the father comes a little body, the centrosome, which organizes the machinery of division by which the egg splits up and distributes the dual inheritance equally between the daughter cells.

The ovum may be stimulated to segmentation without the sperm cell (parthenogenesis). When this happens individuals are produced similar to, but not as vigorous as, the normal types. The sperm cell similarly is able to develop without the nuclear matter of the egg. In other words, the ovum and the sperm each contain potential factors for the new individual. As we have already seen, in accordance with Weismann's theory, that the germ plasma is independent of the body and is continuous; therefore, acquired characters not affecting the germ plasma are not inherited in accordance with this conception.

Foreign bodies carried along by either the germ or sperm cells are examples of congenital transmission and not instances of true heredity; therefore, in the present-day conception of heredity it is not possible for a microbial disease to be transmitted hereditarily, even though the microorganism is contained in either the germ or the sperm. Thus, hens may be caused to lay colored eggs by feeding the hens with aniline dyes. Anaphylaxis is an example of a transmitted property, but the "substance," whatever it is, seems to be carried along with the maternal germ cell as a foreign body. In the case of syphilis, the *Treponema pallidum* may be carried along by the germ or sperm, and the disease is said to be transmitted hereditarily, but, strictly, the microorganism is carried as a foreign body and not as a unit character or constituent part of the nuclear matter.

## STATISTICAL METHODS

### [*Vital Statistics, Section IX*]

Statistical methods applied to biology have been termed biometry by Professor Karl Pearson. Francis Galton's book on "Natural In-

heritance" is a pioneer in the subject, and embodies a lucid introduction to the statistical study of variation and inheritance. The health officer must be familiar with statistical methods not only in their application to biology, but as they relate to vital statistics. The health officer who lacks the quantitative view or who fails to grasp the statistical values of the facts and factors in preventive medicine works under a decided handicap. The sanitarian who is ignorant of statistical methods must necessarily grope in the dark. Efficiency and economy in public

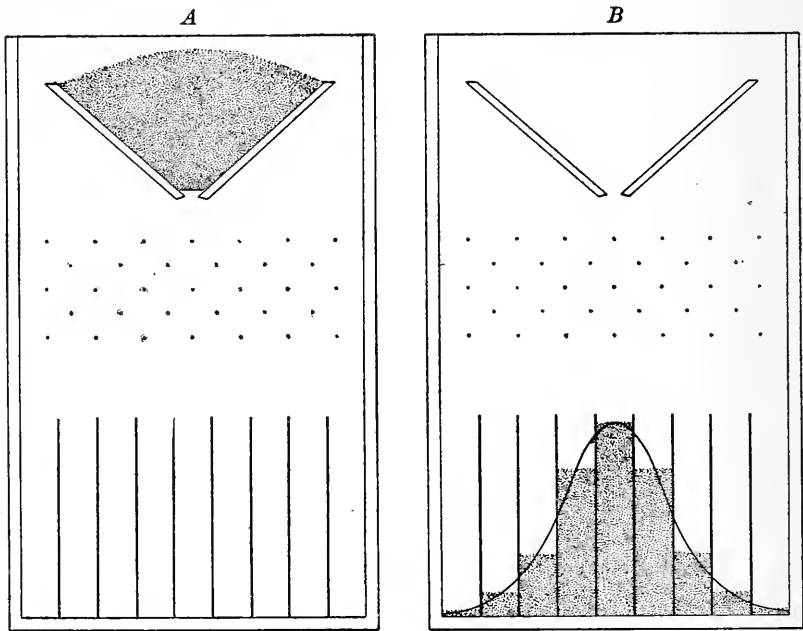


FIG. 67.—MODEL TO ILLUSTRATE THE LAW OF PROBABILITY OR "CHANCE." *A*, Peas held in container at top of board. *B*, Peas after having fallen through the obstructions into the vertical compartments below. The curve connecting the tops of the columns of peas is the normal probability curve.

health work depend not alone upon a knowledge of the biological sciences, but also upon a correct sense of proportion. The statistical method is a strong lever which makes for sane administration, economy in expenditure, efficiency of effort; in short, successful results.

Statistics deal with groups rather than with individuals. It must be understood that the *average* of a group may represent something quite different from any individual which the group contains. Also a group may contain individuals of very diverse natures. In collecting statistical material the data must be gathered without any preconceived ideas and without neglecting any members. In this respect statistical methods differ from biological methods, which require careful discrimination of data.

The quantitative determination of a character may be made by various methods, as by counting or by measurement.

The statistical method may be illustrated by a simple model, such as that suggested by Galton. This is a modification of the familiar bagatelle board covered with glass and arranged as shown in Fig. 67. A funnel-shaped container at the top of the board is filled with peas or similar objects. Below this is a regular series of obstacles symmetrically arranged, and at the bottom of the board is a row of vertical compartments also arranged symmetrically with reference to the chief axis of the whole system. If we allow the peas to run through the funnel and fall among the obstacles into the compartments below, we find that their distribution will follow certain laws capable of precise mathe-

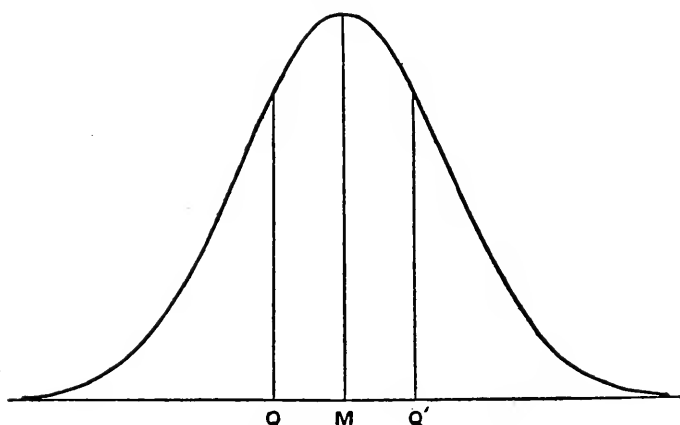


FIG. 68.—NORMAL CURVE. (Lock.)

matical description. The distribution of the peas may be predicted with fair accuracy. The middle compartment will receive the most; the compartments next the middle somewhat fewer; those further from the middle still fewer; and the end compartment fewest. If we connect the top of each column of peas by a curved line we get a curve known as the "normal frequency curve." A curve of the same essential character would result from plotting the dimensions of a thousand cobblestones, the deviation from the bull's eye in a target-shooting contest, or by plotting the variability of a biologic character, such as the stature or strength of men, the spread of sparrows' wings, the number of rays on scallop shells, or of ray flowers of daisies.

While from the above law of probability we know quite definitely what the general distribution of the peas will be, we do not know at all the future position of any single pea. Of this we can speak only in terms of probability. The chances are very high that it will fall in one of the three middle compartments, very low that it will be in one of

the extreme compartments. The chances are equal that any individual pea will fall above or below the average or middle position. We therefore see that in any group there are many more individuals near the average than there are in the classes removed from the average, and the farther the removal of a class from the average the smaller the number of individuals in that class; hence, we have the important fact in statistical methods that an individual may belong to a group without representing it fairly. In order to get a correct idea of the whole group we must know first to what extent deviation in each direction occurs above and below the group average; and, second, the average amount by which each individual of the group deviates from this group average; that is, we must know the amount of variability as well as the extent of the greatest divergence from the average. Hence, we have the following definitions and corollaries:

**Definitions.**—A *variate*, or *variable*, is one of the separate numerical values from which a curve of variability can be constructed. It may be defined as a single magnitude-determination of character. *Character* may be defined as any quality common to a number of individuals. The accuracy of the statistical method is usually proportionate to the number of variates out of which the curve is built. The biometrician usually deals with some such number as 100 or more variates. The total number of variates is represented by the area inclosed by the curve, and it will be seen that half the total number of variates falls between the two quartiles and half outside them.

Variates may be lines, terms, units, events, items, etc. If of the same magnitude, they are said to be uniform. If the series is made up of different magnitudes, these differ from each other (and from uniformity) by *deviations*.

A *class* may be defined as a group of variates, all of which show a particular value or a value falling between certain limits. The term is also used to express quantities that cannot be measured or expressed by figures; as sex, nationality, etc.

The *frequency of a class* is the number of variates which it contains.

*Groups* are measurable and can be expressed by figures; as age, height, weight, etc.

The *mean* is the average of all the values from which the curve is constructed. In any actual case obtained by practical methods, the position of the mode, the median, and the mean will only be approximately the same because such a curve is never perfectly symmetrical.

The *amount of variation* shown by a particular group of variates is measured by the degree of slope of the curve. A steep curve indicates greater variability and a flat curve denotes less variability. In other words, the deviations are greater when the curve is steeper, and vice versa.



The rejection of *extreme variates* in treating statistical series is allowable only under exceptional circumstances. In many physical measurements, for instance, Chauvenet's or some other mathematical criterion should be used to test the suspicion that single extreme variates should be rejected. Even then, while the observations might be excluded in calculating, they should, however, be published.

In any series of variates, the *quartile* is the middle term of each half of a series. In the curve representing the series, quartiles are lines dividing each half of the curve area into two equal parts. They are shown at Q and Q' (Fig. 68).<sup>16</sup> A large series of variates can have, similarly, decentiles, percentiles, etc., which are useful to show the distribution of groups.

The *median* is a perpendicular line which divides the area of the curve into two equal halves. It is also the middle variate. This implies, of course, that the variates must be arranged in the order of their ascending or descending magnitude, which is not necessary in the mean or average determination. If the series is made up of an even number of variates, the median lies half-way between the two middle ones (A, Fig. 69). It is, then, the magnitude above which, and below which, 50 per cent. of the variates occur. The median is like the mean only when the series of variates, or the curve representing that series, is symmetrical. If the curve has a decided tendency to skewness or asymmetry, the median may have little value. It may be determined by simple graphic methods outlined above, without the use of mathematics.

The *mode* may be defined as the class with the greatest frequency. It is necessary to distinguish between the empirical and the theoretical mode.

The *empirical mode* is found by inspection of the seriated data and is found to be the most frequent variate, the most probable length, the number appearing the greatest number of times, etc. It is then possible for the mode to be at the end of a series; moreover, the modal value is unaffected by any values at the extreme ends of the series.

By *theoretical mode* we mean the mode of the theoretical curve most closely agreeing with the observed data. In a normal curve, it is the longest perpendicular which can be drawn from the base line to meet the curve itself (M, Fig. 68). The normal curve is symmetrical on either side of the mode; that is to say, two perpendiculars drawn from the base to the curve on either side of the mode and at the same distance from it will be equal in length.

The mean, median, and mode of a symmetrical or normal curve therefore coincide. In an asymmetrical curve, the mode may have greater significance than the mean or average. In this case, the mode lies on the opposite side of the median from the mean; and the abscissal distance from the median to the mode is double the distance from the

<sup>16</sup> And at B and C, Fig. 69.

median to the mean; or mode = mean - 3 (mean - median). That is, it is significant when the abscissal distance from the median to the mode is double the distance from the median to the mean.

The *standard deviation* of a normal curve is the measure of variability and is expressed shortly as  $\sigma$ . The value of  $\sigma$  is found by multiplying the square of the deviation of each class from the mean (or mode) by the frequency of the class, adding together the series of products so obtained, dividing this number of the total number of

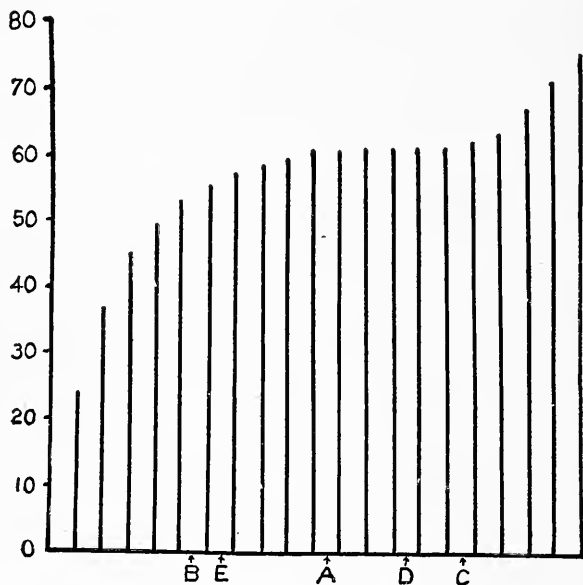


FIG. 69.—CURVE MADE UP OF VARIATES. Example on page 637. *A* = position of the median; *B*, that of the lower quartile, and *C*, of the upper quartile. *D* represents the mode, while *E* shows the position of the mean.

variates, extracting the square root of the result, and multiplying by the number of units in the class arranged.

In the curve, the standard deviation may be roughly determined by adding the distance of the two quartiles from the median. It serves to indicate whether or not the departures from the mean are small or great. The closer the variates group themselves around the mean, the smaller the standard deviation.

The *coefficient of variability* is a purely abstract number obtained by dividing the standard deviation by the magnitude of the mean in any particular case and multiplying the result by 100. It is the ratio of the standard deviation to the mean. It is an excellent measure of variability, and is used to compare this quality among different characters, or in the same character among different groups, particularly if the means differ widely.

In a normal distribution, the *probable error* of a single variate in the series of observations, is defined as that departure from either side of the mean within which one-half of the variates are found. The probable error is dealt with mostly in correlation. When the difference between two means is greater than three times the probable error, the difference is significant. The probable error of the standard deviation, of the mean, median, etc., are all occasionally useful.

In the following example, the figures represent a hypothetical series.

## EXAMPLE

GROUP OF VARIATES	DIFFERENCE BE- TWEEN MEAN AND VARIATES	SQUARE OF DIFFERENCE	
24	—32.95	1085.7025	
37	—19.95	398.0025	
45	—11.95	142.8025	
49	— 7.95	63.2025	
53	— 3.95	15.6025	A — <i>Median</i> = 60
B			
55	— 1.95	3.8025	B — <i>Lower quartile</i> = 54
57	+ .05	.0025	
58	+ 1.05	1.1025	C — <i>Upper quartile</i> =
59	2.05	4.2025	61.5
60	3.05	9.3025	
A			
60	3.05	9.3025	<i>Mode</i> = 61
61	4.05	16.4025	<i>Mean</i> = 56.95
61	4.05	16.4025	
61	4.05	16.4025	$\sigma = \pm 11.17$
61	4.05	16.4025	
C			
62	5.05	25.5025	<i>Coefficient of variability</i>
63	6.05	36.6025	= 19.44
67	10.05	101.0025	
71	14.05	197.4025	<i>Probable error of single</i>
75	18.05	325.8025	determination = $\pm .45$
20) 1139.	157.40	20) 2494.9500	
56.95		124.7475	

The *group* contains 20 *variates*. The *mean* is the average of the variates, or 56.95. The *median* in this series lies between the two middle variates and is therefore 60. There are two *quartiles*, the lower being 54 and the upper 61.5. The difference in magnitude between the quartiles and the median indicate that the variates are not grouped closely about the median. This is also evident on inspection. This hypothetical series was chosen to illustrate functions and terms. Under actual experimental conditions, the data collected would not make ordinarily such a uniform series of figures.

The mean and the median do not coincide; that is, the curve has skewness, or is asymmetrical. The *mode* or most frequently appearing figure is 61. It is of greater significance than the *mean*, since it repre-

sents the most probable event because of the number of times it was found.

The difference between the mode (61) and the median (60) is 1. This is less than twice the difference between the median (60) and the mean (56.95), which is 3.05. If it were more than twice 3.05, it would indicate that the variates were not evenly grouped about the modal point, a fact which in such a small series of figures would be also evident upon inspection.

The *standard deviation* is found by obtaining the square root of the quotient obtained by dividing the sum of the squares of the variate deviations from the mean by the number of variates. In the example given,  $2494.25 \div 20 = 124.74$ , the square root of which, or  $\sigma$ , is  $\pm 11.17$ .

The *coefficient of variability* is  $100 \times \frac{11.17}{56.95} = 19.44$ . The *probable error* of a single variate is found by taking the square root of the figure obtained by dividing the sum of the squares of the deviations by the number of variates minus one, and multiplying the result by a constant  $\pm .6745 \sqrt{\frac{2494.95}{20-1}} = \pm .45$

For a further consideration of the mathematics involved, etc., the appended bibliography may be consulted.

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### HEREDITY VERSUS ENVIRONMENT

How much of our physical and mental make-up is due to heredity (nature) and how much to environment (nurture) is one of the much-discussed problems. It seems evident to students of biology that by far the overwhelming factor in our organization is set and definitely fixed at our birth. Heredity appears to be the overshadowing influence

of first and prime importance. Herbert Spencer well said that "inherited constitution must ever be the chief factor in determining character." Environment may influence the individual, but apparently has small and slow power of propagating itself for good; great and rapid power for evil. That is, the hereditary transmission of acquired characters is denied, but the transmission of defects of organization, such as insanity, deaf mutism, the consequences of syphilis, alcoholism, and other vices, are fully recognized. Atavism, reversion, and mutations must not be regarded as instances of the hereditary transmission of acquired characters in the biological sense. The tendency of the artificially bred strains of the civilized human races to revert and deteriorate has already been emphasized.

Despite the teachings of biology we are convinced that life is inexorably conditioned by its environment. The environment of today is the heredity of tomorrow. Jordan states that "among the factors everywhere and inevitably connected with the course of descent of any species variation, heredity, selection, and isolation must appear; the first two innate, part of the definition of organic life; the last two extrinsic, arising from the necessities of environment, and not one of these can find leverage without the presence of the others." In the present state of our knowledge, while we are convinced that heredity plays the major rôle, we are by no means prepared to deny the influence of environment.

## IMMUNITY GAINED THROUGH INHERITANCE

Immunity to disease is either natural or acquired. Natural immunity is inherited through successive generations of a species or a race. Acquired immunity, like other acquired characters, is not inherited as a "unit character" in the sense of Mendel. Thus, there has been little variation in our natural power to resist most infections, such as tuberculosis, yellow fever, plague, smallpox, cholera, tetanus, measles, scarlet fever, diphtheria, and so on through a long list, although these diseases have doubtless afflicted the human species through untold ages. The fluctuating virulence of some infections is a matter of common knowledge, and is doubtless due to many variable factors. In a few well-known instances a certain amount of tolerance or resistance has been gained and perhaps transmitted through succeeding generations by a process of the survival of the fittest. Thus, syphilis is much less virulent now than it was during the great pandemic of the sixteenth century. The resistance which the natives enjoy to malaria in badly infected quarters of the globe is largely acquired as a result of early infections, and this increased resistance is perhaps partly transmitted by a weeding out of the very susceptible. See Section IV, Chapter I.

## CHAPTER III

### THE HEREDITARY TRANSMISSION OF DISEASE

We are now prepared to discuss more in detail the hereditary transmission of disease. The question whether disease is ever transmitted hereditarily or not rests somewhat upon our conception of disease; that is, whether it is an entity, a reaction, or a "unit character." The process itself, of course, cannot be transmitted, but the potentiality of it may be involved in some peculiarity in the organization of the germ plasm. This may be, and often is, transmitted through successive generations. In the limited sense in which the word "heredity" is used in biology and in the limited sense in which the word "disease" is used in pathology, there may be no inherited diseases, but this appears to be a quibble of words or a matter of definitions. While we are not familiar with the intimate processes concerned, we are certain that many abnormal conditions of mind and body are transmitted. Some of them follow the Mendelian principles.

Formerly a large number of diseases were regarded as transmissible, but the list has been revised and restricted as a result of recent studies. The reappearance of a diseased condition in successive generations does not prove that it has been transmitted or even that it is transmissible. This mistake has been made with tuberculosis and other infections.

Lack of completeness vitiates most of the statistics bearing on heredity in relation to human diseases. Even in the case of clearly inherited diseases there are very few pedigrees sufficiently complete for the study of the applicability of Mendelian and other laws of heredity.

Sometimes the disease itself is not transmitted, but a tendency to the disease is transmitted. This will be discussed again.

Some unit characters as well as certain diseases are transmitted hereditarily, but limited to one sex; that is, the disease or condition appears in one sex only, although transmitted by the other. This remarkable sort of inheritance, known as sex-linked inheritance, occurs when the male parent is characterized by the absence of some character of which the determiner is typically lodged in the sex (x) chromosome. A striking feature of this sort of heredity is that the trait appears only in males of the family, but is not transmitted by them; it is transmitted, however, through normal females of the family. Examples of this sort of heredity are hemophilia, color-blindness, also multiple sclerosis, atrophy of the optic nerve, myopia, ichthyosis, and muscular

atrophy. The explanation is the same in all cases of sex-linked heredity. The abnormal condition is due to the absence of a determiner from the male sex chromosome.

The diseases, defects, and conditions believed to be transmitted hereditarily are discussed in the following pages. Some of these diseases, malformations, and defects of organization follow Mendel's law. It is probable that other diseases, tendencies, and characters are transmissible, but the subject has only recently been placed upon a scientific basis, and it will require careful and prolonged observation to establish the facts. It is often difficult to determine whether the disease itself or a tendency to the disease has been transmitted in any particular case, and, further, it is often difficult to decide whether an individual has inherited or acquired his affliction.

The transmissible defects which are of principal concern to the human species are the defects of organization of the central nervous system. It is important to remember that the defects of the nervous system do not necessarily propagate just the same defects in the succeeding generations. Thus, an epileptic does not necessarily beget epileptics; epilepsy, insanity, degeneracy, feeble-mindedness, alcoholism, drug addiction, and other stigmata may arise as the result of deficiencies of various kinds of forebears.

Defects such as harelip, cleft palate, cervical fistula, spina bifida, etc., are not true instances of hereditary transmission of specific characters. They rather represent an inherited deficiency in developmental vigor. These defects for the most part represent the failure of parts to unite during embryological development; in other words, the failure of embryological clefts to close normally. Such deformities, as well as clubfoot, web fingers, and other acquired or congenital deformities or disfigurations, are not, as a rule, transmitted.

Some practical problems of great importance arise from our knowledge of the hereditary transmission of disease and defects. A man or woman who intends marrying is now more than justified in carefully examining the personal and medical histories of the family of his or her intended mate. It is not only possible to foretell the color of the eyes, the nature of the hair, and other Mendelian characters in the future offspring, but it is also possible to foretell, with mathematical precision, the chances of transmitting defects, such as insanity, epilepsy, degeneracy, feeble-mindedness, deaf-mutism, color-blindness, migraine, and other nervous disorders, as well as hemophilia, polydactylism, brachydactylism, albinism, and other stigmata. In any doubtful case it may be well to consult a student of heredity, for it is possible to foretell with precision in certain cases which characters will and which will not be transmitted.

To illustrate the precision with which the characters of offspring may be predicted in the best studied cases, we need only refer to the color of the eyes. Two parents with pure blue eyes will have only blue-eyed offspring, for they both lack the brown pigment which determines the color of the iris. Similarly, if the hair of parents be flaxen, this may be taken as evidence of the absence of a hair-pigment-determiner in the germ plasm, and the offspring will have flaxen hair. For the same reason parents with lack of curliness or waviness of hair will have only straight-haired children. See table on the following page.

In determining whether transmissible characters are apt to reappear in successive generations or not we must know whether these characters are positive or negative, that is, whether they are due to the presence or absence of determiners.<sup>1</sup>

**Inbreeding** may be hazardous for reasons that are well understood. The marriage of cousins will be evidently hazardous if the objectionable hereditary characters are dominant, for in this case the danger is plain; if the characters are recessive the danger is specially unfortunate, because of unexpected outcroppings in the offspring. Inbreeding tends to secure homozygous combinations, and this brings to the surface latent or hidden recessive characters. Cross breeding brings together differentiated gametes which, reacting on each other, produce offspring of greater vigor. On the other hand, continued cross breeding only tends to hide inherent defects, not to exterminate them; inbreeding only tends to bring them to the surface, not to create them. It is not, therefore, correct to ascribe to inbreeding by intermarriage the creation of bad racial traits, but only their manifestation. Further, a racial stock which maintains a high standard of excellence under inbreeding is certainly one of great vigor and free from inherent defects (Castle).

The influence of isolation and the results of *consanguineous marriage* are well brought out when we study certain localities. Thus, consanguinity on Martha's Vineyard results in 11 per cent. deaf mutes and a number of hermaphrodites; in Point Judith, 13 per cent. idiocy and 7 per cent. insanity; in an island off the Maine coast the consequence is "intellectual dullness"; in Block Island, loss of fecundity; in some of the "Banks" off the coast of North Carolina suspiciousness and an inability to pass beyond the third or fourth grade of school; in a peninsula on the east coast of Chesapeake Bay the defect is dwarfness of stature; in George Island and Abaco (Bahama Islands) it is idiocy and blindness (G. A. Penrose, 1905). There is thus no one trait that results from the marriage of kin; the result is determined by the specific defect in the germ plasm of the common ancestor.

<sup>1</sup>We do not yet know all the unit characters in man, and it is impossible to foretell which of them are due to positive determiners and which to the absence of such.



## INHERITED CHARACTERS IN MAN

*From Castle—Genetics and Eugenics*1. **Blending**

General body size, stature, weight, skin-color, hair-form (in cross-section, correlated with straightness, curliness, etc.) shape of head and proportions of its parts (features).

2. **Mendelian**

	<i>Dominant</i>	<i>Recessive</i>
Skin and hair.....	Dark. Spotted with white. Tylosis and ichthyosis (thickened or scaly skin).	Blonde or albino (probably multiple allelomorphs). Uniformly colored. Normal skin.
	Epidermolysis (excessive formation of blisters). Hair beaded (diameter not uniform).	Normal skin. Normal hair.
Eyes.....	Front of iris pigmented (eye black, brown, etc.). Hereditary cataract. Night-blindness (when not sex linked). Normal.	Only back of iris pigmented (eye blue). Normal. Normal. Pigmentary degeneration of retina.
	Brachydactyly (short digits and limbs). Polydactyly (extra digits). Syndactyly (fused, webbed, or reduced number of digits). Symphalangy (fused joints of digits, stiff digits). Exostoses (abnormal outgrowths of long bones). Hereditary fragility of bones.	Normal. Normal. Normal. Normal. Normal.
Kidneys.....	Diabetes insipidus (excessive production of urine). Normal.	Normal. Alkaptonuria (urine black on oxidation).
	Huntington's chorea. Normal.	Normal. Hereditary feeble-mindedness.

3. **Mendelian and Sex-Linked**

(Appearing in males when simplex, but in females only when duplex.)

<i>Dominant</i>	<i>Recessive</i>
Normal.	Gower's muscular atrophy.
Normal.	Hemophilia (bleeding).
Normal.	Color-blindness (inability to distinguish red from green).
Normal.	Night-blindness (inability to see in faint light).

4. **Probably Mendelian but Dominance Uncertain or Imperfect**

Defective hair and teeth or teeth alone, extra teeth, a double set of permanent teeth, barelip, cryptorchism and hypospadias (imperfectly developed male organs), tendency to produce twins (in some families determined by the father, in others by the mother), left-handedness, otosclerosis (hardness of hearing owing to thickened tympanum).

5. **Subject to Heredity, but to What Extent or How Inherited Uncertain**

General mental ability, memory, temperament, musical ability, literary ability, artistic ability, mathematical ability, mechanical ability, congenital deafness, liability to abdominal hernia, cretinism (due to defective or diseased thyroids), defective heart, some forms of epilepsy and insanity, longevity.

**The Microbic Diseases.**—It seems a confusion of thought to the student of heredity to speak of the inheritance of any microbic disease. At one time the hereditary transmission of microbic diseases was generally believed. Now we know that, in the true sense of the term, no infectious disease is transmitted hereditarily—for even in the case of syphilis the *Treponema pallidum* is carried in the germ or sperm as a foreign body. Tuberculosis at one time was considered as transmitted, but we now know that this occurs so seldom that the popular pamphlets are entirely justified in denying it entirely.

Children are sometimes born with smallpox, measles, and other infections; these are not true instances of heredity, but cases of congenital transmission.

**Congenital Transmission.**—Prenatal infection is not a true instance of inheritance. Microbic diseases may be acquired by infection through the placenta during the fetal period. The placenta is a better filter for some infections than for others. Thus, anthrax and tuberculosis of the mother are rarely transmitted to the fetus, while there is great liability in the case of syphilis. The fetus *in utero* may take smallpox, measles, and other infections, but these instances are more properly spoken of as congenital than inherited.

We must remember that to be inherited on the part of the offspring or transmitted on the part of the parents, biology includes only those characters or their physical bases which were contained in the germ plasm of the parental sex cells (Martius); or, as Verco says, "what operates on the germ after the fusion of the sex nuclei, modifying the embryo, or even inducing an actual deviation in the development, cannot be spoken of as inherited. It belongs to the category of early acquired deviations which are, therefore, frequently congenital."

**Hereditary Transmission of a Tendency to a Disease.**—While the disease itself may not be transmitted, a tendency to a disease, known as a diathesis, may be transmitted through successive generations. A person may inherit a small bony structure, a poor musculature, "weak" lungs, susceptible mucous membranes, or an abnormal amount, distribution, or development of lymphoid structures, etc. In fact, we are not all born equal, and most persons have some vulnerable structure or organ which is commonly spoken of as their "weak point." In many cases this *locus minoris resistentiae* is transmitted as a defect in structure or function.

Davenport has collected the health records and other characteristics furnished for over two hundred families by members of the families concerned. He finds certain definite facts in the behavior of some of the commoner diseases. As an example of the inheritance of a general weakness in an organ he cites the case of the mucous membranes. Thus, in one family the principal diseases to which there was liability were located in the mucous membranes of the nose, throat, and bronchi.

In another family the center of susceptibility was more specific, being nearly confined to the nose and throat. In another family the weakness was in the ear; in another the lungs; in another the skin; in one family the kidneys were the seat of incidence, etc.

The examination of the health pedigrees of a number of families impresses one by the fact that the incidence of disease is not always haphazard, for in any large family the various causes of death do not occur in the proportions given in the census table for the population as a whole.

**Tuberculosis.**—We know that tuberculosis is never transmitted hereditarily, and is seldom contracted congenitally. The reason that tuberculosis runs in a family is twofold: (1) an inherited predisposition to the disease, and (2) increased chances of infection, especially during infancy. Just what the tendency or predisposition is, is not well understood. We do know, however, that the predisposition is not so great but that it may be overcome; the infection may be avoided and the disease prevented. No one is born doomed to die of tuberculosis.

It is now perfectly plain that the principal reason why tuberculosis runs in families is the close association between the infected and well members of the family, which increases the chances of infection and re-infection.

All persons inherit the power of resisting tuberculosis in varying degree. The inborn immunity is not marked in any case; in some individuals it is quite feeble. The border line between immunity and susceptibility to tuberculosis in the human species is delicately balanced and may readily be overturned (see page 177).

**Syphilis.**—Syphilis and the consequences of syphilis are transmitted from parent to offspring—"even unto the third and fourth generation." The transmission of the infection itself is *congenital*; the transmission of the consequences of syphilis, such as defectives, etc., may follow the laws of heredity.

The methods of transmission may be briefly summarized as follows: (a) The husband has syphilis. He infects his wife: and she infects the embryo. Experience indicates that this is the usual method of transmission, and that the wife is often infected soon after marriage. The treponemata circulating in the blood stream of the mother apparently penetrate the placenta with ease, and enter the blood stream of the child. The child naturally has no trace of a chancre, so that we have here another indication of the possibility of syphilis d'emblée.

It is now generally believed that paternal transmission directly to the fetus is impossible. Treponemata have been demonstrated in the seminal fluid of syphilitics, and numerous innocent marital infections have been transmitted by means of infected spermatic fluid by husbands who thought they were healthy.

(b) The wife alone has syphilis and infects the child in the same manner as in (a). It is fairly obvious that in any case of congenital syphilis, the mother is certainly infected, and the father is usually, but not necessarily infected.

A syphilitic father may beget an apparently healthy child, even when the disease is fresh and full-blown. On the other hand, in very rare instances a man may have syphilis when young, undergo treatment, and for years present no signs of disease, and yet his first-born may show very characteristic lesions. The closer the begetting to the primary sore the greater the chance of infection. A man with tertiary lesions may beget healthy children. As a general rule, it may be said that with judicious treatment the transmissive power seldom exceeds three or four years.

*Collé's and Profeta's Laws.*—Collé, in 1837, stated that apparently normal women bearing syphilitic children do not contract syphilis when exposed to that infection. (This is also called Baumès' law.) Profeta's law states that a child showing no taint but born of a woman suffering from syphilis will not become infected even though suckled by its mother. Exceptions to both Collé's and Profeta's laws are recorded. The explanation of these so-called laws was that the mother was immune in Collé's law and the baby in Profeta's law. We now know, however, that both the mother and the baby under these circumstances are infected with spirochetes but do not manifest clinical symptoms of the disease. The apparent immunity in both instances is due to the fact that superinfection does not occur. See page 63.

Concerning the results of congenital syphilis, we have the following possibilities: (1) The infection causes a cessation of development and abortion. (2) The fetus grows, but is born before the normal expiration of intra-uterine life (premature births). (3) The fetus goes to term, but is born dead (stillbirths). (4) The child is born at term living, but with unmistakable signs of syphilis, and dies shortly. (5) The child may show no symptoms of syphilis at birth, but a few weeks later develop typical symptoms. It may die, or as the result of treatment, may live. Syphilis causes death in 80 per cent. of those congenitally infected. It is a still greater tragedy in the 20 per cent. who survive. (6) The child shows no symptoms of syphilis for weeks, months or possibly years, the disease being latent, and becomes manifest in some cases as late as twenty-eight years in the tertiary form (so-called syphilis hereditaria tarda). (7) The child may be puny, weak, susceptible to infections, underweight, and lack stamina—in short, a runt. This may occur without obvious manifestations of the disease.

See article on Syphilis, pages 55 to 67.

**Cancer.**—It will probably be a long time before the final word can be said concerning the influence of heredity in cancer.

Maude Slye<sup>2</sup> has studied the question of inheritance of cancer in mice and concludes that cancer is not inherited, but that a tendency to produce cancer under the right stimulus is transmitted from generation to generation. The stimulus seems to be over-irritation at the point where the cancer arises. Cancer can be bred in and out of strains of mice at will. Cancer is transmitted rather as a tendency to occur from a given provocation, an over-irritation. The elimination of over-irritation in one of cancer ancestry should materially lower the rate. Further, the eugenic control of mating so that cancer shall not be potential in both parents would also very materially decrease the incidence of human cancer. Tyzzer and Little have also shown that a tendency to cancer is transmitted in experimental laboratory animals.

It seems clearly established that certain chronic irritating agencies may induce cancer, at least in susceptible persons. The irritation may be actinic, thermal, chemical, or mechanical. Thus we have Röntgen ray epitheliomas, Kangri skin cancer of India, the epitheliomas on the arms of paraffin makers, chimney-sweep's cancer of England, and also the brand cancer of cattle. Each of these present definite and distinct lesions; each has a constant etiology, clinical course, and pathology. To this same group also belongs the buyo cheek cancer of the Philippine Islands caused by chewing buyo, the irritating agent of which appears to be lime.

The prevailing misconception that cancer is a hopeless and incurable disease is not entirely correct. Cancer at first appears to be a local disease, and therefore curable if detected in time and removed.

Cancer causes upward of 80,000 deaths a year in the United States. It is chiefly a disease of adult life. Eighty-three per cent. of deaths from cancer occur at the age of forty-five and over. In the United States, cancer causes one death in every eight women, and one in every fourteen men over forty years of age. The excessive mortality from cancer in women is due to the prevalence of cancer of the breast and generative organs.

Cancer may be inoculated in experimental animals, but the disease is not a contagious or infectious one, in the sense that it is communicable under natural conditions from person to person. The supposed "cancer houses," "villages," or "streets" do not bear the light of critical examination. The "virus" is probably not a microörganism, but the cancer cell itself, which undergoes unrestrained and riotous proliferation. In other words, the parasite is the cancer cell itself, and the cancer cell comes from a normal preëxisting epithelial cell.

The Commission on Cancer of the Medical Society of the State of Pennsylvania found that 39 per cent. of the superficial cancers and 46 per cent. of the deep-seated cancers are preceded by a precancerous condition or a chronic irritation. In other words, in almost one-half of the

<sup>2</sup>*Jour. Med. Res.*, 1915, Vol. XXXII, p. 168.

patients that are sent to the surgeon with a fully developed cancer there has been a previous condition which might have been removed and cancer might not have developed. Superficial cancers frequently exist for a year and a half before they come to the surgeon.

Warthin,<sup>3</sup> from studies of a long series of cases, believes that a marked susceptibility to carcinoma exists in the case of certain family generations and family groups. This susceptibility, he thinks, is frequently associated with a marked susceptibility to tuberculosis and also with reduced fertility. The multiple occurrence of carcinoma in a family generation practically always means its occurrence in a preceding generation. The family tendency is usually more marked when carcinoma occurs in both maternal and paternal lines. Family susceptibility to carcinoma is shown particularly in the case of carcinoma of the mouth, lip, breast, stomach, intestines, and uterus. In a family showing the occurrence of carcinoma in several generations there is a decided tendency for the tumor to develop in the breast of the youngest generations. In this case the tumors often show an increased malignancy. Levin's study of cancerous fraternities leads him to believe that the cancerous members correspond very closely to the Mendelian percentage of members with recessive unit characters in a hybrid generation. Levin concludes that resistance to cancer is a dominant character whose absence creates a susceptibility to cancer. While some of Warthin's cases show a family history suggesting this form of inheritance, others indicate a progressive degenerative inheritance, that is, the running out of a family line through the gradual development of an inferior stock, particularly as far as resistance to tuberculosis is concerned.

Statistical studies indicate that cancer is on the increase.<sup>4</sup> This, however, is questioned. At least it is necessary to know the age distribution and many other factors before we can say that cancer is on the increase. The death rate from cancer in the United States rose from 63 per 100,000 in 1900 to 81.6 in 1917. These are census figures and may not represent the real situation.

**Leprosy** was formerly regarded as one of the inherited infections, but leprosy is not transmitted. The children of lepers born out of leper districts, in England or the United States, for example, never inherit it. The disease is contracted after birth, as tuberculosis and other microbic diseases are contracted.

**Deaf-mutism.**—Deaf-mutism is due to a great variety of causes, but in different individuals of the same family the chances are large that it is

<sup>3</sup> Warthin, A. S.: *Heredity with Reference to Cancer*. *Arch. Int. Med.*, Chicago, Nov., XII, 5, pp. 485-612.

<sup>4</sup> Frederick L. Hoffmann, "The Mortality from Cancer Throughout the World." Also *Bull. 8, Amer. Soc. for the Control of Cancer*. Cancer Pamphlets I to X, published by the American Medical Association. Popular articles on the subject.

due to the same defect. This defect is frequently recessive, that is, hidden in the normal children. Two such normal children who are cousins but from deaf-mute stock tend to have about one-fourth of their offspring deaf-mutes. The proportion of deaf offspring is thrice as great among cousin marriages as among others. The conclusions of Fay, based on extensive statistics, deserve to be widely known. "Under all circumstances it is exceedingly dangerous for a deaf person to marry a blood relative, no matter whether the relative is deaf or hearing, nor whether the deafness of either or both or neither of the partners is congenital, nor whether either or both or neither have other deaf relatives besides the other partner."

**Albinism.** — Albinism belongs to a class of cases resulting from the absence of a character or quality—in this instance the absence of a pigment determiner. Two albino parents have only albino children. Normal offspring of an albino and a pigmented parent may transmit the albinic condition.

Albinism is an extreme case of bloneness, all pigment being absent from skin, hair, and eyes. The method of inheritance resembles that of eye color. When both parents lack pigment, all offspring are likewise devoid of pigment. When one parent only is an albino and the other is unrelated, then the children are all pigmented. Whenever pigmented parents have albino children, the proportion of

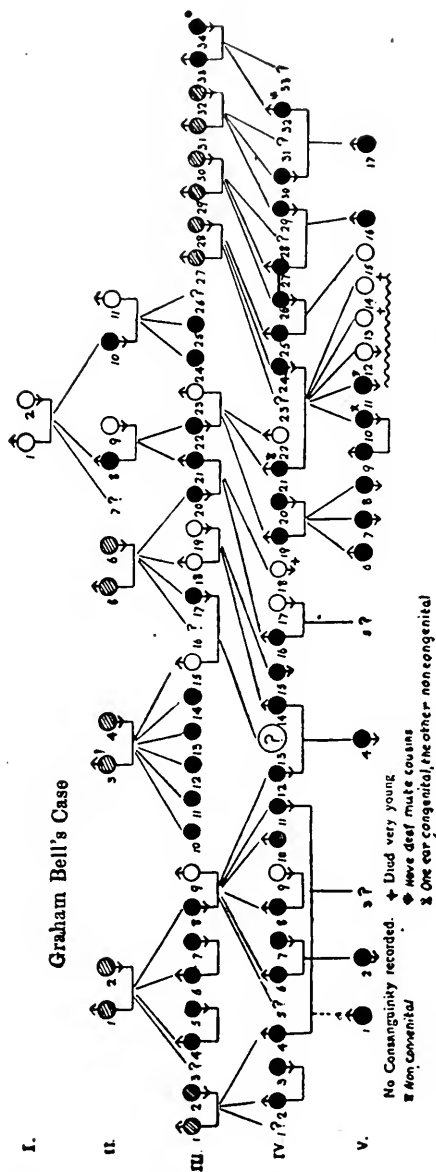


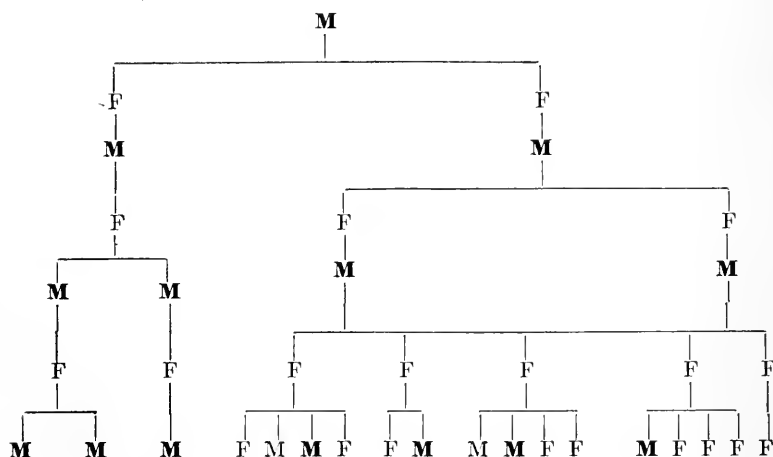
FIG. 70.—FAMILY HISTORY SHOWING DEAF-MUTISM. From "Treasury of Human Inheritance."

the albinos approaches the ideal and expected Mendelian proportions—25 per cent. Davenport points out that albinos may avoid albinism in their offspring by marrying unrelated pigmented persons. Pigmented persons belonging to albinic strains must avoid marrying cousins, even pigmented ones, because both parents might, in that case, have albinic germ cells and produce one child in four albinic. Albino communities, of which there are several in the United States, are inbred communities, but not all inbred communities contain albinos.

**Color-blindness, or Daltonism.**—Color-blindness, or daltonism, is a condition probably not localized in the eyes, but due to some defect in the central nervous structure. It is transmitted hereditarily. Color-blindness is much commoner in men than in women. A color-blind man, however, does not transmit color-blindness to his sons; the daughters, also, are themselves normal, provided the mother was, yet the daughters transmit color-blindness to half their sons. A color-blind daughter could be produced apparently only by the marriage of a color-blind man with a woman who transmits color-blindness, since the daughter, to be color-blind, must have received this unit character from both parents, whereas the color-blind son receives the character only from his mother; that is, the condition is sex-linked.

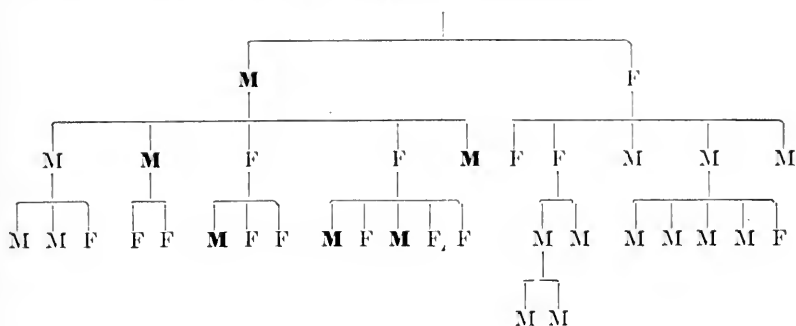
Color-blindness is apparently due to a defect in the germ cell—absence of something normally associated there, with an X-structure which is represented twice in women, once in men.

The following interesting family history, studied by Horner, shows the hereditary persistence of color-blindness and its transmission to male offspring through normal females.

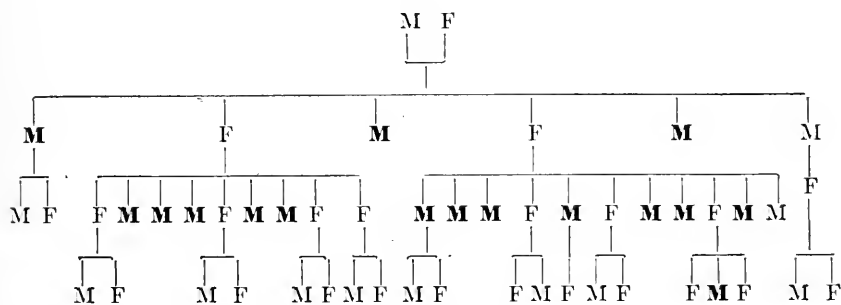




The following pedigree of a family containing color-blind members was worked out by Dr. Rivers among the Todas, an Indian tribe:



**Hemophilia.**—Hemophilia is a condition in which the blood does not coagulate properly, and those having this condition may bleed to death from minute wounds. It is transmitted hereditarily and is largely confined to males, although transmitted by normal females. It is one of the best instances of an hereditary character, sex-linked.



(Bold-faced type indicates bleeders.)

The foregoing case, given by Klebbs, is instructive in showing how the tendency, though transmitted through daughters, finds expression only in the males, and in illustrating first a diffusion and then a waning of the peculiarity (Thompson).

**Gout.**—It is known that gout runs in families, but just what the predisposition is that favors this condition of deranged metabolism is not known. During four centuries one family history showed that out of 535 gouty subjects 309 had a family taint—about 60 per cent. In another family out of 156 cases 140 had a family taint, about 90 per cent. Statistics show that in from 50 to 60 per cent. of all cases the disease existed in the parents or grandparents. It seems clear that some predisposing factor may be transmitted hereditarily, but in any individual case it is not always plain how much is due to heredity and how much is acquired.

**Brachydactylism.**—A typical example of an abnormality transmitted hereditarily is that of brachydactylism, or short-fingeredness, a condition in which each digit comprises only two phalanges—the fingers are

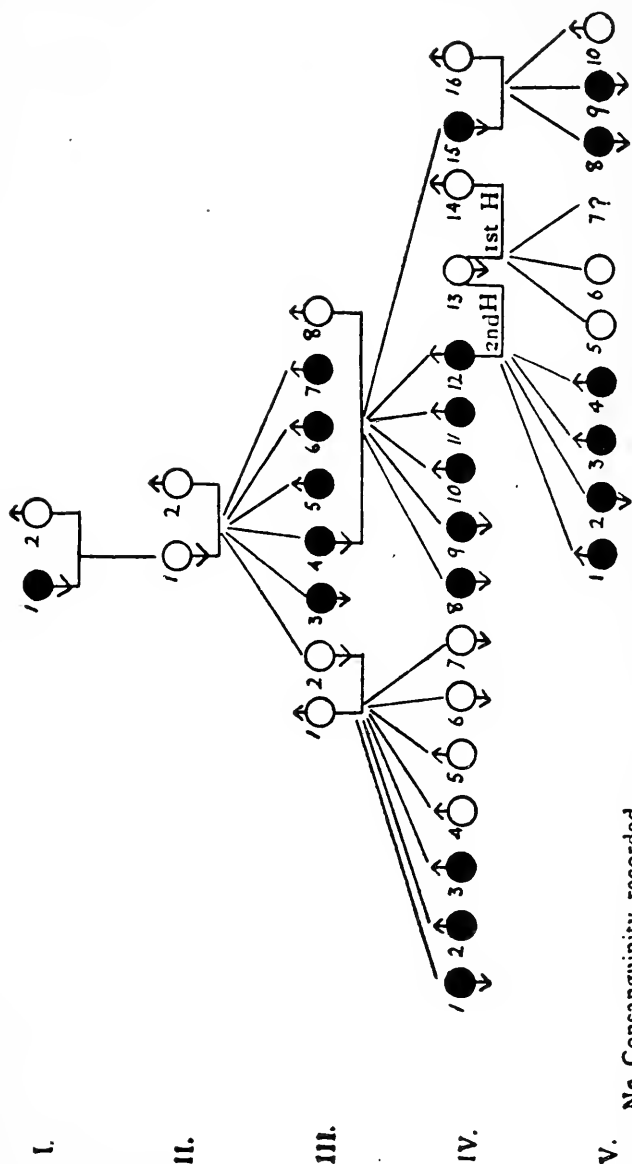


FIG. 71.—FAMILY HISTORY SHOWING POLYDACTYLISM.  
Smith and Norwell's case. From "Treasury of Human Inheritance."

all thumbs. This condition seems to be due to an inhibition of the normal growth process, that is, normality implies entire absence of the determiner that stops the growth of the fingers in the brachydactyl.

Thus, a brachydactyl person married even to a normal person will beget 100 per cent. or 50 per cent. abnormalities, according to circumstances; but two parents who, though derived from brachydactyl strains, altogether lacking the determiner which inhibits the growth of the fingers may have only normal children.

According to Punnett, brachydactylism is a good example of a simple Mendelian case. It behaves as a simple dominant to the normal; that is, it depends upon a factor which the normal does not contain. The recessive normals cannot transmit the affected condition whatever their ancestry. Once free, they always remain free, and can marry other normals with full confidence that none of their children will show the deformity.

**Polydactylism.**—Polydactylism is a condition in which there are supernumerary fingers or toes. This is a defect which may be transmitted through successive generations. Other defects of the fingers and toes are transmitted in accordance with the Mendelian expectation.

**Fragilitas Ossium.**—Fragilitas ossium, or osteopsathyrosis, a weakness of the long bones, may arise from a number of pathological conditions affecting the bones. But the typical fragilitas ossium or brittle bones runs through families. Davenport and Conrad<sup>5</sup> have shown that the factor which determines the deficient bone formation is a dominant one. Different degrees of the condition are transmitted true to type. Thus in some families the slightest pressure results in fracture; in other families the bones are fairly resistant. The association of blue sclerotics with brittle bones has often been pointed out; the condition of blue sclerotics also appears to be a dominant trait.

**Myopia.**—Myopia can hardly be called a disease in the strict sense, being a structural defect in the focusing power of the optical apparatus. It seems that the structural peculiarity which leads to short-sightedness is transmitted.

**Cataract.**—Bateson and others have collected pedigrees in which cataracts run in families. Presenile cataract especially appears to be transmitted hereditarily. The transmission is as a rule direct, the skipping of a generation being unusual. Cataract is also favored by various constitutional diseases, such as diabetes, Bright's disease, and diseases of the vascular system. Exposure to the light and heat ray from glowing coals, or flashes of electricity produce opacities of the lens. Injury, and prolonged eye strain are responsible for many cataracts.

**Retinitis Pigmentosa.**—Retinitis pigmentosa is a degenerative disease of the retina which is transmitted hereditarily. Normals may carry the disease, so that two normal cousins from retinitis stock may have

<sup>5</sup> Davenport, C. B., and Conrad, H. S.: "Hereditary Fragility of Bone," *Proc. Nat. Acad. Sc.*, 1915, i, 537.

offspring with retinitis. A large percentage of cases of retinitis come from consanguineous marriages.

**Diabetes Mellitus.**—Hereditary influences seem to play an important rôle in diabetes mellitus, for cases are on record of its occurrence in many members of the same family. Thus, out of 104 cases of diabetes mellitus 22 had a family taint—about 20 per cent. Naunyn obtained a history of diabetes in 35 out of 201 private cases, but in only 7 of 157 hospital cases.

**Orthostatic Albuminuria.**—Orthostatic albuminuria occurs in boys more commonly than girls. These are often the children of neurotic parents, and have well-marked vasomotor instability. Defects or peculiarities in the filtering apparatus in the kidneys may arise as a germinal variation and be handed on from generation to generation. Under conditions which may mean nothing to normal subjects this defect in the kidney may find expression in active disease. In this case, as in gout, it may not be proper to speak of the disease itself being transmitted hereditarily, but the tendency to deviate is so transmitted.

**Alcoholism.**—Alcohol as well as lead and other poisons can damage the germ cell of the male in such a way as to express itself by defective offspring (*Rauschkinder*, or Jagchildren). It is a common observation that among the offspring of drunkards are many cases of unhealthy, insane, and criminal types. The disastrous results may be manifested by nervous disorders, varying from hyperexcitability to dementia; or as debility and lack of developmental vigor expressed, for instance, in infantilism, want of control, imbecility, or as structural abnormalities, especially of the head and brain. The results are so varied, they suggest that what is inherited is general rather than specific. Thus, the offspring of alcoholic parents are not necessarily predisposed in any one particular direction, except that the nervous system is most liable to be affected. They may be epileptic, idiotic, insane, etc. On the other hand, it is necessary to recognize that what may be inherited is not the result of alcoholism, but rather the predisposition which led the parent to become alcoholic. This is clearly illustrated in cases where the parent did not acquire the alcoholic habit until after the children were born. Clouston observes that "it is not the craving for alcohol that was inherited, but a general psychopathic constitution in which the alcoholic stimulus is an undue stimulus and the mental control deficient." See page 430.

**Migraine.**—That migraine is transmitted hereditarily is indicated from the family histories of those suffering with this affection.

Buchanan<sup>6</sup> found from a study of 1,300 persons suffering with migraine that it is transmitted in the Mendelian ratio. His studies establish the hereditary nature of the affection.

<sup>6</sup> *Med. Record*, Nov. 13, 1920, p. 807.

**Anaphylaxis, or Food Idiosyncrasies.**—Experimental evidence, as well as family histories, clearly indicates that hypersusceptibility to certain foods, such as egg, shellfish, strawberries, tomatoes, etc., is transmitted hereditarily through several generations. The transmission is sometimes specific and limited to one particular food.

**Hay fever** and other anaphylactic conditions such as asthma, angio-neurotic edema, etc., usually show a family history of "idiosyncrasies" of various sorts. See page 605.

**Epilepsy.**—Brown-Séquard showed conclusively that artificially induced epilepsy in the guinea-pig is transmissible. The statistics collected for man give from 9 to over 40 per cent. of cases in which heredity is an important predisposing cause. Gowers gives 35 per cent. for his cases. In the Elwyn cases 32 of the 126 gave a family history of nervous derangement of some sort, either paralysis, epilepsy, marked hysteria, or insanity. Thom's<sup>7</sup> study of 1,536 epileptics at the Monson State Hospital (Mass.) would make it appear that epilepsy is transmitted directly from parents to offspring less frequently than we have heretofore been led to believe.

Chronic alcoholism in the parents is also regarded as a potent predisposing factor in the production of epilepsy. Echeherria has analyzed 572 cases bearing upon this point, and divided them into three classes, of which 257 cases could be traced directly to alcohol as the cause, 126 cases in which there were associated conditions, such as syphilis and traumatism, 189 cases in which alcoholism was probably the result of the epilepsy. Figures equally strong are given by Martin, who, in 150 insane epileptics, found 83 with a marked history of paternal intemperance. Of the 126 Elwyn cases in which the family history of this point was carefully investigated, a definite statement was found in only 4 of the cases (Osler).

**Huntington's Chorea.**—Huntington's chorea is frequently inherited. The disease is known as chronic hereditary chorea. It was described by Lyon in 1863, who traced the disease through five generations. Huntington in 1872 gave the three salient points in connection with the disease, viz.: (1) its hereditary nature; (2) association with psychical troubles; and (3) late onset between the thirtieth and fortieth year.

Huntington's chorea is a typical dominant trait. The normal condition is recessive; in other words, the disease is due to some positive determiner. Persons with this dire disease should not have children, but the members of normal branches derived from the affected strain are immune from the disease. This disease forms a striking illustration of the principle that many of the rarer diseases of this country can be traced back to a few foci, even to a single focus; certainly in this case many of the older families with Huntington's chorea trace back to

<sup>7</sup> *Boston M. and S. Journal*, CLXXIV, 16, April 20, 1916, p. 573.

the New Haven colony and its dependencies and subsequent offshoots (Davenport).<sup>8</sup>

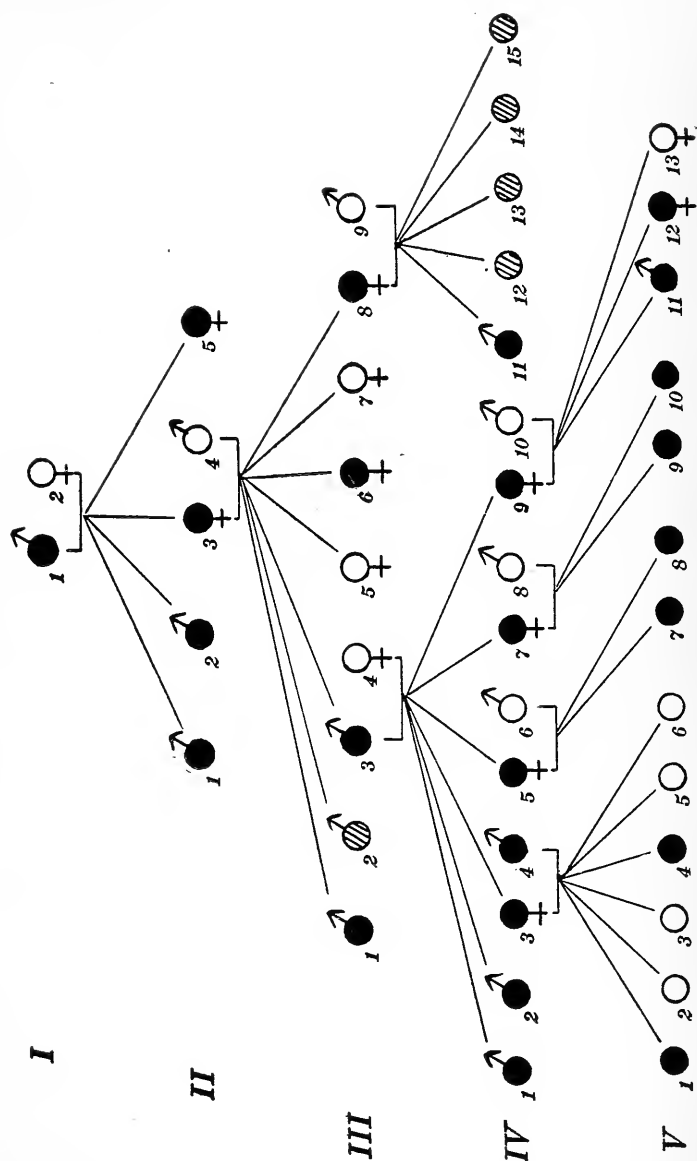


FIG. 72.—FAMILY HISTORY SHOWING HUNTINGTON'S CHOREA.  
Last generation incomplete. Data from Hamilton.

**Friedreich's Disease—Hereditary Ataxia.**—This disease resembles locomotor ataxia, although differing from it in several essential particulars. It begins in childhood and usually occurs in a family having

<sup>8</sup> *Am. Journ. of Insanity*, Oct., 1916, LXXIII, No. 2, p. 195.

other members of the family affected with the same disease. There are curious forms of incoördination and loss of knee-jerk, early talipes equinus, scoliosis, nystagmus, and scanning speech. The affection lasts

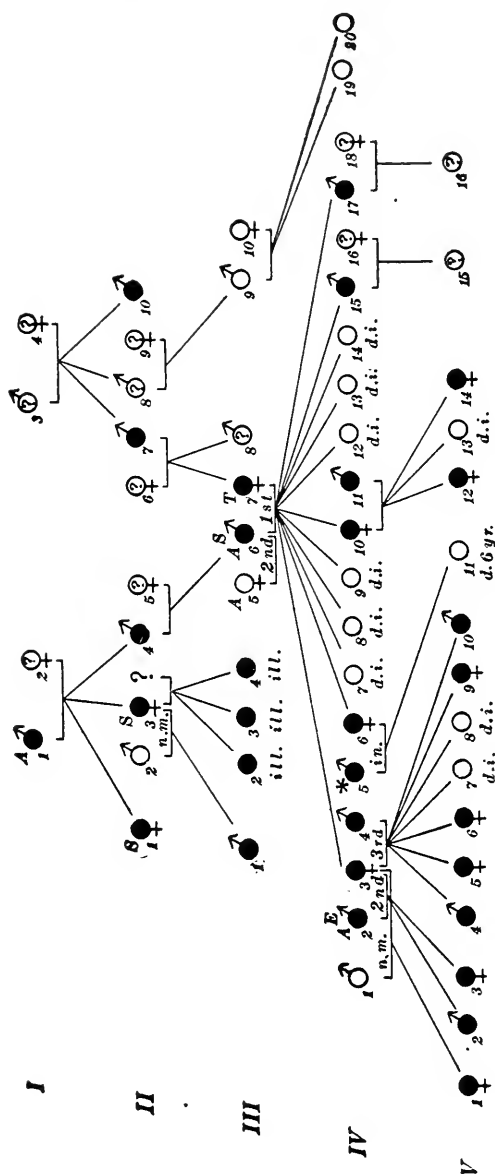


FIG. 73.—FAMILY HISTORY SHOWING FEEBLE-MINDEDNESS.

Data from Goddard. A, alcoholic; E, epileptic; d. i., died in infancy; ill., illegitimate; in., incest; \*, same individual as III, 6; n. m., not married; S, sexual pervers; T, tuberculous.

for many years and is incurable. In 1861 Friedreich reported six cases of this form of ataxia in one family. Since then it has usually been observed to be a family disease, and is, therefore, assumed to be trans-

mitted hereditarily. The eugenic teaching in this affection, according to Davenport, is that normal members of the affected fraternities should marry only outside the strain. Whether all cases of ataxic offspring of one normal parent are derived from consanguineous marriage is still uncertain and warrants hesitation in advising the marriage of any ataxic person.

**Mental Deficiency.**—This term includes imbecility, idiocy, feeble-mindedness and psychopathic inferiority, etc. In this class we have one of the best examples of a pathological condition transmitted by inheritance. Davenport believes that imbecility is due to the absence of some definite simple factor, on account of the simplicity of its method of inheritance. Two imbecile parents, whether related or not, have only imbecile offspring. Davenport states that there is no case on record where two imbecile parents have produced normal children.

Dr. H. H. Goddard, of the Training School for Feeble-Minded, at Vineland, N. J., has studied the ancestry of children in the Vineland institution and has found almost without exception a history of feeble-mindedness for several generations. Dr. Goddard's remarkable study of the Kallikak family has already been referred to. In this instance he traced the ancestry of a 22-year-old girl through about 1,100 individuals as far back as the Revolutionary War. Similar studies are being carried out in other institutions and always with similar results. The subject is fully discussed on pages 425 and 615.

**Insanity.**—Insanity is a general term comprising many different conditions. No general statement can, therefore, be made except that certain forms of psychoses are undoubtedly transmitted through successive generations. It is safe to say that heredity is responsible for more cases of mental diseases than any other single cause. Mental diseases are rare in persons free from ancestral taint, except as the result of wounds or toxic influences.

Practically all the statistics accumulated on insanity have limited value to the student of heredity, because they do not give numerical records of the sane members of the families of the insane. The subject is fully discussed in Section II, page 421.

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- See also references, page 455, "Mental Hygiene."



## SECTION V

### FOOD

#### CHAPTER I

##### GENERAL CONSIDERATIONS

Foodstuffs fall naturally into two great divisions: (1) those derived from the animal kingdom, and (2) from the plant kingdom. The animal foods are much more apt to convey infections or to possess injurious properties than foods derived from plant life. Of the animal foods meat and milk are the chief offenders. Water ordinarily is not classed as a food because it passes unchanged through the body and hence does not furnish energy. Water is discussed in Section VIII.

It is often said that there is "death in the pot." This is a clever aphorism, but a gross exaggeration. The statement is misleading, for it implies frequent and serious injury due to food, whereas food poisoning is relatively rare and seldom fatal. There is no danger in clean food, little in fresh food, and still less in thoroughly cooked food.

The hygienic conscience of the people has been aroused, and a demand is being established for clean, fresh, wholesome foodstuffs. The separation of the producer and the consumer and the demands of large cities have made these sanitary reforms eminently necessary. The pure food laws, the meat inspection act, the milk ordinances, and the local surveillance over markets, provision shops, dairies, food-handlers, etc., are all part of the general movement to obtain a reasonably decent and safe food supply.

People should be educated to demand flesh from healthy animals, cut up and handled in a careful manner by butchers free from disease, and to demand garden truck grown in clean dirt and not in soil polluted with human excrement. Food must be guarded in transportation and purveyed in markets and shops so as to be protected from flies, rats, dust, and unnecessary human contact.

The prophylactic and therapeutic uses of food are growing subjects. It is only necessary to point out the importance of diet in the prevention and treatment of beriberi, scurvy, pellagra, rickets, tuberculosis, diabetes, acidosis, nephritis, arteriosclerosis, gout, rheumatic affections,

disorders of metabolism, dyspepsia, gastric ulcer, infantile diarrheas, and many other affections.

The proper amount, variety, and quality of food is one of our most important preventive measures; in fact, the vigor and success of a nation rests fundamentally upon its diet. Diet is influenced by many circumstances, such as availability of foods, economic status, habits and prejudice, knowledge and education, etc. Instinct is not always a safe guide. Finally, diet may lower the standard of public health in subtle ways, for there are probably many degrees of malnutrition not recognizable except in their effects on the individual over a long period of time. Diet may make or mar public health.

**How Foods May Be Injurious to Health.**—Food may affect health in a great variety of ways:

(1) *Natural Poisons.*—Foods may be naturally poisonous, as in the case of certain mushrooms, some fish, or the alkaloids in various species of plants.

(2) *Animal Parasites.*—Foods may convey animal parasites, such as trichina and tapeworms. These parasites, as a rule, occur as ante-mortem infections in the flesh of the food animal. Plant foods too may carry the eggs or larvae of various animal parasites, some of which are capable of developing in the human body.

(3) *Plant Parasites.*—Foods usually contain bacteria. Both animal and vegetable foods may convey bacteria pathogenic for man. The harmful varieties are more often found in animal foods than upon plant foods. Milk often contains tubercle bacilli, or streptococci; sometimes diphtheria bacilli, or other pathogenic microorganisms. Typhoid bacilli may be conveyed in oysters, or on celery, water cresses, etc.

The common cause of food infection, or “food poisoning” as it is called, is the Gaertner bacillus (*B. enteritidis*) or one of the other closely allied members of the colon-typhoid group (pages 699, 700).

(4) *Toxins.*—Poisonous substances may develop in the food as a result of bacterial activity. The only example we have in this class is botulism.

(5) *Putrefactive Poisons.*—This includes the class of so-called ptomains, or decomposition products of protein. “Ptomain poisoning” is hypothetical, and has not been demonstrated. The term is a misnomer, and its popularity unfortunate. *Infected* food rather than *decomposed* food is apt to cause acute gastro-intestinal attacks.

(6) *Special Poisons.*—Foods may contain special poisons, as, for example, solanin in sprouted potatoes, or ergot in rye. There is a substance in buckwheat, actuated by light, which may cause serious injury owing to photodynamic action.

(7) *Accidental Poisons.*—A great variety of substances may find their way into food, either through accident or intent. They include

arsenic, lead, caustic alkalies, acids, alkaloids, adulterants, insect powders, etc.

(8) *Amount*.—Injury is caused by eating too much or too little food; thus, an excess of food predisposes to obesity and perhaps to arteriosclerosis and degenerative lesions of the liver and kidneys; an insufficient amount undermines health. Undernutrition in children is common. War edema is due to underfeeding.

(9) *Composition*.—An unbalanced diet affects growth, vigor and health. Certain faulty diets lead to beriberi, scurvy, rickets, pellagra and other deficiency diseases. Goiter is due to lack of iodine in water, food, or both. An excessive fatty diet in infants leads to acidosis. An excess of protein favors putrefactive changes. An excess of carbohydrate food favors fermentation. Highly spiced and stimulating diets are irritating both to the digestive tube and organs of excretion: drinking too little water is a common dietetic error.

(10) *Digestion and Metabolism*.—Foods otherwise wholesome may be injurious on account of faulty digestion or disturbances of metabolism. The common causes of such troubles are eating too fast, improper mastication, eating when fatigued or overheated, injudicious combinations, especially unripe fruits or vegetables, containing raw or partly cooked starch, etc.

(11) *Anaphylaxis*.—Certain persons have an idiosyncrasy to particular foods. This occurs most commonly with sea-food, but also takes place with strawberries, eggs, tomatoes, milk, oatmeal, and a great variety of substances. Many forms of protein in foods produce symptoms resembling anaphylaxis in persons who are sensitized; whereas the foods themselves may be entirely wholesome.

## THE USES OF FOOD

The two ultimate uses of all food are to supply the body, (1) with materials for growth or renewal, and (2) with energy or the capacity for doing work. The potential energy received in a latent form stored in the various chemical combinations in foods is liberated as kinetic or active energy in two chief forms, heat and motion. Force is the manifestation of energy, and the force developed by a healthy man may be measured in foot pounds. A *foot pound* is the amount of energy expended or force required to lift mechanically a weight of one pound to a height of one foot.

The work of an average man is calculated at about 2,000,000 foot pounds per diem. This may exceptionally be increased to 3,000,000 foot pounds. Ordinarily less than one-fifth of the total energy of the body is expended in motion, and more than four-fifths in heat production.

**Caloric Value of Food.**—The total intake of energy into the body is derived from food plus the oxygen of the inspired air. The total output of energy is computed from: (1) the heat of combustion of the unoxidized ingredients of the urine and feces; (2) the energy liberated as body heat; and (3) the energy of external muscular work, or the work of the voluntary muscles.

Whether alimentary substances are burned outside of the body or oxidized within the body, the resulting waste products are similar. Food is good fuel if it fulfills two conditions, viz.: easy assimilation and complete combustion.

It is not sufficient to know merely the amount and caloric value of the coal fed to a furnace, and subtract therefrom the amount of unconsumed ash. We must know how much of the heat generated has been *utilized*. The food must burn completely and without smoking.

The ordinary articles of diet cannot be utilized without vitamins. The importance of these "unknown dietary factors" in promoting growth, as well as in the *utilization* of foods is a recent discovery.

Calorie for calorie foods are not interchangeable so far as nutritive value is concerned. The food calorimeter further gives no indication of digestibility. Concentrated calories may be quite as worthless for human physiologic purposes as a piece of anthracite coal.

Two methods may be employed to study the energy-producing power of food in the body: (1) a careful and prolonged study of subjects who are allowed to follow their usual vocations, but whose food and excreta are carefully measured and analyzed; (2) the shorter method of enclosing a man for a brief period, not exceeding a few days, in a cabinet known as a calorimeter.

The unit of measurement is the *Calorie*, which is the amount of heat required to raise one kilogram<sup>1</sup> of water from 15° to 16° C. This equals 3,100 foot pounds, or approximately the heat required to raise the temperature of one pound of water 4° F. *Fuel value* is a term denoting the total number of Calories derived from a gram or pound of any given food substance if it is completely combusted within the body. The fuel values are calculated for a given food by the factors of Rubner as follows:

4.1 Calories per gram of either protein or carbohydrate.

9.3 Calories per gram of fat.

Atwater and Bryant compute the food factors as 4 calories per gram for proteins and carbohydrates and 8.9 for fats, in a mixed diet. C. F.

<sup>1</sup>This is the large Calorie. The small Calorie is the amount of heat required to raise one gram, instead of one kilogram of water from 15° to 16° C. The large Calorie is the one used in studies of food and metabolism.

Langworthy gives the fuel value of the three chief classes of nutrients as follows:

1 pound of protein yields .....	1,860 Calories
1 pound of fats .....	4,220 Calories
1 pound of carbohydrates .....	1,860 Calories

The following are the quantities which are generally accepted at the present time as a sufficient daily diet for a man of average weight, doing a moderate amount of muscular work:

	Weight in Grams	Weight in Oz.	Energy Value in Calories
Protein .....	100	3.75	400
Fat .....	100	3.75	900
Carbohydrates .....	500	18.00	2,000

Total energy value, 3,300 Calories

Of course the energy value must be greater if more work is done, and conversely, so that we may have such figures as these:

Light work .....	3,000 Calories
Moderate work .....	3,500 Calories
Heavy work .....	4,000 or more Calories

During the World War the U. S. ration in the field was:

Protein .....	158 grams
Fat .....	200 "
Carbohydrates .....	514 "

Energy value, 4,600 Calories.

From a chemical standpoint foods are oxidized or burned to simpler compounds during the process of digestion and metabolism within the body. Food is, therefore, fuel. The oxygen to feed the flame is mainly furnished by the inspired air. Exercise and active breathing of pure fresh air is essential and one of the best stimuli for complete metabolism. It is the common experience of all persons that digestion and the utilization of foods are favorably promoted by life in the open air.

The value of a diet does not depend wholly upon its caloric value and vitamin content. The importance of flavors, spices, and the preparation of food depends not alone upon the application of chemistry and physics, but also upon physiology.

Perhaps the greatest use of the art of cooking is in the preparation of dishes attractive to the palate and other senses. Appetite plays a

very important part in digestion, stimulating the secretion of gastric juice, which is produced in the stomach ready for the reception of food.

### CLASSIFICATION OF FOODS

Foods are classified in various ways, but no classification is complete. They may be divided into groups, according to their physical properties, their source, their composition, and their function, or the rôle which they perform in the animal body, and their biologic properties.

**Physical Properties.**—Foods are classed in accordance with their general physical properties first into solid, semisolid, and liquid foods; secondly, into fibrous, gelatinous, starchy, oleaginous, crystalline, and albuminous foods. Foods are also classed as foods, beverages, and condiments. Roughage is cellulose and other indigestible residue.

**Sources.**—Foods may be classed as to their source primarily into (a) animal, (b) plant, and (c) mineral.

Animal foods consist of meat, fowl, fish, shellfish, crustaceans, insects and their products (honey), eggs, milk and its products, animal fats, gelatin.

The plant foods are subdivided into seeds, roots and tubers, leaves; also cereals, vegetables proper, fruits, sugar, gums, vegetable oils and fats.

The minerals are mainly calcium, potassium, sodium, chlorine, fluorine, iodine, magnesium, phosphorus, iron, sulphur, etc. They are chiefly taken as part of the constituents of animal and plant foods—except sodium chloride, water and its dissolved salts.

**Chemical Composition.**—The simplest chemical classification possible is that advocated by Liebig, who was the first to suggest a really scientific definition of foods. He grouped all foods into two classes: nitrogenous and non-nitrogenous. Each of these classes contains food materials from both the animal and vegetable kingdoms, although the majority of the animal substances belong to the nitrogenous and the majority of the vegetable preparations to the non-nitrogenous group.

Nitrogenous foods contain proteins and include gelatinoids and albuminoids, substances which resemble albumin. They consist chiefly of the four elements: carbon, oxygen, hydrogen, and nitrogen, to which a small proportion of sulphur and phosphorus is usually joined. The nitrogenous foods were regarded by Liebig as containing plastic elements; that is, they are essentially tissue builders or flesh formers. The non-nitrogenous group Liebig called respiratory or calorific foods, because their function in the body is largely to furnish fuel to maintain animal heat. It is now known that the non-nitrogenous foods supply energy for muscular action, hence they are also called force



producers, to distinguish them from the nitrogenous or tissue builders. This is a convenient distinction, but it must not be held too absolutely, for the tissue builders are used as force and heat producers as well.

**Composition and Function.**—Foods are now ordinarily classed as: (1) proteins, (2) carbohydrates, (3) fats, (4) condiments, (5) inorganic salts, and (6) vitamins.

1. *Proteins.*—Proteins build tissue and repair waste; to a less extent they serve as fuel to yield energy in the forms of heat and muscular power. Meats, milk, eggs, and a few seeds such as the pea and bean are very rich in protein, the cereal grains contain less of this food substance, whereas the tubers and vegetables, especially in the fresh condition, contain but very little. We now know that *proteins are not all of equal food value*. We have excellent, good or poor food proteins for the formation of body proteins in growth. Hence, the quality as well as the quantity of proteins is important.

Soon after 1900 the researches of Emile Fischer revealed the great variation in the composition of proteins from different sources. Most proteins can be resolved into about 17 simple digestion products called amino-acids, and the proportions in which these are present in the protein molecule varies greatly in proteins from different sources. All or nearly all of these digestion products appear to be indispensable constituents of an adequate diet. All natural foods contain several proteins, as the extensive and valuable studies of Osborne have shown. The proteins of any single foodstuff may be regarded as biologically complete, but their nutritive values differ greatly, depending upon the yield of the several amino-acids which can be obtained from them. Definite quantities of at least four of the amino-acids—lysine, cystine, tryptophan and tyrosine—are essential for the nutrition of rats.

Casein is a complete protein because it contains all of the 17 or 18 amino-acids necessary to rebuild human protein; hence, milk is the best source of protein. Meat protein is also of good quality, but it is not an economical food. The cellular organs such as liver and pancreas are good sources of protein; this is also true of the leafy plants, although the amount is comparatively small. Proteins of seeds are of poor quality because they contain only a few of the amino-acids necessary to rebuild human protein. It is possible by combinations of incomplete proteins to obtain satisfactory dietary results. The great difference in the biologic values of the proteins from different sources is one of the outstanding results of modern research in nutrition.

Although a diet containing 100 grams of protein per day is usually recognized as satisfactory there is evidence that, for healthy individuals, this quantity may be unnecessarily large. Chittendon has long advocated a low protein diet. On the other hand, Atwater's standard as the minimum protein ration is 125 grams.

2. *Carbohydrates*.—The starchy or carbohydrate foods are represented by the cereals, the tubers, such as potatoes, the sugars of the cane, beet, fruits, etc., and glycogen in flesh.

3. *Fats*.—Fats or oily foods are represented by butter, olive oil, cotton-seed and other oils, the fat of meat, the oil of nuts and seeds. All vegetables contain more or less oily substances. The fats as well as the carbohydrates serve as fuel to yield energy in the form of heat and muscular power.

Certain fats contain a vitamin which is indispensable, whereas other fats do not contain this dietary essential. This vitamin, known as "fat-soluble A," is abundant in the fat of milk, eggs, and is generally found in other fats of animal origin, and also in leafy plants. Little or none is found in lard and oils of plant origin (page 670). Fats, then, do not all have the same dietary value.

The chief worth of fat lies in the ease with which it is stored, especially in the connective tissue. Although carbohydrate is also stored, in the form of glycogen, a kind of starch, in the liver and muscles, this takes place only to a limited extent. We notice that both these food-stuffs, fat and carbohydrate, enable a store of reserve material to be kept for use when required to give energy. Fat has a higher energy value, weight for weight, than carbohydrate.

A very practical value of fat consists in its use in cooking. Very few attractive dishes can be made without it, and it is a physiologic principle that food should be eaten with relish.

4. *Condiments*.—Among the condiments are classed: spices, such as pepper, mustard, cinnamon, cloves, etc.; also coffee, tea, and alcoholic beverages.

5. *Inorganic Salts*.—Mineral matter or ash performs an important service in forming bone and assisting in digestion and metabolism. These substances are ordinarily not classed as foods; however, life cannot be maintained without them. This applies also to the vitamins.

Common organic or vegetable acids, such as citric from lemons and oranges, tartaric from grapes, malic from apples, etc., usually exist in combination with the bases, calcium, sodium, potassium, etc., when derived from fresh vegetables and fruits. They are indispensable articles of food, for when absorbed they form carbonates, which aid in maintaining the alkalinity of the blood.

If calcium phosphate is deficient in the food of the young, growing infant, the bones are poorly developed and so soft that they yield to the strain of the weight of the body and become bent, as occurs in rickets. Of all foods, milk is the best source of calcium, as it contains this element in abundance and in utilizable form. Milk, however, is deficient in iron, and therefore this fact must be taken into account when used as a sole article of diet for growing children or adults.

Lack of iodine in the diet leads to goiter.

Lack of inorganic salts in the food impoverishes the coloring matter of the red blood corpuscles on which they depend for their power of carrying oxygen to the tissues, and anemia and other disorders result. An ash-free diet soon causes serious symptoms.

The ordinary American diet, consisting of cereals, bread, meat, and potatoes is rather lacking in mineral constituents, especially calcium.

Longworthy gives the following as the estimated amount of mineral matter required per man per day:

Phosphoric acid ( $P_2O_5$ ).....	3	to 5	grams
Sulphuric acid ( $SO_3$ ).....	2	to 3.5	"
Potassium oxid.....	2	to 3	"
Sodium oxid.....	4	to 6	"
Calcium oxid.....	0.7	to 1.0	"
Magnesium oxid.....	0.3	to 0.5	"
Iron .....	0.0006	to 0.012	"
Chlorid .....	6	to 8	"

6. *Vitamins*.—Vitamins promote growth and favor the utilization of food. On account of their importance, a brief summary of our knowledge on this subject follows:

### VITAMINS

Vitamins are "accessory factors" in the diet necessary for growth and metabolism. They are "unknown dietary factors" essential to life. Vitamins are remarkable in that exceedingly small amounts produce extraordinarily great results—in this respect resembling enzymes. Their chemical nature is not known. Vitamins are produced in the plant world even by simple unicellular cells such as yeast. They cannot be elaborated nor stored by man or other animals. Growth, nutrition and utilization of food therefore depend upon the daily intake of vitamins. In this sense, we live a hand-to-mouth existence.

Eyckman,<sup>2</sup> in 1897, showed that polyneuritis could be induced in fowls by restricting them to a diet of polished rice, and that a diet of undecorticated rice would cure fowls of this condition. In 1907, Fraser and Stanton<sup>3</sup> showed that the alcohol extracts of rice polishings would relieve experimental polyneuritis. In 1911, Funk<sup>4</sup> took up the problem and showed that pressed yeast, hydrolyzed with 20 per cent. sulphuric acid for 24 hours retained its property of curing polyneuritis when given to birds, from which he concluded that in yeast and in rice polishings there was present a chemical entity of a nitrogenous basic nature which

<sup>2</sup> *Arch. f. path. Anat., etc.*, Berl., 1907, 148, 523; *Arch. f. Hyg.*, München and Berl., 1906, 58, 150.

<sup>3</sup> *Lancet*, London, 1910, 733; *Philippine J. Sc.*, Manila, 1910, 5, B, 55.

<sup>4</sup> *J. Physiol.*, 1911, 43, 395; *J. Physiol.*, 1912, 45, 75.

he called "vitamin." The antineuritic property of this substance was soon confirmed, but its chemical nature was not established.

It soon became evident that from the standpoint of chemical nomenclature, the term vitamin was in some respects ill chosen. Hopkins<sup>5</sup> suggested the term "accessory food substances," and later McCollum<sup>6</sup> suggested the specific terms "Fat-soluble A" and "Water-soluble B" to identify the "unknown dietary factors."

Despite the fact that subsequent study has shown vitamins are not amines, the term is now established by usage.

Osborne and Mendel,<sup>7</sup> in 1911, reported a series of experiments involving the study of the effect of feeding purified proteins and mixtures thereof with other purified nutriment. They called attention to the peculiar effect upon growth induced by "protein-free milk." A little earlier, Hopkins had called attention to the fact that the addition of milk to purified food mixtures produced results out of all proportion to the caloric value of the milk. In 1912, McCollum and Davis<sup>8</sup> showed that butter fat and egg yolk contain something that stimulates growth and is absent in lard and olive oil. Later, McCollum and his associates showed that this principle "Fat-soluble A" is present especially in milk, eggs and leafy vegetables. Drummond<sup>9</sup> recently suggested that the antiscorbutic vitamin be classified as "Water-soluble C."

There are probably a large number of vitamins, but only three are clearly recognized:

(1) "*Fat-Soluble A*" is associated with certain fats, and is especially abundant in milk, butter, egg yolk, the fat of glandular organs, such as the liver and kidneys, cod liver oil, and also in the leaves of plants. The seeds of plants contain less, and products derived from the endosperm of the seed are very poor in this substance. Thus, such foods as bolted flour, degerminated corn meal, polished rice, starch, glucose and the sugars from milk, cane and beet, are practically free of this vitamin. It is also practically absent from lard and the fats and oils of vegetable origin and non-pigmented fats generally.

Milk and the green leaves of plants can therefore be regarded as "protective" foods, and should never be omitted from the diet. Milk is a better protective food than are the leaves, because it contains a larger amount of this vitamin.

The specific result of a lack of a sufficient amount of this vitamin in the diet is the development of xerophthalmia. The eyes become swollen so badly that they are opened with difficulty or not at all. The cornea becomes inflamed, and unless the missing dietary essential is

<sup>5</sup> *J. Physiol.*, 1912, 44, 425.

<sup>6</sup> *J. Biol. Chem.*, 1915, 23, 231; *J. Biol. Chem.*, 1916, 24, 491.

<sup>7</sup> *Pub. Carnegie Inst. Bull.*, 1911. Pt. II. 156.

<sup>8</sup> *J. Biol. Chem.*, 1913, 15, 167.

<sup>9</sup> *Lancet*, London, 1918, 2, 482.

TABLE OF VITAMINS IN FOODS

Source	Vitamins			Source	Vitamins		
	Fat Soluble	Water Soluble	Anti-scorbutic		Fat Soluble	Water Soluble	Anti-scorbutic
	A	B	C		A	B	C
Alfalfa .....	++	++	?	Malt extract...	—	—	?
Animal tissues.	Varies with the tissues			Milk .....	++	++	+
Apples .....	?	—	++	Millet seed...	++	++	+
Banana .....	—	—	?	Muscle .....	—	?	+
Barley .....	+	++	?	Nasal secretions	?	++	?
Beans (kidney)	+	++	?	Nectar .....	—	++	?
Beans (navy)...	?	++	?	Oats .....	+	++	?
Beans (soy)...	+	++	?	Oil, almond...	++	—	—
Blood .....	?	++	?	Oil, cod liver..	++	—	—
Brain .....	+	++	+	Oil, cotton	—	—	—
Bread (white)...	—	+	—	seed .....	—	—	—
Bread (whole meal) .....	+	++	—	Oils, fish body..	++	—	—
Butter .....	++	—	—	Oil, olive.....	—	—	—
Cabbage (fresh)	++	+	++	Oils, vegetable.	—	—	—
Cabbage (dried)	++	+	?	Oleomargarine,	+	—	—
Carrots .....	++	++	?	animal .....	—	—	—
Cauliflower ...	?	++	?	Oleomargarine,	—	—	—
Celery .....	?	++	?	vegetable ...	—	—	—
Clover .....	++	++	?	Onions .....	?	++	++
Coconut .....	+	++	?	Oranges .....	—	++	++
Codfish .....	—	+	+	Pancreas .....	—	++	+
Cod testes.....	+	?	?	Parsnip .....	?	++	?
Corn (see maize)	?	++	?	Peanuts .....	+	++	?
Corn (Kafir)...	+	++	?	Peas, dry .....	+	+	—
Cotton seed....	++	++	?	Peas, fresh....	?	?	++
Cream (see also milk)	++	—	+	Placenta .....	?	+	?
Egg .....	++	+	?	Pollen (corn)..	?	++	?
Egg yolk.....	++	+	?	Potato .....	+	++	++
Fats, beef.....	present in equal parts.	—	—	Rice, polished..	—	—	—
Fat, egg.....	—	+	+	Rice, whole	+	++	—
Fat, fish.....	+	+	?	grain .....	+	++	—
Fat, pork.....	+	+	?	Roe fish.....	?	++	+
Flax seed.....	++	++	—	Rutabaga .....	+	++	?
Heart, beef....	+	++	+	Rye .....	+	++	+
Heart, pig.....	+	++	+	Spinach .....	++	+	++
Hemp seed.....	++	++	+	Sunflower seeds	+	?	?
Herring .....	+	+	?	Suprarenals ...	—	?	?
Honey .....	—	+	?	Tallow .....	—	?	?
Horse meat....	+	++	+	Thymus .....	++	++	++
Kidney .....	+	++	+	Timothy .....	+	++	++
Lard .....	—	—	+	Tomato .....	+	++	—
Lettuce .....	+	—	++	Wheat kernel..	++	++	—
Liver .....	+	++	+	Wheat embryo..	+	++	—
Maize .....	— in white, + in yellow.	++	?	Wheat endo-	—	—	—
				sperm .....	—	+	+
				Wheat bran....	—	+	+
				Whey .....	+	++	+
				Yeast .....	+	++	—
				Yeast extract..	—	++	—

supplied, blindness speedily results. These results have been obtained for the most part in rats fed upon an experimental diet. Mellanby's observations on dogs show a relation between Fat-soluble A and rickets. The results are accepted by the Medical Research Committee of Great Britain, and it is now regarded by many as an established fact that the fat-soluble vitamin is synonymous with the antirachitic vitamin. Hess and Unger state that although this vitamin may be a factor in the etiology, it is not the dominant factor in its pathogenesis.

(2) "Water-Soluble B" promotes growth, and its absence induces

polyneuritis (beriberi). This vitamin is widely distributed in all forms of natural foods and can be isolated in a concentrated, but not in a pure form, by extraction with alcohol or water. It is found in animals, seeds, leaves and tubers, but it is never associated with fats or oils of either animal or plant origin. Our ordinary foods all contain several times the amount of "Water-soluble B" which is necessary for the maintenance of growth and health in animals.

(3) "Water-Soluble C" is important in connection with scurvy. Our knowledge concerning this vitamin is still incomplete.

Whether each deficiency disease, such as pellagra, rickets, scurvy, etc., is caused by the absence or lack of a specific vitamin, is not yet established.

It is now well demonstrated that with the mixed diets ordinarily employed in Europe and America there is no such thing as a "vitamin" problem.

The table on page 671 shows the occurrence of vitamins in a large number of substances.<sup>10</sup> In the absence of any satisfactory quantitative measurement for vitamin, it is impossible to indicate absolutely the amounts of any type in a given source. The system adopted aims to show the relative abundance. (+ + +) indicates abundance; (+ +) sufficient to require no supplement in feeding experiments where the source indicated is the sole supply; (+) present, but not in sufficient quantity to be relied upon as the sole source; (—) means absent or so little as to be negligible; (?) undetermined.

The question of the effect of heat, acid and alkali upon vitamins is still unsettled. In a recent article<sup>11</sup> Drummond has published the following summary of our present knowledge of the subject:

Stability	Vitamin		
	Fat-Soluble A	Water-Soluble B	Antiscorbutic C
To temperature.....	Stable at 100° C.; probably stable at 140° C.	Comparatively stable at 100° C.; slowly destroyed at 120° C. and above.	Gradually destroyed above 50° C.; rapidly destroyed above 80° C.
To alkali.....	Stable in cold; possibly in hot.	Slowly destroyed in cold; rapidly in hot.	Rapid destruction even in cold.
To acids.....	Probably stable.	Comparatively stable.	Comparatively stable below 50° C.

Most observers agree that long boiling with acids does not harm "Water-soluble B" (antineuritic) vitamin, and Osborne and Mendel, also McCollum and others hold that "Fat-soluble A" found in butter-fat will sustain the temperature of live steam without destruction. On the

<sup>10</sup> *Absts. Bacteriology*, III, No. 6, Dec., 1919, p. 313.

<sup>11</sup> *Lancet*, London, 1918, II, 482.

other hand, alkalis seem to be destructive to most vitamins. The anti-scorbutic vitamin (type C) is much more heat labile than the "A" or "B," and is apparently diminished in milk and in some fruits and vegetables by drying.

The inevitable sequence to the discovery of the vitamins was the tendency to attribute to them specific relationship with many diseases of unknown origin. Thus, polyneuritis, pellagra, sprue, marasmus, scurvy, rickets, disturbances of growth, etc., presented problems which it was hoped the study of vitamins might solve. Workers in each field have endeavored to secure evidence of the relation of vitamin to the particular disease. The results vary with the disease studied. Pellagra and sprue, for example, have not yet been demonstrated to be linked definitely with vitamin activity. Growth, polyneuritis, xerophthalmia and rickets have been shown to be directly related to the activity of the "A" or "B" factors. Marasmus has shown some evidence of connection with the two vitamins and scurvy has been linked with the "C" vitamin.

Extensive studies on the nutritive efficiency of various diets and on the specific behavior of the dietary factors "A" and "B" have shown that *both* are essential to the normal growth of such experimental animals as rats, swine, fowls, etc., and by analogy or, in a few cases by direct experiment, to human animals. Hess has recently questioned the necessity for the "A" type in the development of human infants.

Many microscopic organisms require or utilize vitamins for growth and development, such as yeasts, meningococcus, influenza bacillus, typhoid bacillus, gonococcus, pneumococcus Type I, streptococcus hemolyticus, B. diphtheriae, B. pertussis, soil organisms, etc.

## THE AMOUNT OF FOOD

**Excessive Amounts.**—The amount of food required varies greatly with conditions. In civilized communities, where cooking is a fine art, the number and variety of food preparations are so great that the appetite is often stimulated beyond the requirements of the system, and consequently more food may be eaten than is necessary or desirable to maintain the best bodily health and vigor. Gluttony results in overdevelopment and overwork of the digestive apparatus; the stomach and bowels become enlarged; the liver is engorged, and a predisposition is established to degenerative changes, fatty heart, etc. Overeating is also supposed to favor high blood pressure and arteriosclerosis. The quantity of food required to maintain the body in vigor varies with the climate and season, clothing, occupation, work, and exercise, the state of individual health, age, sex, and body weight.

Both overeating and overdrinking may be temporary or chronic.

When chronic it may lead to obesity, gout, lithemia, oxaluria. It is very certain to cause congestion of the liver and the condition known as "biliousness," in which the stomach and intestines are engorged, constipation results, the tongue is heavily coated, the bodily secretions are altered in composition, the urine especially becomes overloaded with salts, the liver becomes congested, and, finally, the nervous and muscular systems are affected, which result in the production of headache and feelings of fatigue, lassitude, drowsiness, and mental stupor. An excess of protein favors putrefactive changes in the intestinal tract; an excess of carbohydrates tends to fermentation; an excess of fat leads to acidosis, especially in babies. Excessive starch and sugars in the diet may serve as an exciting cause of diabetes, especially in persons who might otherwise go through life without developing the disease.

**Insufficient Food.**—Starvation or asitia is a term which technically applies to the lack of sufficient food for the maintenance of the body, while inanition means the lack of the assimilation of food by the tissues. When food is completely withheld, life cannot be prolonged beyond six or ten days in the majority of instances. Professional fasters have gone 41 days without anything but water. If food is withheld suddenly, the sensation of hunger gradually increases, becomes extreme, lasts for two or three days, and slowly disappears. It is accompanied by a gnawing pain in the epigastrium, which is relieved on pressure. The pain may disappear, but it is followed by a sensation of extreme weakness or faintness, which is both local in the stomach and general throughout the body. Even though the pain disappears, the sensation of hunger may occasionally reassert itself, when all food is withheld, until death, or until the subject becomes insane or unconscious.

Hunger is not always a reliable guide to the need of the system for food. Some dyspeptics are always hungry and eat more than they can digest. A habit of rapid eating does not satisfy the sensation of hunger. More food may be taken than is necessary, because it has not had time to meet the needs of the system before the meal is over. Cannon has shown that the sensations of hunger come and go rhythmically, appearing synchronously with the contractions of the empty stomach.

A reduced diet causes a lowering of basal metabolism, influences the sex instinct and its manifestations. There results a lessening of sex interest and a diminution in procreative power.<sup>12</sup>

**Undernourishment.**—Recent studies have shown that a large percentage of growing children are underweight for their height. From 15 to 40 per cent., and even as high as 60 per cent., of school children have been found to be undernourished. The condition is even more prevalent among the children of the well-to-do, than those of the poor. The causes of undernourishment are (1) physical de-

<sup>12</sup> Miles, *Jour. of Nerv. and Mental Dis.*, 49.3. Mch., 1919.



fects, (2) lack of home control, (3) chronic over-fatigue, (4) improper health habits, and (5) improper diet and food habits. To remedy the condition often requires the coöperation of the parent, the teacher, the physician and the child. See also page 676.

**Famine and Pestilence.**—The statement is frequently made that, when starvation occurs upon a large scale, affecting a community with famine, pestilence is sure to accompany it. Thus, disease has often been rampant in Ireland when the potatoes have failed, and in India when the grain supply has given out. Much of the illness which occurred in the early history of the Crimea was coincident with insufficient food, and it is stated that in the middle ages the ravages of pestilential diseases, such as typhus, smallpox, plague, etc., were always worse in times of general starvation. The history of epochs of famine in siege or otherwise is always accompanied by outbreaks of violence, for hunger begets ill temper, vice, and crime. This has occurred of late years, notably in Athens, Florence, and London, and in Paris during the Commune. There is, however, no very definite relationship between famine and epidemics. The "depressed vitality" caused by insufficient food is not the real cause of epidemics of plague, smallpox, relapsing fever, typhus fever, and other pestilential diseases, sometimes called famine fevers. The reasons for this have been discussed under Immunity.

**War Edema.**—The symptoms of war edema are gravitational dropsy, slow pulse, low blood pressure and polyuria. The condition is associated with prolonged undernutrition, due to lack of calories over a long period of time. The disease is therefore aggravated by cold and exertion and is improved by rest and warmth. Many persons in the war area had a daily ration of only about 1400 calories, consisting mainly of a coarse food, chiefly carbohydrates, very little protein, and almost no fat. All the symptoms can be explained by lack of function of the thyroid gland. Clinically the condition resembles myxedema.

It occurred especially in Germany, Russia, Roumania, but also in other countries during the Great War. When advanced, the symptoms are edema of legs, thighs and genitalia, with some puffiness of the eyelids. In bad cases there is edema also of the chest and abdominal walls. Patients complain of general weakness and pain in the legs. They are usually very apathetic. There is extreme muscular weakness and marked pallor. The whole appearance resembles the condition found in chronic parenchymatous nephritis. Uncomplicated cases are afebrile. With rest in bed and a better ration, improvement slowly takes place.

War edema is clearly the result of underfeeding. The ration responsible was low in protein and almost fat-free. Thus, in Berlin the poorer classes were reduced to a ration containing only about 50 grams of protein per day, which is about half the standard dietary observed in

most civilized countries. The fats were replaced by carbohydrates. The ration was largely vegetable in origin, rich in cellulose, devoid of stimulating properties, and limited in variety. It contained only about 1400 calories.

In addition to war edema, other results were traceable to the restricted diet. Hernias and displacements of internal organs were a frequent consequence of emaciation. Lactation was unsatisfactory among child-bearing women. Gastro-enteric disorders, rickets, and other deficiency diseases occurred, and delayed growth affected the children. Tuberculosis increased its ravages, and decreased resistance to other diseases was noted.

**Underfeeding and Growth.**—Failure to grow according to normal expectations may result from underfeeding, from inappropriate food, or from pathological defects either inherited or acquired. Inborn errors of growth form a special category which falls outside the sphere of nutrition. Retardation of growth due to diets defective in quality rather than quantity will be discussed under "deficiency diseases." Underfeeding per se will retard or suppress growth, but Osborne and Mendel<sup>13</sup> have shown that the capacity to grow is not entirely lost, but is held in reserve until it is exercised. Even when the period of stunting through underfeeding is prolonged beyond the time when growth usually ceases, the institution of a proper diet may result in prompt resumption of growth and apparent completion of its usual cycle.

## UNBALANCED DIETS

**Unbalanced Diets.**—A balanced ration is one that furnishes the optimum condition for the maintenance of vigor and the characteristics of youth; it must promote growth, favor utilization of food and provide for normal reproduction. The science of nutrition has emerged from its simpler beginnings into a complex problem of great intricacies. Attention was first called to the importance of the *chemical* composition of foods, and stress was placed upon the importance of the diet containing protein, carbohydrates and fats. To this was later added the necessity of certain inorganic salts. Now we know that not all proteins are adequate for nutrition, and the fats also have different dietetic values. The *caloric* value of food was next emphasized, but it soon became apparent that many considerations other than fuel value make up a balanced ration. *Biologic* studies then revealed the vitamins, necessary for growth and nutrition.

Some of the factors which make up a balanced diet are: sufficient calories to furnish heat and energy; inorganic salts, especially iron,

<sup>13</sup> *Journ. Biol. Chem.*, XXIII, 439, 1915.

phosphorus and calcium and iodine; abundant quantity and variety of foods containing all the necessary vitamins; some "ballast" or "roughage," that is, undigestible residue such as cellulose. Furthermore, a balanced diet should provide approximately the same fuel value each day. In other words, we should not have a feast and upset our digestion by overeating today, and have a famine tomorrow, but stoke the furnace regularly, according to its needs. Certain edible plants are toxic when used in too large abundance, and this must be avoided in the diet. A balanced diet must also take into account the acid-base equilibrium. Too much acid in the diet draws on alkali reserve, and may reduce resistance to infection and cause injury in other ways. It is plain, then, that a balanced diet depends upon many factors, some of them exceedingly complex. Our only safety lies in a generous ration, varied as possible. A wide variety provides a factor of safety. Growing children especially should have a safe margin both as to quantity and quality, for the science of nutrition is in its infancy.

A balanced diet furthermore consists not only of a liberal consumption of all the essential constituents of a normal ration, but also includes prompt digestion and absorption; also normal metabolism and evacuation of the undigested residue. Such a diet can be attained only by supplementing the seed products, tubers, roots and meats, which constitute the bulk of the diet of man, with milk and the leafy vegetables. Milk and the leafy vegetables are called *protective foods*, because they are rich in vitamins, especially in fat-soluble A. A person who takes a quart of milk a day and some antiscorbutic food will not develop a deficiency disease. Instinct is not always a safe guide for a balanced ration.

## THE DEFICIENCY DISEASES

Unbalanced diets give rise to "deficiency diseases." Thus, a diet lacking the vitamin known as "water-soluble B" gives rise to beriberi; xerophthalmia is brought on by a diet lacking "fat-soluble A"; scurvy is due to the lack of another specific vitamin. Pellagra and rickets are due to dietetic faults, but just what the deficiency consists of has not yet been unraveled. Endemic goiter is caused by lack of iodine in the water or food, or both. War edema is brought about by underfeeding, and especially by a lack of protein. There are other deficiency diseases and conditions which need further study.

The deficiency diseases are mostly chronic and often have a prolonged "period of incubation." In partially unbalanced diets, the threshold of clinical symptoms may never be reached. During this "prodromal" stage, there must be a subtle and doubtless serious effect on health and vigor, resulting perhaps in reduced resistance and impaired efficiency.

*BERIBERI**(Polyneuritis)*

Our knowledge of beriberi<sup>14</sup> is now sufficient to place this scourge of the tropics among the preventable diseases. It is now evident that beriberi is a disease due to an unbalanced diet, deficient in a specific vitamin, "water-soluble B." It is our best known example of a deficiency disease. Most nations where beriberi prevails subsist on a monotonous and one-sided diet, made up largely of polished rice, that is, rice without the pericarp. The disease may be prevented or cured by the administration of rice bran, or other substances containing the specific vitamin.

The particular vitamin associated with beriberi is known as "antineuritic vitamin," or "water-soluble B." A certain amount of this accessory dietary factor must be in the ration in order to permit normal growth of the young and the maintenance of weight and health of the adult animal and man. Its absence from the diet causes polyneuritis and other symptoms of beriberi. This vitamin is very resistant to drying, heat, and other influences, but may be weakened by heating in the presence of an alkali.

Beriberi, or kakke, is a specific form of multiple peripheral neuritis occurring endemically, or as an epidemic, in most tropical or subtropical climates. It is characterized clinically by disturbances of motion, sensation, dropsy, and affection of the heart. The symptoms are attributable to degenerative changes in many of the peripheral nerves, being a toxic neuritis similar in many respects to that produced by alcohol, arsenic, and other poisons, such as the toxon of diphtheria. Three types of the disease are recognized: (1) the paraplegic, or dry; (2) the dropsical, or wet; and (3) the mixed. The course of the disease is uncertain; sudden death owing to involvement of the heart is a common termination. Recovery is frequent and may be complete; it is promoted by change of climate and improvement in the sanitary surroundings, but is dependent upon change to a diet containing antineuritic vitamin.

Many physicians who have studied the subject in Japan, Java, the Philippines, and other countries have long regarded rice as the important cause of the disease. In the prisons of Java the proportion of cases was 1 to 39 when rice was eaten completely shelled, 1 to 10,000 when the grain was eaten with its pericarp. In many places the disease has disappeared when the unshelled rice has been substituted for the shelled.

Eijkman, in 1897, showed that a disease resembling beriberi, characterized by degeneration of the peripheral nerves, may be produced in

<sup>14</sup> Vedder, "Beriberi," Wm. Wood & Son, 1913, contains a complete description and bibliography of the disease.

fowl by feeding them on white or polished rice. These results were later confirmed by Grijns (1900) and Halshoff Pol (1904), but a great impetus was given to the study of the disease by Fraser and Stanton<sup>15</sup> who, in 1909-11, clearly demonstrated that the disease is brought about by a diet of white or polished rice. These investigators took 300 Japanese laborers into a virgin jungle, where they occupied new and sanitary quarters. After excluding the existence of beriberi by a careful examination of each person, they were divided into two parties of equal numbers. One party received polished rice as the staple article of diet, while the other party received undermilled rice with pericarp. In three months beriberi appeared among the members of the party receiving polished rice. When a certain number of cases had been noted, polished rice was discontinued, and thereafter no cases occurred. No sign of the disease appeared among the party receiving undermilled rice. The conditions were then reversed. The party hitherto on undermilled rice were given polished rice, and after a somewhat longer interval beriberi broke out in this group also. This outbreak also ceased on discontinuing the issue of polished rice. Again no sign of the disease appeared among the control party receiving undermilled rice. Place infection and communicability were excluded by transferring individuals suffering from beriberi from one group to the other from time to time. This experiment was later repeated by Strong and Crowell<sup>16</sup> in the Philippines with a similar result.

The same changes in diet which avoid or cure beriberi in man act in a similar manner in respect to polyneuritis in fowl. It has now been established that polished rice causes beriberi if the diet is based almost exclusively on this foodstuff, but that, if a sufficient amount of other things, such as fresh meat and vegetables, are taken with it, the disease is not produced. In the polishing of rice the pericarp or cortical portion of the grain is removed and the embryo is discarded. It is evident that these discarded portions contain some substance (vitamin) essential to a well-balanced ration. It has been found that most of the phosphorus is contained in the pericarp. The amount of phosphorus is a good guide in the selection of a beriberi-preventing rice. In the East, rice is regarded as unsafe if it contains upon analysis a content of less than 0.35 per cent. of phosphorus pentoxid. It is not, however, the absence of the phosphorus which induces beriberi, but the amount of phosphorus, as phosphorus pentoxid ( $P_2O_5$ ) may be taken as an index of the degree to which the rice has been polished.

Funk,<sup>17</sup> in 1911, isolated a substance from rice polishings that pre-

<sup>15</sup> "Studies from the Inst. of Med. Research, Federated Malay States," 1909, No. 10.

<sup>16</sup> *Philippine Journ. Sci.*, 1912, VII, 271.

<sup>17</sup> *Jour. of Physiol.*, 1911, XLIII, 26; also Casimir Funk, *Die Vitamine*, Wiesbaden, 1914.

vents and cures polyneuritis gallinarum. Funk obtained a crystalline organic base ( $C_{17}H_{20}N_2O_7$ ) by precipitation with phosphotungstic acid, and also by silver nitrate in the presence of baryta. The same base was subsequently obtained from yeast and other foods. About 0.02 gram of this substance to pigeons suffering with polyneuritis affects a rapid cure. Funk calls the substance in question "vitamin."

The work of Fraser and Aron, Breaudat and Denier, Dehaan, Heiser, and others leaves little doubt concerning the relation of polished rice to beriberi. Heiser<sup>18</sup> reports that, prior to February, 1910, polished rice was commonly used in the Culion leper colony. The deaths from all cases between February, 1909, and 1910 were 898, of which 309 were due to beriberi. From February, 1910, to February, 1911, unpolished rice was used, and there were 369 deaths, a reduction of over one-half the death rate for the previous year. It is significant that there were no deaths from beriberi during this interval following the use of unpolished rice. Heiser further reports 50 cases of beriberi treated by giving daily 15 grams of rice polishings. Improvement was noticed in all except two very advanced cases. These results have been so striking that the Philippine government has drafted a bill providing for the general use of unpolished rice; that is, rice containing at least 0.4 per cent. of phosphorus as phosphorus pentoxid, and the levying of a tax upon polished rice which makes its sale practically prohibitive. Breaudat and Denier<sup>19</sup> at Saigon, in Indo-China, report good results from the prophylactic use of rice bran. Forty grams are administered daily in the ordinary food. No case of beriberi developed among 49 native soldiers who took bran, while 17.4 per cent. of 311 controls developed the disease.

The prevention of beriberi in the Philippine Islands based upon the rice theory is little short of marvelous. The disease has been entirely eliminated from the Philippine native scouts owing to the reduction in the amount of rice from 20 to 16 ounces, a substitution of undermilled rice for the polished article, and the addition of a legume to the dietary. In 1908 and 1909 there were 600 cases of beriberi annually. In the entire 17 months since the alteration in the ration went into effect there have been but 7 cases of the disease; occasional cases may be expected, owing to disobedience of instructions.

Equally good results of this character are reported by Van Leent,<sup>20</sup> Vorderman,<sup>21</sup> Fletcher,<sup>22</sup> Highet,<sup>23</sup> Theze,<sup>24</sup> Chamberlain,<sup>25</sup> and others.

<sup>18</sup> *Jour. A. M. A.*, LI, Apr. 29, 1911, p. 1237; *Philipp. J. Sci.*, 1911, VI, 1237.

<sup>19</sup> *Ann. de l'Inst. Pasteur*, Feb., 1911, No. 2.

<sup>20</sup> *Arch. de Med. Nav.*, Oct., 1867, p. 241. *Cong. Internat. d. Sc. Med.*, Amst., 1880, VI, 170, etc.

<sup>21</sup> *Onderzoek, etc.*, of Java en Madoera, van Beriberi, Batavia, 1897.

<sup>22</sup> *Journ. Trop. Med. and Hyg.*, 1909, XII, 127; also *Lancet*, London, 1907, I, 1776, etc.

<sup>23</sup> *Philipp. Journ. Sci.*, 1910, V, 73.

<sup>24</sup> *An. d'hyg. et de Med. col.*, 1910, XIII, 16.

<sup>25</sup> *Philipp. Journ. Sci.*, 1911, VI, 133.

Infantile beriberi is also common in the Philippines, and may likewise be prevented and even cured with rice bran.

**Rice.**—A grain of rice, after removal from the husk, consists of three parts: (1) an outer layer called the pericarp, which is a very thin membrane. The color of the pericarp varies in different species of rice, from white to yellow, through the browns and reds, to almost black; (2) the middle layer, called the subpericarpal or aleurone layer, which is composed of cubical cells filled with aleurone and fat; it contains very few starch grains. Practically all of the fat, and the greater part of the protein of the grain is confined to this middle layer; the pericarp and

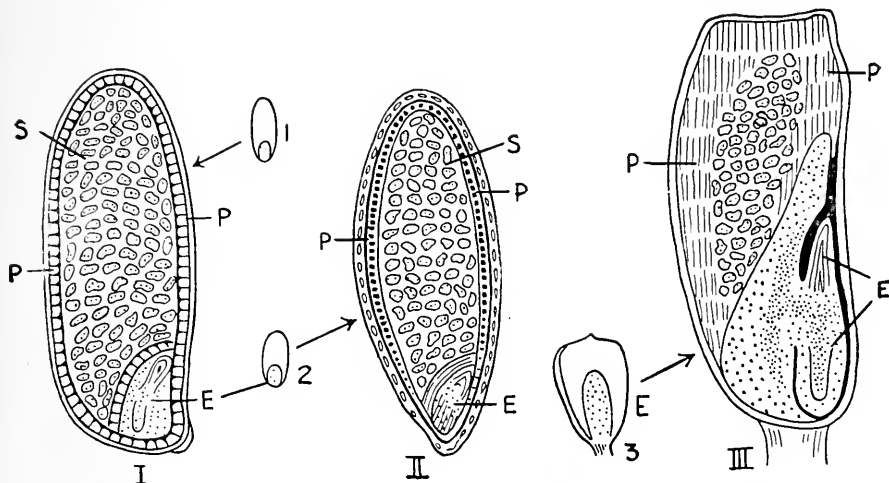


FIG. 74.—SECTIONS THROUGH SEEDS OF RICE (I), WHEAT (II), AND CORN (III), SHOWING THE PROTEIN (P) AND STARCH (S) OF THE SEEDS AND THEIR GERM (E); 1, 2 AND 3, THE SEEDS AS SEEN FROM THE OUTSIDE, NATURAL SIZE.

subpericarp contain practically all the phosphorus, and also all the vitamins, and organic nitrogenous bases. (3) The bulk of the grain, which consists of the innermost portion, is filled with starch granules. The embryo is absent in milled rice.

Rice is first husked between large horizontal revolving stone disks. The chaff is winnowed out. This part of the process chips off only a small part of the pericarp. The grain is then milled by means of a vertical, revolving conical stone, around which is a close fitting metal gauze case. Friction between the stone and the case rubs off the pericarp and the aleurone layer. The dust escaping is called rice polishing or rice bran, which is used in the prevention and treatment of beriberi. In the so-called "highly milled grades" of rice, such as are commonly seen in the markets of the world, all of the pericarp and most of the aleurone layer have been removed. The last process in the treatment of rice is the polishing with buffers covered with long woolled sheep skin.

This removes the dust, and leaves a clean, white grain. Talcum and glucose are often added to give a shiny surface. By undermilled rice is understood rice retaining a large share of the pericarp and aleurone layers.

**Prevention.**—The prevention of beriberi consists in substituting the use of whole rice for the polished grain; also in improving the general quality of the food and in providing for better balanced dietaries, especially adding articles containing vitamins, such as fresh meat, vegetables, milk, eggs and fruit. The prophylactic value of rice polishings added to the ordinary native diet must be borne in mind.

It seems a simple thing to substitute undermilled for highly milled or polished rice, but it will require a long and patient campaign to make a change which is utterly at variance with the economic and social habits of entire nations who have for many years considered the polished rice as the best quality, and generally purchase it by preference. Much may be accomplished through taxation of the highly milled rice, through education, and also, in part, through law.

It should be borne in mind that beriberi may be produced by an unbalanced diet of other starchy substances, such as wheat flour (Little and Strong). Cases have occurred on the coast of Labrador from a restricted diet, consisting largely of wheat flour. Wellmann and Bass<sup>26</sup> produced polyneuritis of fowls with sago in 20 days; boiled white potatoes, 24 days; boiled milled rice, 27 days; cornstarch, 32 days; white flour, 34 days; corn grits, 36 days; oiled sweet potatoes, 38 days; cream of wheat, 39 days; puffed rice, 39 days; macaroni, 40 days. There is no danger of contracting beriberi with the varied diet customary in this country and Europe.

There are certain accessory factors believed to favor beriberi: The disease occurs especially in overcrowded places, such as ships, jails, and asylums; during the hot and moist seasons; and following exposure to wet. These are to be avoided. Europeans living under good hygienic conditions, and enjoying a well-balanced diet, do not contract the disease.

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<sup>26</sup> *Amer. Jour. Trop. Dis. and Preventive Med.*, Aug. 13, I, 2, p. 129.



*SCURVY*  
(*Scorbutus*)

Scurvy is a deficiency disease due to some prolonged error in diet, particularly the lack of fresh food in the ration. It is characterized by debility, anemia, a spongy condition of the gums and a tendency to hemorrhages. The lesions occur especially in the bones, the blood vessels and the blood.

Scurvy is undoubtedly due to some fault in the diet, but just what the deficiency consists of is not certain. There is justification to regard it as due to the lack of a special vitamin in the diet, known as "Water-soluble C."

The disease has long been a scourge of sailors and soldiers. Fifty-five of the 143 epidemics analyzed by Hirsch were during hostilities. It affected prisoners and troops in the World War, especially on the eastern front. In Mesopotamia the British troops suffered owing to lack of fresh food. The extent to which scurvy prevailed during the World War is summed up by Hess.<sup>27</sup> It also occurs in the civilian population, sometimes sporadically, often endemic. It is still found in Russia, also among the Hungarians, Bohemians and Italians in the mining districts of Pennsylvania. Otherwise, scurvy is a rare disease in the United States, except the infantile form.

It was discovered by Captain Cook (1776) that, in order to preserve the health of his crew on long voyages, it was necessary for them to take every opportunity of obtaining *fresh* food. The passage in which Captain Cook describes his experience is worth quoting: "We came to a few places where either the art of man or nature did not afford some sort of refreshment or other, either of the animal or vegetable kind. It was my first care to procure what could be met with of either by every means in my power, and to oblige our people to make use thereof, both by my example and authority; but the benefits arising from such refreshments soon became so obvious that I had little occasion to employ either the one or the other."

*Infantile scurvy* (*Barlow's disease*) occurs in babies, mostly between the sixth and tenth month, and particularly in those not breast fed. Every infant raised on sterilized or proprietary foods for several months, without any fresh or "live" food, is menaced with scurvy. The disease rarely occurs in breast fed babies.

It has been demonstrated that there may be pronounced differences in the value of fresh, unheated milks in their antiscorbutic value, depending on the nature of the diet of the cow or lactating woman.

<sup>27</sup> *Int. Jour. Pub. Health*, Nov., 1920, Vol. I, No. 3, p. 302; also *Scurvy, Past and Present*, J. B. Lippincott Co., 1920.

The antiscorbutic substance is found abundantly in potatoes, fruits, vegetables, green grass and other forage. Cooked foods, with certain exceptions such as tomatoes, are of little value and the milk of a mother whose diet consists largely of cooked or dried or preserved foods may not protect her infant against this disease unless some substance rich in antiscorbutic properties be included. The milk of cows is more effective as an antiscorbutic food when they are fed green foods.

Infantile scurvy is characterized by painful swellings and ecchymoses about the joints, especially the ankles and knees; hyperesthesia; pseudo-paralysis of the lower extremities, due to the pain and hemorrhages; spongy, bleeding gums; hemorrhages from the nose, and occasionally other mucous membranes. In advanced cases, there is also general weakness and marked anemia. Infantile scurvy is often mistaken for rheumatism, infantile paralysis, etc.

When we reflect that it usually requires about six months before a case of scurvy reaches the threshold where it can be recognized clinically, it is clear that during this phase there must be a certain undermining of health. This same condition doubtless occurs in the preclinical period of other deficiency diseases. All babies not breast fed should have orange juice, tomato juice, or some other antiscorbutic.

**Experimental Scurvy.**—The classic experiments of Holst and Froelich<sup>28</sup> in 1912 demonstrated the symptoms and lesions of scurvy in guinea-pigs by means of a diet of cereal grains. These observations have been repeated by Baumann,<sup>29</sup> Jackson, and many others. It is easy to produce or prevent scurvy in guinea-pigs, and to cure it when not too far advanced, simply by the use of antiscorbutic food.

While it seems clear that scurvy is due to the deficiency in the diet of a specific food factor of the vitamin type, other explanations of the disease need consideration. A favorite theory is that the faulty diet undermines health and thus permits infection. Many outbreaks of a disease resembling scurvy during the World War seemed to have an infectious nature. The diagnosis in such cases is not clear, for every weakening disease with a tendency to hemorrhages is not scurvy. The theory that scurvy is an auto-intoxication will not die. Thus, McCollum and Pitz<sup>30</sup> found in the guinea-pigs which had died of scurvy, that the cecum, which is a very large and very delicate pouch through

<sup>28</sup> *Ztschr. f. Hyg. u. Infektionskrankh.*, 1912, 72.

Theobald Smith as early as 1895-96 noted that "When guinea-pigs are fed with cereals (it has been observed for some years in this laboratory), with bran and oats mixed, without any grass, clover or succulent vegetables, such as cabbage, a peculiar disease, chiefly recognizable by subcutaneous extravasation of blood, carries them off in from four to eight weeks." "Bacilli in Swine Disease," Bureau of Animal Industry, 1898-6.

<sup>29</sup> *Am. Journ. Med. Sci.*, 1917, 153, 650.

<sup>30</sup> *Journ. Biol. Chem.*, 1917, 229.

which the food must pass in going from the small to the large intestine, was always packed with putrefying feces. This was soon disproved by Gwens, Hart, Hess, Mendel, Steenbock, Chick, Harden and others who again substantiated the earlier view that the disease is the result of a deficiency of some nutritive factor in the diet.

**Antiscorbutics.**—Certain foods possess the property of preventing scurvy. This is probably due to a special vitamin. The amount of this unknown dietary principle varies greatly in different foods.

The best antiscorbutics are orange and lemon juice,<sup>31</sup> tomato juice, apples, onions, peas, potato, spinach, cabbage, lettuce and the swede. (Table, page 671.) Drying and heating cause a certain amount of deterioration of the antiscorbutic principle in some of these foods. Canned tomatoes, processed at a high temperature, retain their prophylactic properties. Orange juice may be boiled without injury.

Cow's milk at best is only moderately antiscorbutic, and this property is diminished about half by age, by drying, or by pasteurization (page 759). It is destroyed by oxidation.

The prevention of scurvy is plain, and may be summed up in two words—*fresh food*. Arctic explorers, troops, sailors, infants and others on limited diets may avoid scurvy by the use of orange, lemon or tomato juice. The antiscorbutic value of cabbage, lettuce, the swede, onions, potatoes, apples, spinach and fresh raw milk should be resorted to when attainable.

## RICKETS

(*Rhachitis*)

There can be no doubt that rickets is a nutritional disease, but the responsible factors are diet and hygiene. It is characterized especially by an alteration in the growth of the bones. These become enlarged at the extremities and so soft that they bend under the weight of the body. It is a disease of the first two years of life, and is especially prevalent in children in whose diet milk is replaced too largely by cereals and other vegetable foods not suited to the delicate digestive tract of the young child. Predisposing factors in many cases are undoubtedly tuberculosis and syphilis. The symptoms develop gradually. Restlessness and perspiration at night, great sensitiveness of the limbs, so that even a light touch is extremely painful, are characteristic signs of the disease. There are gastro-intestinal disturbances, especially colic and distention of the intestine with gas, so that the abdomen pro-

<sup>31</sup>Alice Hamilton Smith of the Lister Institute has upset the traditional faith in lime juice. It appears that the juice used with good effects in the olden days was in reality obtained from lemons and sweet limes, not from the West Indian sour limes. The sour lime of the West Indies (*Citrus medica-acida*) has only one-quarter the antiscorbutic value of the lemon (*Citrus medica-limonum*). *Lancet*, 2, 725, Nov. 30, 1918.

trudes. The bones become thickened, and nodules develop at the junctures of the ribs with the costal cartilages, forming the characteristic "beaded" ribs. There is defective ossification of the skull; the teeth appear later than normal and in unusual order. Various deformities of the head, spine, chest and limbs result as the child develops. Recovery with deformity is of frequent occurrence.

Rickets is a national public health problem in every country. It is a world scourge preventing the normal development of the young, leaving them damaged not only in their bones, but also in their mental and moral faculties. It is particularly marked among the poor of large cities, who are ill fed and badly housed.

While the only important lesions are found in the bones, it is a very complex pathologic process, the result of disturbed metabolism, which affects nearly all the structures and organs of the body. Rickets is a chronic nutritional disorder.

The cause of rickets is closely related to lack of sunlight and bad hygienic surroundings. Artificially fed children are much more prone to the disease, especially those with faulty feeding. The diet of children who develop rickets is most frequently deficient in fat and often at the same time in protein, while it is apt to contain an excess of carbohydrate. Rickets is due to a lack of Fat-soluble A and to bad hygiene, especially lack of sunlight (ultra-violet rays). Both these factors explain the seasonal prevalence of the disease. Cod-liver oil is a specific preventive and cure.

### PELLAGRA

Pellagra is included among the diseases associated with food, for the evidence indicates that it is caused by a deficient diet of some sort. The disease was long regarded as an example of a food intoxication caused by some toxicogenic saprophyte growing in spoiled corn. Some investigators still look upon pellagra as an infection; and insects (*Simulium* and *Stomoxys*) have been accused of its transmission.

Pellagra usually runs a chronic course, with acute exacerbations, which commonly occur in the spring and at times also in the fall of the year. The disease sometimes runs an acute and rapidly fatal course. The development seems to be more rapid and grave in adults than in children. The "poison," whatever its nature, produces toxic and trophic manifestations. The triad of symptoms are: (1) digestive disturbances, (2) erythema, and (3) nervous disturbances. The final scene usually includes profound cachexia, great muscular weakness, and at times insanity.

Pellagra is a preventable disease in which the social conditions loom large; it is especially prevalent where faulty diet combined with pov-

erty, overcrowding, and misery prevail. It occurs both sporadically and endemically.

The disease was first recognized in America in 1864 by Dr. Gray, of Utica, New York, and by Dr. Tyler, of Somerville, Mass., who each reported a case of probable pellagra. It was overlooked until 1906-1907, when Searcy reported an epidemic in the Alabama Insane Asylum. In the same year (1907) Babcock's article on the cases in the State Insane Asylum of Columbia, South Carolina, aroused our present revival of interest in the disease. In 1908 Wood and Lavinder found four cases in Wilmington, North Carolina. Since then a flood of cases have come to light all over the country, especially in the south; outbreaks, however, occur as far north as Peoria, Illinois, where 258 well-marked cases out of 2,200 inmates were discovered in the State Hospital for the Insane. Lavinder estimated that in 1910 there were between 25,000 and 50,000 pellagrins in the United States. Goldberger estimates that in 1917 fully 125,000 people were attacked with pellagra in the states south of the Potomac and Ohio rivers.

The disease appeared in Italy about 1750, but was first described there in 1771 by Frapolli, of Milan, who applied the name "pellagra" (Italian *pelle*, skin, and *agra*, rough). Marzari in 1810 first called attention to the relation between maize and pellagra. In 1844 Balar-dini first suggested the theory that the disease might be due to spoiled maize, that is, maize which had undergone fermentative change by reason of the growth of fungi on the grain. At present pellagra is most prevalent in northern and central Italy and in Roumania. Triller states that in 1906 there were 30,000 pellagrins in Roumania; in certain parts of Italy as much as 30 to 50 per cent. of the population have the disease; in 1899 there were nearly 73,000 sick with the disease in all Italy, this being upward of 10 per thousand of the rural population. The disease also occurs in Spain, Corfu, Asia Minor, Austria, Servia, Bulgaria, Egypt, and occasionally in India, Africa, the West Indies, Mexico and South America.

As preventive measures must be based entirely upon our conception of the etiology of the disease, it is necessary to consider briefly some of the views upon this subject. Until recently most students of the disease considered pellagra to be an intoxication due to using Indian corn (maize) as a food, which, under the influence of some parasitic growth (bacteria or fungus), has undergone certain changes with a production of one or more toxic substances. Lombroso, who studied this subject for years, made alcoholic and watery extracts from spoiled maize and obtained chemical substances of an undetermined nature, which were given to men and animals with the production of symptoms analogous to pellagra. This work has not been confirmed and furthermore Lombroso's interpretation is doubtful.

With regard to the parasites found on maize, it may be said that the varieties are numerous, and no single one seems to be constant enough to be rated as the definite causative agent. Ceni incriminated the *Aspergillus fumigatus* as the cause of the maniacal form of pellagra, and the *Aspergillus flavus* as the cause of the depressive form. These molds have resisting spores which withstand heat, hence ordinary cooking is not sufficient to destroy them. The *Bacterium maydis* has also been associated with the disease. Lombroso, as a result of his studies, maintained that pellagra is due to a poison (toxin) developed in maize by saprophytic microorganisms (molds or bacteria), in themselves harmless to man.

Other views concerning the nature of pellagra are: that it is an auto-intoxication, the poisonous substances being produced in the bowels as a result of the constant and almost exclusive diet of corn, which produces certain changes in the intestinal flora, and the production of poisonous substances. A somewhat similar view is that the disease is an intestinal mycosis, the offending microorganisms being eaten with corn and colonizing in the intestinal tract. Others regard the disease as of an infectious nature, and several parasites have been reported in the blood and organs. In France especially the idea has been brought forward that pellagra is not a definite morbid entity at all, but a symptom-complex sometimes observed in alcoholics and cachectic states of diverse origin, the erythema being regarded only as a common solar erythema. Sambon, as the result of epidemiological studies, brought forward (1905 and again recently) the view that pellagra is an insect-borne disease, and incriminates the *Simulium reptans*.

Raubitschek <sup>32</sup> recently brings forward evidence that pellagra depends upon some noxious substance (*nox*) activated by the action of sunlight. This is the photodynamic theory, and corresponds to the action of light upon a photographic negative. It is suggestive that the skin lesions in pellagra are mainly confined to the exposed surfaces. There is also a substance in buckwheat poisoning (*fagopyrismus*) that affects animals exposed to the light, but not those kept in the dark.

The Thompson-McFadden Pellagra Commission, consisting of Siler, Garrison and MacNeal, believe that pellagra is a communicable infection and is in some way associated with unsanitary methods of sewage disposal. They found that the immediate results of hygienic and dietetic treatment in adults have been good, but after returning to former conditions of environment most of the cases have recurred.

Goldberger <sup>33</sup> on the other hand regards pellagra as a disease due to a dietetic fault. Goldberger insists that pellagra is not a communicable

<sup>32</sup> *Berliner klin. Wochens.*, Vol. XXIII, No. 26, June, 1910.

<sup>33</sup> *Journal American Medical Association*, February 12, 1916, LXVI, p. 471; also, *P. H. Reports*, October 23, 1914; November 12, 1915; October 22, 1915; March 19, 1920.

disease, but is essentially of dietary origin; that it is dependent on some yet undetermined fault in diet, which fault may be corrected by the addition, in sufficient amount, of fresh animal protein foods, especially milk. Pellagra never develops in those consuming a mixed, well-balanced and varied diet.

Among the people in those districts where there is a high incidence of pellagra in the spring and summer months, it has been shown that their winter diets are composed largely of seeds and seed products and that the amounts of leafy vegetables, milk, eggs and meat, are very small, or are entirely absent, for varying periods.

Goldberger produced pellagra in six out of eleven volunteer convicts in a camp at Jackson, Mississippi, as a result of a one-sided diet, consisting mainly of carbohydrates (cereals). The first typical dermatitis appeared five months after the beginning of the restricted diet. Other manifestations included nervous and gastric symptoms. None of the controls became pellagrous. Still more striking is the evidence obtained by Goldberger in preventing the recurrence of pellagra in orphan asylums and in groups of insane pellagrins in an institution in the south by introducing a varied and better balanced diet, all other conditions remaining the same. Furthermore, a number of clinicians report that pellagra, if not too far advanced, may be cured upon the assumption that it is produced through dietary faults. It is scarcely necessary to look further for the cause of a disease that may be produced by a restricted diet, prevented and cured by a proper diet. I believe Goldberger has proved his case and that his work stands as one of the achievements in preventive medicine.

Pellagra, beriberi and scurvy are evidently closely allied diseases.

**Corn.**—In Europe pellagra was long associated with the consumption of spoiled maize as the chief article of diet, but it is now known that the eating of this grain has nothing whatever to do with its causation. The fact remains that it constitutes a large portion of the faulty dietary of many persons who develop the disease. A consideration of this important grain is here given on account of its public-health importance.

Maize or Indian corn is a native of the Western Hemisphere and was cultivated by most of the northern and western tribes of North American Indians before Columbus reached these shores. The importance of the corn crop today may be gathered from the fact that, according to the census of 1900, almost one-third of all the land under cultivation in the United States was devoted to corn. It was grown on 88.6 per cent. of all the farms in the country in the crop for 1889. The value of the annual crop now exceeds a billion dollars. Corn contains 24.7 per cent. of water. The water-free material consists of 12.7 per cent. proteins, 4.3 per cent. fat, 79.3 per cent. starch, sugar, etc., 2 per cent. crude fiber, and 1.7 per cent. of mineral matters. The several nutrient substances

in corn and other common cereals are much the same; the individual compounds, however, making up these groups, differ considerably.

The kernel (see Fig. 74) or seed, it must be remembered, is not inert, but a living thing which, under favorable conditions, will develop into a new plant, and each part of it is made up of cells especially fitted for a particular rôle in this process of reproduction. Roughly speaking, a seed consists of three divisions: the skin, the germ, and the endosperm. It is a well-known fact that corn, when allowed to ripen before it is taken from the stalk, keeps much better than immature corn. It is certain that protective substances (antibodies) are developed in the kernel which retard the growth of bacteria and molds. Moist corn kept warm spoils readily, whereas corn once thoroughly dried is proof against serious fermentative changes.

The prevalence of pellagra in our Southern States has been attributed to the fact that during the past decade or two the corn belt has gradually been pushed farther and farther north. This means that it is often harvested before it is mature, and the chances of its spoiling are favored in transporting it to our southland in a moist condition. A carload of corn starting from the Great Lakes may ferment and become so overheated on its journey south that occasionally it catches fire spontaneously. These facts have been given to account for the supposed increase in pellagra in our southern cities.

The tests for spoiled corn are not entirely satisfactory. They may be divided into physical, biological, and chemical tests. The physical test consists mainly in the luster, the absence of molds, the odor, and the taste. The biological test consists in planting the corn; from 90 to 95 per cent. should germinate. The chemical test includes among other determinations the proportion of ash after burning, and Gosio's phenolic reaction with ferric chlorid. A green purple color with this reagent indicates fermentation, with the production of phenolic compounds.

Spoiled corn may be renovated by polishing and then heating, to prevent further growth of molds. It is difficult to detect renovated corn by inspection alone, but the biological test will disclose whether or not it has been heated. The practice of renovating corn should either be prohibited or be placed under strict official control.

**Prevention of Pellagra.**—The line along which pellagra prophylaxis is planned depends entirely upon our conception of the disease. As pellagra prevails especially among the poor, but particularly the ignorant with defective dietaries, it at once becomes evident that economic and social improvements are an important part of the program. Prophylaxis spells prosperity in this disease as in others. In a study of cotton mill villages during 1916, Goldberger<sup>34</sup> found that, in general, pellagra incidence varied inversely according to family income.

<sup>34</sup> *Public Health Reports*, Nov. 12, 1920, XXXV, 46, p. 2673.



In accordance with Goldberger's views pellagra may be prevented and even eradicated by substituting a mixed, well-balanced, varied diet for the restricted, one-sided diet so common in pellagrous communities. Emphasis should be laid upon a larger proportion of the fresh animal protein foods, such as milk, lean meat, eggs, and green vegetables, such as snap beans, turnip greens, spinach and the like.

Goldberger suggests the following as a sample of a minimum pellagra-preventing bill of fare arranged to suit the dietary habits of the people among whom the disease is most prevalent in the South:

## PELLAGRA-PREVENTING BILL OF FARE

### BREAKFAST

Sweet milk, daily.

Boiled oatmeal with butter or with milk every other day.

Boiled hominy grits or mush with a meat gravy or with milk every other day.

Light bread or biscuit (one-fourth soy-bean meal), with butter, daily.

### DINNER

A meat dish (beefstew, hash, or pot roast, ham or shoulder of pork, boiled or roast fowl, boiled or fried fish, or creamed salmon or codfish cakes, etc.), at least every other day.

Macaroni with cheese, once a week.

Dried beans (boiled cowpeas with or without a little meat, baked or boiled soya beans with or without a little meat), two or three times a week.

Potatoes (Irish or sweet), four or five times a week.

Rice, two or three times a week, on days with the meat stew or the beans.

Green vegetables (cabbage, collards, turnip greens, spinach, snap beans or okra), three or four times a week.

Corn bread (one-fifth soy-bean meal), daily.

Buttermilk, daily.

### SUPPER

Light bread or biscuit (one-fourth soy-bean meal), daily.

Butter, daily.

Milk (sweet or buttermilk), daily.

Stewed fruit (apples, peaches, prunes, apricots), three or four times a week, on days when there is no green vegetable for dinner.

Peanut butter, once or twice a week.

Sirup, once or twice a week.

The Italian struggle culminated in the law of 1902 for "the prevention and cure of pellagra," which was inspired by Lombroso's views.

The Italian measures may be summarized as follows: those aimed at the cure of the disease are a free distribution of salt (a government monopoly in Italy), the distribution of food either at the homes of the patients or through sanitary stations, and the treatment of severe cases in hospitals for pellagrins and in insane asylums. The prophylactic measures are mainly directed against the use of spoiled corn as an article of food. They comprise a census of the disease and a report of all cases; the exchange of good corn for spoiled corn; desiccating plants; cheap coöperative kitchens; the improvement of agriculture; and the education of the people. The corn is inspected by experts and is submitted to certain tests. If found spoiled, its sale for food is prohibited.

The supposition that the ingestion of good or spoiled maize is an essential cause of pellagra is not supported by the studies of the Thompson-McFadden Pellagra Commission.<sup>35</sup> They believe that pellagra is, in all probability, a specific infectious disease communicable from person to person by means at present unknown. The Commission discovered no evidence incriminating flies of the genus *Simulium*, and state that if pellagra is distributed by a blood-sucking insect, *Stomoxys calcitrans* would appear to be the most probable carrier. The Commission is inclined to regard intimate association in the household, and the contamination of food with the excretions of pellagrins as possible modes of distribution of the disease. They claim to have eradicated pellagra from a milk village in South Carolina by substituting a water carriage sewerage system for surface privies.

In my opinion, Goldberger's views of pellagra are correct. The disease may be prevented, produced, and even cured, if not too far advanced, in accordance with the view that it is caused by a faulty dietary. Before pellagra is eradicated, it will mean general education concerning balanced diets and general prosperity sufficient to purchase the necessary articles making up such a diet.

## FOOD POISONING <sup>36</sup>

**General Considerations.**—There are two well recognized causes of food poisoning. (1) *Food infection*, caused by *Bacillus enteritidis*, or closely allied microörganisms. Bacteria other than the Gaertner group

<sup>35</sup> Siler, J. F., Garrison, P. E., and MacNeal, W. J.: "Pellagra. A Summary of the First Progress Report of the Thompson-McFadden Pellagra Commission." *J. A. M. A.*, Jan. 3, 1914, LXII, 1, p. 8.

<sup>36</sup> Food "poisoning" is not a good term, for almost all cases are infections or intoxications. The phrase "food poisoning" includes all instances of acute food injury and is accepted because it has become current in the literature.

of bacilli are suspected of causing food poisoning, but the relationship has not been established.

The first important landmark in the bacteriological investigation of food poisoning was the isolation by Gaertner in 1888 of *Bacillus enteritidis* from an outbreak at Frankenhausen. The bacillus was isolated both from the fatal case and from the organs of the cow, killed on account of enteritis, the consumption of whose meat caused the outbreak. (2) *Food Intoxication* due to toxins preformed in the food. Botulism is the only known example in this class. Other bacteria may produce toxins in food, but none of these have been demonstrated to be poisonous by the mouth.

There is a great clinical difference between these two classes of food poisoning. Food infection is an acute disease characterized by nausea, vomiting, cramps and diarrhea, and fever. Botulism is characterized by nervous symptoms, paralysis, constipation and no fever. The symptoms vary greatly in severity. The mortality of food infections is rarely over 1 per cent.; botulism is fatal in from 50 to 100 per cent. of those attacked.

The period of incubation is usually 8 to 28 hours, often longer. Frequently several meals intervene between the time the infected food is eaten and the onset of the disease. Vomiting is often the first symptom and suspicion at once points to the food vomited, whereas it may have been due to something eaten a day or two before. This mistake is common.

Various classifications of food poisoning have been attempted; none are satisfactory except those based on etiology. The commonest mistake is to classify food poisoning according to the food responsible, as meat poisoning, cheese poisoning, potato poisoning, milk poisoning, etc., etc. As a matter of fact, food infection is the same disease, whether the bacteria are conveyed in meat, milk, potatoes, or salad. Botulism is the same whether it comes from sausage, brawn, beans, peas or olives.

Most instances of food poisoning are from food that is prepared or preserved in some way. There is little danger in fresh food. The chief offenders are chopped meat, sausage, meat pies, salads, brawn, and other food that is pickled or preserved. Food that is prepared hours before it is eaten gives opportunity for the growth of bacteria, especially in the summertime.

The health of food handlers is an important factor. This applies especially to those who handle milk and milk products. Meat and other foods may be infected from cases or carriers of disease. Harris and Dublin<sup>37</sup> examined 1,748 food handlers and found 10 cases of active tuberculosis and 41 with evidence of syphilis, of which 37 occurred among waiters.

<sup>37</sup> Mono. Series, No. 17, N. Y. C. Dept. of Health.

There is a common opinion that food poisoning is exceedingly frequent. This is a mistake, certainly in this country. No satisfactory figures are available. Outbreaks apparently occur much more frequently on the Continent of Europe than in England, and more frequently in England than in the United States. Savage tabulates only 112 British outbreaks of bacterial origin, apart from botulism, studied from 1878 to 1918.

Mayer presents a list of 48 food poisoning outbreaks which occurred in Germany between 1888 and 1911, and which were attributed to *B. enteritidis*. Bainbridge states that in Germany between 1898 and 1908 there were at least 261 outbreaks due either to *B. suipestifer* or *B. enteritidis*.

Ostertag, in 1902, was able to collect records of but 85 epidemics in the period 1880-1900, mostly of German sources. Very few outbreaks appear in the literature from the United States. If the affection were made reportable, it would facilitate the study of the problem.

The number of persons involved in outbreaks varies from one to several hundred. The larger outbreaks are almost all caused by infected milk. Thus, at Newcastle-on-Tyne, in October and November, 1913, 523 persons were affected by milk containing *B. enteritidis*, and a similar outbreak occurred in the same place in 1914, affecting 468 persons from the same cause. Usually the number of individuals affected is limited to one or two families, or to the participants of a meal or banquet.

Acute attacks with gastro-enteric symptoms are not necessarily due to harmful foods. This is a common mistake in diagnosis. Nausea, vomiting, cramps or diarrhea may be due to indigestion, indiscretions in diet, eating when fatigued; also to exposure. The gastro-intestinal tract is exceedingly sensitive to reflex nervous influences; thus, emotion may cause vomiting or diarrhea. Nervous exhaustion is a frequent cause of gastro-enteric disturbance. Organic diseases of the heart or kidneys are often associated with gastric symptoms. Nausea and vomiting often usher in acute infectious diseases, especially in children. In addition to the above, we have found in our studies at Harvard that "ptomain poisoning" has been mistaken for cerebrospinal fever, malignant tumor, anaphylaxis, dysentery, etc.

Food infection has a summer prevalence, similar to other intestinal diseases, such as typhoid fever, cholera, and dysentery. Botulism shows no particular relation to season.

No reliance can be placed upon the taste, odor or appearance of food. On the other hand, food showing evidence of abnormal fermentation or any putrefaction should not be eaten.

*B. enteritidis* and allied intestinal bacilli cannot be detected by our unaided senses. The toxin of botulism is usually associated with spoiled

food, but the evidence of spoilage may not be sufficient to attract attention.

The general principles of prevention consist in having our food as fresh and clean as possible; when processed the methods must be satisfactory. If preserved by heat, the temperature and time of processing must be sufficient to render the food sterile. If refrigerated, the temperature must be at or near the freezing point. If pickled, the brine must be sufficiently strong to prevent bacterial growth.

Finally, our ultimate safeguard rests with cooking. Both *B. enteritidis* and the toxin of botulism are comparatively thermolabile. The cooking, however, must be thorough in order that the heat may penetrate throughout the mass. Food may be contaminated after cooking—even sterile canned goods may be infected after the contents of the can are exposed. The bacilli belonging to the Gaertner group are non-spore bearing bacteria and are readily killed in a few minutes at 70° C. This temperature, however, is frequently not reached in the center of a joint of meat, a dish of vegetables, or a pie. Küchenmeister found that joints require boiling for several hours for the interior to reach a temperature of 77° to 80° C. Meat is a poor conductor of heat. Perroncito placed a ham of about 6 kilos weight in cold water which was then raised to the boiling point. The water boiled when the interior of the ham was only 25° C. After 35 minutes, it was 35-40° C., and after 2 hours, the temperatures in different parts of the interior were 46°, 55°, 58°, 62°, 64°, and 67° C. Rupprecht found that boiling for 45 minutes as practiced in Saxony did not produce a higher temperature than 75° C., and this only in thin pieces of meat. He found that the interior temperature of a rapidly roasted sausage was only 28.7° C.

Delepine and Howarth carried out experiments upon the temperatures reached in baking meat pies. They noted that the temperature of the center of the pie, said to be underbaked, but having all the external appearances of being well baked, did not exceed 47.2° C. The center of a pie obviously overbaked and acknowledged to be so, had not reached beyond 86.6° C. Delepine points out that pies might be so cooked that bacteria might continue to grow in their center during the greater part of their stay in the oven, and the bacteria would certainly not be killed. Sawyer found that typhoid bacilli survived in a dish of spaghetti cooked until the surface was dark brown (page 115).

Special methods of prevention are discussed in detail under each form of food poisoning.

## FOOD INFECTIONS

Food infection is almost always associated with Gaertner's bacillus (*B. enteritidis*), or a closely allied species. This form of food infection is also called food poisoning, and commonly miscalled "ptomain poisoning." Since meat is the chief vehicle for this infection, it is often called "meat poisoning," but milk, cheese and other milk products, as well as vegetables, may become infected and be the vehicles of these pathogenic bacilli.

**Incubation Period.**—Usually from 6 to 12 hours elapse between the ingestion of the food and the onset of symptoms. Occasionally the period of incubation is 4 hours or less, and may be 72 hours or more. Not only does the incubation period vary in different outbreaks, but in the same outbreak widely different incubation periods have been noted.

**Symptoms.**—The symptoms are essentially those of an acute gastrointestinal irritation, namely, nausea, vomiting, abdominal pain and diarrhea. The onset is usually sudden. The attack may be ushered in with headache and a chill. The abdominal pain is frequently the first symptom and may be gripping and severe. The diarrhea usually consists of repeated bowel actions, which as a rule are offensive. Later in the attack, the stools become more watery and frequently of a green color. Faintness, muscular weakness and prostration may be quite marked. Thirst is always present. There is almost always a rise of temperature, usually to about 102°-103° F. Various nervous manifestations, such as restlessness, muscular twitchings, and drowsiness may occur, but these symptoms are not constant or marked. Oliguria is often present. Herpes and other skin rashes have been noted.

The severity of the symptoms varies greatly in different outbreaks, and even in the same outbreak. All degrees are met with, from fulminating cases, fatal within 24 hours, to those of slight diarrhea and malaise, insufficient to keep the patient from work. Usually the attack is over in a day or two, with prompt recovery; although occasionally marked prostration may persist. The severity doubtless depends upon the virulence of the particular strain of bacilli concerned, the length of time it had to grow upon the incriminated food before consumption, and the temperature of growth. The symptoms vary with the dose, also with the susceptibility of the individual which plays an important rôle in this as in other infections.

The case *fatality* rate varies greatly in different outbreaks. In the 112 British outbreaks studied by Savage, there were some 6,190 cases with 94 deaths, a case fatality rate of 1.5 per cent.

The age and sex *distribution* depends entirely upon the accidental age and sex distribution of those who eat the infected food.

Most cases occur in the summer time, corresponding to the seasonal prevalence of typhoid fever, cholera, dysentery and other intestinal infections. The bacilli responsible for food infection grow in the food before it is eaten, and therefore temperature is a very important factor. The greater multiplication of these bacteria in hot weather also increases the opportunities for transmission of infection through flies and other means. Secondary infections rarely occur. There is the same potential possibility of contact infection as in typhoid fever, but the cases of food infection are for the most part acute and of short duration, so that there is little opportunity for secondary infection.

An outbreak investigated by Savage in 1908 serves as an illustration:

"On Friday, May 8, 1908, in Murrow, a village in Cambridge-shire, a woman purchased some pork bones from a local butcher and that evening used them to make some brawn. The following morning the brawn was emptied out of the saucepan in which it had been made and, without cleansing the vessel, potatoes and asparagus were cooked in it. These vegetables were eaten for midday dinner by four persons and all were subsequently attacked with vomiting, diarrhea, and the other symptoms of food poisoning, two in the night and two the next morning. The husband, who was away at midday, remained well and unaffected.

"On Monday, two days later, the brawn made up into pork cheeses (a local name for brawn) was given away to three different neighbors and was consumed by a further fourteen persons, all of whom were attacked with similar symptoms after an incubation period varying from twelve to forty-eight hours. Three of the eighteen attacked died. No one eating the brawn escaped.

"None of the brawn was available for examination, but from the only fatal case investigated a Gaertner group bacillus (*B. aertrycke*) was isolated and its connection with the outbreak was further proved by the fact that it was agglutinated in high dilution by the serum of three survivors.

"The brawn was home prepared, and the materials were slowly heated for several hours with a short boil at the finish, but obviously actual boiling temperature was not reached. That the Gaertner bacilli were present before preparation and survived cooking is evident from the infection imparted to the vegetables through the uncleansed saucepan. Further inquiries elicited that the pig which supplied the bones for the brawn had suffered from local injury or disease of one leg, no doubt due to infection by this food poisoning bacillus.

"Here are all the commonly present features of such outbreaks. A typical group of symptoms, a number of cases geographically sep-

arated but linked by a particular food consumed in common, a special bacillus demonstrated to be the pathological cause, and lastly (unlike most outbreaks) with definite evidence connecting it with disease in the animal supplying the incriminated food."

**Taste, Odor and Appearance.**—It cannot be too strongly emphasized that in the vast majority of outbreaks of food infection the food affected is not noticeably altered in either appearance, taste or smell. The prevalent idea that poisonous food must be "tainted" still persists, although long exploded. Bacilli belonging to the Gaertner bacillus group cannot be detected in food or water, any more than typhoid bacilli, dysentery bacilli or cholera vibrio can be detected with our unaided senses.

In the Ghent outbreak, investigated by van Ermengen in 1895, a slaughterhouse inspector (a veterinary surgeon) was so certain that the suspected meat (saveloy), in the absence of any abnormal signs, could have no connection with the trouble, that he ate two or three pieces of it to demonstrate its harmlessness. He was attacked with severe cholera-like symptoms, and died five days later, the Gaertner bacillus being recovered postmortem.

In a few of the outbreaks, however, minor peculiarities of the food have been noted, such as objectionable flavor, heavy odor, moist or soft condition, etc. These, however, are rare exceptions and not the rule.

**Kind of Food Responsible.**—The great majority of outbreaks are due to meat foods, and hence this form of food infection is often called meat poisoning. Of the 112 British outbreaks, in 21 the vehicle was a non-flesh food; that is, milk, 1; cream, 1; ice cream, 6; potatoes, 2; pineapple jelly, 1; canned peaches, 1; rice cooked in fat, 1. The remaining ninety were all due to flesh food, mainly brawn, meat pies, pork, ham, beef, etc. The meat of the pig or ox accounts for 68 per cent. of the British and 61 per cent. of the Continental outbreaks. The almost complete absence of outbreaks due to the meat of the sheep is striking. The number of cases ascribed to fish is small.

Most outbreaks are due to some form of prepared meat foods, such as brawn, meat pies, sausage, chopped meat, etc. When the nature of the infection is considered, the more the food is handled and the longer it lies around, the greater the opportunity for it to become contaminated and for the bacteria to grow and multiply.

**Diagnosis.**—Diagnosis of food infection depends upon: history of exposure to the suspected food; symptoms suggestive of food poisoning; isolation of the infecting organisms from the suspected food, and also from the blood, urine, feces, or viscera of the patient (bacilli belonging to the Gaertner group disappear from the feces in from 7 to 10



days after the onset of symptoms), specific identification of the causative organism by agglutination tests; demonstration of agglutinin in the blood serum of patients. A positive reaction can be detected 6 or 8 days after the onset of symptoms. Agglutination in comparatively low dilutions is usually accepted as diagnostic owing to the fact that it is extremely rare to find a positive reaction for *B. enteritidis* or *B. suispestifer* in normal individuals.

For a better understanding of food infection and its prevention, it is necessary to know the habitat, cultural and biological properties, as well as the toxin production, of the Gaertner group of bacilli responsible for this disease. The Gaertner group is a subdivision of the colon-typhoid group.

#### THE COLON-TYPHOID GROUP

The colon-typhoid group is a large class of important organisms which has the typhoid bacillus at one end and the colon bacillus at the other. The intermediate forms in this group comprise the paratyphoid bacilli, the dysentery bacilli, the hog cholera bacilli, the *Bacillus psittacosis* (a disease of parrots communicable to man), the *Bacillus icteroides* (once associated with yellow fever), the *Bacillus typhi murium* (the bacillus of mouse typhoid, the type of the bacterial rat viruses), the *Bacillus enteritidis* of Gaertner (associated with food infection and diarrheal diseases), and many others.

The organisms comprising this group are so closely related that it is often difficult to determine where specific differences begin and terminate. This group may be taken as a beautiful instance of missing links, and a study of these closely related organisms excites the imagination to the belief that we may here see evolution in the making (see table, page 700).

The differentiation of the typhoid-colon group based upon fermentation tests is shown in the following statement from Savage.<sup>38</sup>

#### THE GAERTNER GROUP

The *Gaertner group*, of which *B. enteritidis* is the type, occupies an intermediate position between the colon bacillus on the one hand, and the typhoid bacillus on the other. It is also called the "*intermediate group*," the "*hog cholera group*," the "*enteritidis group*," the "*paratyphoid group*," and the "*Salmonella group*."

The classification of the members of this group is quite involved, and there is still a lack of agreement among different investigators concerning some of the details. The important members are as follows:

*B. Enteritidis*.—Gaertner, in 1888, brought forth the first definite

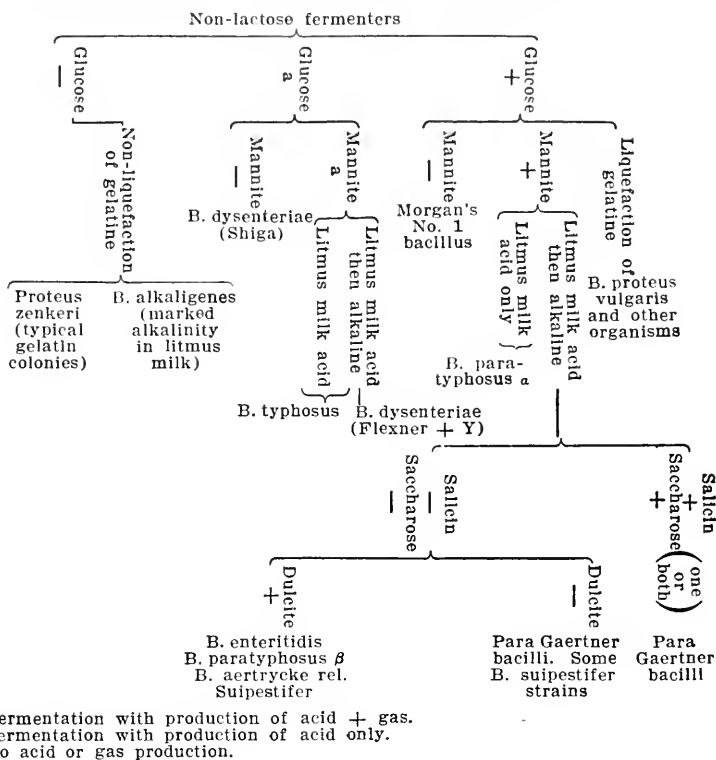
<sup>38</sup> "Food Poisoning and Food Infection," page 238.

THE COLON-TYPHOID GROUP

	Lactose		Dextrose		Mannite		Maltose		Saccharose		Indol	Motility	Remarks
	Acid	Gas	Acid	Gas	Acid	Gas	Acid	Gas	Acid	Gas			
<i>B. cloacae</i> , Jordan.....	+	+	+	+	+	+	+	+	+	+	+	+	Liquefies gelat.
<i>B. coli</i> communior, Durham.....	+	+	+	+	+	+	+	+	+	+	+	+	
<i>B. lactis aerogenes</i> , Escherich.....	+	+	+	+	+	+	+	+	+	+	+	+	
<i>B. coli</i> communis, Escherich.....	+	+	+	+	+	+	+	+	+	+	+	+	
<i>B. acidii lactici</i> , Huppe.....	+	+	+	+	+	+	+	+	+	+	+	+	
<i>B. coli</i> anaerogenes, Lemblec.....	+	+	+	+	+	+	+	+	+	+	+	+	
<i>B. paratyphosus</i> $\alpha$ Schottmüller.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. paratyphosus</i> $\beta$ Schottmüller.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. enteritidis</i> Gaertner.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. cholerae</i> suis, Salmon & Th. Smith.	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. typhi</i> murium, Loeffler.....	—	—	+	+	+	+	+	+	—	—	+	+	Indol variable
<i>B. psittacosis</i> , Nocard.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. icteroides</i> , Sanarelli.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. dysenteriae</i> , Shiga.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. dysenteriae</i> , Hiss "Y".....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. dysenteriae</i> , Flexner.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. dysenteriae</i> , Strong.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. dysenteriae</i> , Rosen.....	—	—	+	+	+	+	+	+	+	+	+	+	
<i>B. Morgan</i> No. 1.....	+	—	+	+	+	+	+	+	—	—	+	+	
<i>B. typhosus</i> , Eberth.....	—	—	+	+	+	+	+	+	—	—	+	+	
<i>B. fecalis</i> alkaligenes, Petruschky.....	—	—	+	+	+	+	+	+	—	—	+	+	

All the members of this group are gram negative bacilli. They all have their normal habitat in the intestinal tract. As a rule, those that are most active in fermenting sugars are the least pathogenic, and vice versa.

## DIFFERENTIATION OF THE TYPHOID-COLON GROUP



evidence which incriminated bacteria as an etiologic factor in food poisoning. At Frankenhausen, 57 individuals became ill after eating the flesh of a cow which had been slaughtered on account of enteritis; one case resulted fatally. Gaertner isolated the bacillus from the organs of the cow and also from the spleen of the man who died. He called the organism *B. enteritidis*. It has since been shown to be the common etiologic factor in food poisoning. It is the type of the group.

*B. mortificans boris* was isolated by Basenau in 1893 from the muscles and viscera of a cow killed on account of puerperal metritis. There is little doubt but that this organism is identical with *B. enteritidis* of Gaertner.

*B. suipestifer*, also called *B. cholera suis*, or the hog cholera bacillus, was isolated by Salmon and Theobald Smith in 1885. For a long time this was believed to be the cause of hog cholera, but it is now known to be a secondary invader. It is often used as a group type. Man is not susceptible to hog cholera, which is due to a filtrable virus. There are doubtless many strains of the hog cholera bacillus, only some of which are pathogenic for man, for no relationship has been found between hog cholera and food poisoning in man; in fact, pork has been eaten

many times from hogs with hog cholera without ill effect. This is an illustration of the difficulties and confusion in this group of bacilli.

*B. aertrycke* was isolated in 1898 in Hatton, England, and by De Nobele in Aertrycke, Belgium. This organism is known to be identical with *B. suipestifer*.

*B. psittacosis* was isolated by Nocard in 1893 from the bone marrow of parrots which had died en route from Buenos Aires to Paris. It is also associated with a highly fatal, pneumonia-like disease in man in Paris. Bainbridge regards *B. psittacosis* as identical with *B. suipestifer*. The organism is now only of historical interest, because there has been no recurrence.

*B. typhi murium* was isolated by Loeffler in 1893 from an epizootic among his laboratory mice. This organism is closely related to *B. suipestifer*. Bainbridge pointed out that the name was applied to either pure cultures of *B. enteritidis*, or to mixed cultures of *B. enteritidis*, *B. suipestifer*, and *B. paratyphosus*  $\beta$ . Shibayama reported instances of human illness resulting from infection with the cultures of *B. Typhi murium* used as a rat virus.

*Danysz's virus* consists of a culture of a bacillus isolated from an epizootic among harvest mice. Bainbridge has shown that it is identical with *B. enteritidis*.

*B. icteroides* was isolated by Sanarelli in 1898 from yellow fever patients, and believed by him to be the cause of the disease. Reed and Carroll, in 1899, showed that it was culturally identical with *B. suipestifer*, and it has now only historical interest.

*B. paratyphosus*  $\beta$  was isolated by Acharde and Bensande in 1896, but carefully studied by Schottmüller in 1900. Brion and Kayser, in 1902, named the two types *B. paratyphosus*  $\alpha$  and *B. paratyphosus*  $\beta$ .

In England, the term *B. paratyphosus*  $\beta$  is limited to those strains which are identical, by culture, agglutination and absorption tests, with the original strain of Schottmüller. Such a restriction is not yet generally accepted, however, and consequently considerable confusion has arisen. See also paratyphoid fever, page 136.

The English, due chiefly to the careful observations and absorption tests of Bainbridge, Bainbridge and O'Brien, and the studies of Savage, believe that only three organisms are involved in cases of food infection: namely, *B. paratyphosus*  $\beta$ , *B. suipestifer* and *B. enteritidis*. The Germans, however, regard *B. paratyphosus*  $\beta$  and *B. suipestifer* as one and the same organism. If the strain comes from an animal they call it *B. suipestifer*; if from man, *B. paratyphosus*  $\beta$ .

It is evident to the student of bacteriology that the confusion in this and other groups is due first of all to the fact that we have no clear-cut criteria of genera, species and strains among bacteria; second, to the fact that we are dealing with biologic variables. Thus, a strain

may be cultivated so that certain cultural and biologic properties are entirely changed. These differences are probably always variants, rarely if ever of the magnitude of mutants. It is true that sometimes the changes thus produced seem fixed in that they breed true to type, but usually they revert when placed under proper conditions.

We do not know the significance of the differences between *B. enteritidis*, *B. cholerae* *suis* and *B. paratyphosus*  $\beta$ .

**Toxin Production.**—The organisms of the Gaertner group are said to produce soluble toxic substances which are heat resistant. This, however, is almost entirely theoretical. Cathcart, for example, as well as a number of other workers, such as Brion and Kayser, Kutcher and Meinicke, Levy and Fornet, found no evidence of soluble toxins, while others, such as Uhlenhuth, Zwick and Weichel, and Vaughan found evidence of toxic bodies in the filtrates. A review of the literature on this subject up to 1917 is given by Ecker who found that soluble toxic substances are produced within 24 hours by some strains of *B. paratyphosus*  $\beta$ .

Aronovitch, working in my laboratory, found that filtrates of broth cultures of some strains of the Gaertner group are toxic when injected into mice or guinea-pigs. The filtrates of young (24-hour old) cultures are destroyed at 75° C., but when 7 days old, are destroyed only at 100° C. in from one to two hours. There is no evidence whatever that these substances are poisonous or even irritating when taken by the mouth. The symptoms produced when these filtrates are injected into animals have no resemblance to food poisoning. The nature of the poisonous substances in these filtrates is problematical, and the relation to true toxins has not yet been established.

Most writers on the subject of food poisoning state that when the period of incubation is short it is due to the ingestion of toxins produced in the food before it is eaten. This is entirely conjectural. Endotoxins have also been invented to account for the facts. How microorganisms, such as the Gaertner bacilli group, injure the tissues of the host is part of the problem of the pathogenesis of infectious processes, which is still far from solution.

#### SOURCES OF INFECTION WITH THE GAERTNER GROUP

**Diseased Animals—Antemortem Infection.**—*B. enteritidis* and its congeners are pathogenic for some of our food animals, as well as for man. Cattle suffering during life from puerperal fever, uterine inflammations, navel infection (in calves), septicemia, septic pyemia, diarrhea, and local suppurations are apt to furnish meat containing the Gaertner bacillus or closely related bacilli. Such meat has frequently given rise to meat poisoning. Hence, emergency slaughter (Nothschlacht) unless

intelligently supervised, furnishes meat that may be a menace. The meat of such animals presents no warning signs of its danger. This fact was well proved by the meat inspector at Ghent who lost his life because he was so sure that meat must be tainted to be harmful. The story of this tragedy has become classic (page 698).

**Postmortem Infection.**—The meat may come from healthy animals, but become infected after slaughter. This may take place through the hands or instruments of the butcher who has just handled a diseased carcass. There are other possibilities, such as human carriers, fecal contaminations, etc.

**Human Carriers.**—Bainbridge states that "infection of meat by human carriers of *B. suipestifer* is unknown." Human carriers of *B. enteritidis* are exceedingly rare. Human carriers of *B. paratyphosus*  $\beta$  are occasionally discovered, but these also are infrequent. In 4,154 specimens of human feces from healthy individuals examined in my laboratory in 1917-18, not a single carrier of any of these non-lactose fermenters was found.

The English observers believe that all cases of food poisoning traced to human carriers are in reality cases of paratyphoid fever, but the Germans, who do not differentiate between *B. paratyphosus*  $\beta$  and *B. suipestifer*, hold that the latter organism also occurs in normal, healthy human intestines, and may thus become a source of food infection. Such instances must be exceedingly rare in the United States, for in our studies of the subject we have not found a single instance in three years.

**Rats and Mice.**—The common gray rat and mice may harbor *B. suipestifer* and possibly *B. enteritidis* as carriers. Zwick and Weichel examined 177 mice and found that 28 were acting as carriers of Gaertner group bacilli. Hence, food may become infected by contamination with rat or mice feces. There is abundant opportunity for such contact in the slaughterhouse, in butcher shops, in refrigerator plants, in transportation, and in the home.

**Rat Viruses.**—Food has occasionally become contaminated by contact with bacterial viruses used against rats. These viruses are pure cultures of *B. typhi murium*, closely allied to *B. enteritidis*. Shibayama reported instances of human illness resulting from the free use of such cultures.

**Contamination with Fecal Bacteria.**—This source of infection is highly improbable, for if it were true, food poisoning would be exceedingly common, so great is the ordinary fecal contamination of our food. During the years 1917-18, over 500 samples of food were examined in my laboratory without finding a single pathogenic member of the colonyphoid group.

**Food Poisoning of Non-Specific Bacterial Origin.**—A number of other bacteria have been associated with food poisoning, such as *B. proteus*, *B. fecalis alkaligenes*, *B. prodigiosus*, and even the colon bacillus itself. There is slight evidence that any of these are ever responsible for the trouble in question.

Another view is that massive infection of food with fecal and other bacteria may cause symptoms of gastro-intestinal irritation. That this is unlikely, or at least unusual, is evidenced by the enormous numbers of bacteria, including fecal bacteria, taken with milk, cream, butter and other milk products; also in cheese, sauerkraut, sausage, etc., etc. Food very massively infected with *B. coli* and other intestinal bacteria and given to animals to eat does not cause infection or illness.

All the evidence points to the cause of food infection as due to specific organisms belonging to the Gaertner group.

The **prevention** of food infection starts with the meat inspector. Animals suffering with any septic or pyemic lesions, whether local or generalized, should be condemned as unfit for food purposes, unless bacteriologic examination excludes the Gaertner group bacilli. These infections may be discovered either antemortem or postmortem. Food animals suffering with puerperal sepsis or enteritis are especially suspicious. The greatest care should be taken with sick animals killed under the provisions of emergency slaughter (Nothschlacht).

Pains must be taken to disinfect hands, tools and surfaces in case such an animal comes to the slaughterhouse, to avoid the infection of other carcasses. Cleanliness must be exercised in butchering, handling, storing and transporting meat. Every care must be exercised to guard it against contamination with rat and mice feces.

Food should not be handled more than necessary. The health of food handlers is obviously important. It is especially prepared foods, such as chopped meats, sausage, meat pies, and brawn that cause trouble. Such fussy and fingered foods are not necessary and are to be avoided.

It should be remembered that articles other than meat are sometimes infected, especially milk, cream, ice cream, potato salad—the list is long and comprehensive. Cleanliness and freshness are the watchwords.

Food infections are especially apt to take place from foodstuffs that have not been properly refrigerated. *B. enteritidis* may grow and multiply at temperatures as low as 10° C. Foods that have been handled, chopped, fixed or prepared some hours before the meal are most apt to give trouble; hence, the frequency with which food poisoning is associated with picnic lunches, fraternity dinners, and banquets.

Cooking is our great safeguard. These non-spore bearing bacilli are readily killed. The cooking must be thorough and should be recent, that is, just before serving. See page 749.

## BOTULISM

(Allantiasis)

Botulism is a specific intoxication caused by the toxin of the *Bacillus botulinus* (*Clostridium botulinum*). The bacillus grows in a great variety of foodstuffs, both of plant and animal origin, and produces its poison in the food before it is eaten. The name botulism has lost its original significance (botulus, a sausage).

Botulism stands alone as a type of food poisoning. It is well understood and is the only known instance in its class. The bacillus itself is essentially a saprophyte. Botulism further differs from the usual type of food poisoning in that the intoxication chiefly affects the central nervous system. Acute gastro-intestinal disturbances usually do not occur. There is no fever.

A complete history of the condition and a thorough review of the literature is found in Dickson's monograph.<sup>39</sup>

**Prevalence.**—Botulism has been recognized by German clinicians since 1735, when the first authenticated case was recorded. The outbreak which first attracted the attention of the medical profession occurred in 1793 in Wildbad in Württemberg, where 13 persons became ill and 6 died after eating sausage packed in the stomach of a hog, and which contained a great deal of blood. The number of cases reported in Germany are as follows:

From 1793 to 1820	76 cases	37 deaths
“ 1820 “ 1822	98 “	34 “
“ 1822 “ 1886	238 “	94 “
“ 1886 “ 1913	about 800 “	about 200 “

Dickson<sup>40</sup> was able to tabulate, during the twenty years prior to 1917, 22 outbreaks of botulism in the United States. Of these, 18 occurred on the Pacific Coast—17 in California and 1 in Oregon. These outbreaks involved 81 individuals, 55 of whom died—a mortality of 67.9 per cent. Since then, the outbreaks have been collected by Dr. Dwight L. Sisco, while working on the subject in my laboratory;<sup>41</sup> and tabulated on the next page.

The cause of botulism was demonstrated by van Ermengem<sup>42</sup> who studied a series of cases which occurred at Ellezelles, in Belgium, in 1895. In the first of these outbreaks, 23 persons became ill and 3

<sup>39</sup> Mono. No. 8, Rockefeller Inst. for Med. Research, July 31, 1918.

<sup>40</sup> J. A. M. A., Sept. 22, 1917, LXIX, p. 966.

<sup>41</sup> To this must be added several recent outbreaks due to canned spinach.

<sup>42</sup> Arch. Pharmacod., 1897, iii, 213; Centr. Bakt., 1te Abt., 1896, xix, 442; Zeit. Hyg. u. Infektionskrankh., 1897, xxvi, 1; Kolle u. Wassermann, "Handbuch der pathogenen Mikroorganismen," Jena, 2nd ed., 1912, iv, 1909.



## OUTBREAKS OF BOTULISM IN THE UNITED STATES AS REPORTED IN THE LITERATURE SINCE 1917

Year	Reported by	Where Outbreak Occurred	Food Suspected	B. Botulinus Isolated From:	Number of Persons Who Ate the Suspected Food	Number of Persons Made Ill	Number of Deaths	Per Cent. Mortality Among Those Made Ill	Remarks
1916 <sup>1</sup>	Neylin and Mann								
1917 <sup>2</sup>	Rene Bine	Not stated	Cottage Cheese	Cheese	2	2	2	100.0	Evidence far from convincing. Probably not botulism.
1918 <sup>3</sup>	L. St. John Levy	Michigan	Apricot Butter	Not Isolated	8	8	6	75.0	Data very incomplete. Only questionably botulism.
1919 <sup>4</sup>	Grossman	New York City	String Beans	Not Isolated	1	1	0	0.0	Illness occurred after eating in a restaurant; string beans suspected. Symptoms remotely suggestive of botulism. Diagnosis purely clinical.
1919 <sup>5</sup>	Thom, Edmondson and Giltner	Boisc, Id.	Home Canned Asparagus	Asparagus	5	4	4	100.0	No information given relative to the one person who "escaped."
1919 <sup>6</sup>	Armstrong	Canton, O.	Ripe Olives	Olives	15	14	7	50.0	
1919 <sup>7</sup>	C. A. Jennings, R. W. Hauss & A. F. Jennings	Detroit, Mich.	Ripe Olives	Olives	8	7	5	71.5	
1919 <sup>8</sup>	D. L. Sisco	Java, Mont.	Stuffed Ripe Olives	Olives	7	7	5	71.5	At the time of this report two people were said to be recovering.
1919 <sup>9</sup>	D. L. Sisco	Spokane, Wash.	Home Canned Beets	Not Isolated	3	3	3	100.0	Both morphologically and culturally similar to B. botulinus isolated from beets, but it produced no toxin. Clinically typical.
1919 <sup>10</sup>	McCaskey	Indiana	Not Suspected	Not Isolated	7	7	4	56.8	All data fragmentary. Diagnosis entirely clinical.
1919 <sup>11</sup>	D. L. Sisco	Scottsbluff, Neb.	Home Canned Spinach	Not Isolated	2	2	2	100.0	Diagnosis entirely clinical.
1919 <sup>12</sup>	D. L. Sisco	Watertown (Ftine) New York	Home Canned Succotash	Not Isolated	7	7	5	71.5	Clinical diagnosis. B. botulinus not in the material examined.
1920 <sup>13</sup>	B. W. Fontaine	Memphis, Tenn.	Ripe Olives	Olives	7	7	7	100.0	
1920 <sup>14</sup>	D. L. Sisco	New York City	Ripe Olives	Olives	7	6	6	100.0	

<sup>1</sup> Bull. N. Y. State Bd. Health, 1916.<sup>2</sup> Boston Med. & Surg. Jour., CLXXVII, No. 16, Oct. 18, 1917, p. 559.<sup>3</sup> Personal correspondence.<sup>4</sup> Neurological Bull., 1, 260, June, 1918.<sup>5</sup> Jour. A. M. A., Sept. 20, 1919, Vol. 73, p. 907.<sup>6</sup> Public Health Reports, Vol. 34, No. 51, Dec. 19, 1919.<sup>7</sup> Jour. A. M. A., Jan. 10, 1920, Vol. 74, No. 2, p. 77.<sup>8</sup> Report unpublished.<sup>9</sup> Report unpublished.<sup>10</sup> Am. J. Med. Sci., July, 1919, Vol. CLVIII, 1, p. 57.<sup>11</sup> Report unpublished.<sup>12</sup> Report unpublished.<sup>13</sup> Jour. A. M. A., Feb. 14, 1920, Vol. 74, p. 470.<sup>14</sup> Jour. A. M. A., Feb. 21, 1920, Vol. 74, 8.

died after eating ham which had been preserved in brine. From portions of the ham and from the spleen and intestinal contents of one of the victims, van Ermengem succeeded in isolating a gram positive, spore-bearing anaërobic bacillus, to which he gave the name *Bacillus botulinus*. He found that infusions of the macerated ham, and bouillon cultures of *Bacillus botulinus*, produced the typical symptoms of botulism in guinea-pigs, rabbits, cats, pigeons and monkeys. The bacillus itself he believed to be a saprophyte, and the poisoning to be due to a toxin which is formed when it grows in food under anaërobic conditions.

Botulism is much more common in Europe than in this country. Savage states that not a single outbreak has come to light in England, Scotland or Wales. Botulism is a rare disease. The high mortality, the distressing symptoms and the relation to food have dramatic news value, and the disease has recently caused concern and alarm out of all proportion to its importance. A disease which, during a period of 22 years, has made only about 150 people ill and caused the death of 111 of these, among approximately 100 millions of people, cannot be compared in magnitude with tuberculosis and other public health problems.

Botulism presents no particular distribution as to sex, age, season, or social condition.

Botulism is one of the causes of forage poisoning in horses, and of limberneck in chickens and turkeys, and may also be responsible for various types of paralysis in domestic animals, including dogs.

**Symptoms.**—The symptoms usually appear from 18 to 36 hours after ingestion of the poisonous food. However, cases are on record in which the incubation period has been as short as 4 hours or as long as 6 days. The period of incubation probably depends upon the amount and virulence of the toxin ingested.

The earliest symptom is usually a peculiar indefinite indisposition, associated with a feeling of fatigue, sometimes headache and dizziness, and definite muscular weakness. When the period of incubation is short, the first symptoms may be gastric distress, nausea, vomiting and occasionally diarrhea. This makes the diagnosis questionable, for botulism differs from the common type of food poisoning, in that there are usually no indications of acute gastro-intestinal irritation. Constipation is an almost constant manifestation of the condition.

Disturbances of vision occur early. Scintillation and dimness of vision progress sometimes to blindness. The disturbances of vision are due to impairment of both the extrinsic and intrinsic muscles of the eye. The third cranial nerve is early involved, causing blepharoptosis, dilatation of the pupils, loss of reflex to light, and diplopia. Loss of accommodation soon becomes complete. Nystagmus, strabismus, and ver-

tigo and sometimes photophobia occur. The ophthalmoplegia is merely a phase of the more general paralysis, but may be conveniently separated, owing to the striking character of its manifestations.

Coincident with, or closely following, the onset of disturbances of vision, the patients complain of difficulty of swallowing and talking, and frequently there is a peculiar sensation of contraction of the throat. The mouth is dry and attacks of strangling occur. Thick, glairy mucus, with dryness of the throat leads to an ineffectual cough. The breath is offensive and fetid. Complete paralysis of peristalsis causes the stubborn constipation.

A striking feature is the progressive muscular weakness which in severe cases closely simulates paralysis. Incoördination of muscular movement is common. The *paralysis* is in a general way an ascending paralysis manifesting itself first in the intestines, perhaps due to involvement of the mesenteric plexus, then gradually passing upward, progressively involving higher centers, until the medulla is reached. The motor areas seem almost never to be involved, although in the recent Montana outbreak paralysis of the right arm and leg was observed.

The *loss of nervous tone* manifests itself in vague, indefinite indisposition, marked fatigue, dizziness, headache, restlessness, indefinite sensations of chilliness, incoördination and unsteadiness in walking with a tendency to a "steppage" gait, great muscular weakness and sometimes urinary incontinence. The ophthalmoplegia may be partly responsible for some of the above symptoms.

Botulism is characterized by an almost complete absence of sensory disturbances. It is unusual to suffer pain, and the mind remains clear.

Inhibition of many of the secretions, especially saliva, sweat, and tears, is an almost constant manifestation of botulism. Oliguria has been noted.

The pulse is usually rapid, and the temperature subnormal. Fever developing late in the poisoning indicates bronchopneumonia. Respiration at first is not impaired but later in the course of the illness disturbances of respiration become very severe. Difficult articulation and perhaps complete aphonia, accompanied by an inability to swallow, soon appear, due to paralysis of the laryngeal and pharyngeal muscles. Increasing difficulty in breathing, leading eventually to death due to paralysis of the respiratory center, brings the scene to a close.

The general appearance of the patient is distressing: the muscular weakness, the anxiety and utter helplessness, the difficulty in swallowing, the attacks of strangling, the struggle for breath, and the unsuccessful attempts to articulate constitute a clinical picture which once seen can never be forgotten.

The most characteristic symptoms seem to be dimness of vision, diplopia, palpebral ptosis, fatigue, progressive muscular weakness, difficult

articulation and swallowing, and respiratory paralysis. The clinical picture is essentially that of a bulbar paralysis, with the earliest symptoms indicating injury high up in the brain stem. The disease must be differentiated from other causes of bulbar paralysis and ophthalmoplegias, such as encephalitis lethargica, poliomyelitis, cerebrospinal syphilis; also poisoning from belladonna, gelsemium, hyoscyamus and methyl alcohol.

The duration varies greatly. Death may occur in 48 hours after eating the poisonous food; as a rule, it occurs in from 4 to 8 days, and few die after 10 days. Dickson reports one death on the 26th day. Death usually is due primarily to respiratory failure. Convalescence is extremely slow and tedious. The disturbances of vision and weakness may last for months.

The mortality of botulism has varied greatly in different outbreaks, depending upon the amount and virulence of the toxin. In certain instances it has been extremely high—in some 100 per cent.—but in others it has been correspondingly low. Wosnitzer<sup>43</sup> recorded a series of 59 cases of which only 4 died. In Kerner's series<sup>44</sup> of 159 cases, there were 84 deaths, a mortality of 52.8 per cent., and in Scholssberger's series<sup>45</sup> of 400 cases there were 150 deaths, a mortality of 37.5 per cent. The most complete collection of cases is that of Mayer,<sup>46</sup> in 1913, in which he reports 812 cases of which 365 were fatal, a mortality of 44.9 per cent.

**Pathology.**—The pathology of the disease has been but little studied. Wilbur and Ophuls<sup>47</sup> reported hyperemia of the viscera and widespread thromboses in the blood vessels of the meninges and brain. Dickson,<sup>48</sup> after a careful review of the literature as well as from his own experiments, concludes that thromboses in the blood vessels of various organs of the body are a characteristic lesion of the disease. The only constant finding on macroscopic examination of the bodies of victims of botulinus poisoning is the marked congestion of the central nervous system, and of the abdominal and thoracic viscera. Not infrequently there are multiple hemorrhages around the base of the brain and the upper part of the cord. The lungs are usually extremely hyperemic.

**The Bacillus.**—The *Bacillus botulinus* discovered by van Ermengem in 1895 is a large, slightly motile rod, 4 to 6 long, 0.9 to 1.2  $\mu$  thick.

<sup>43</sup> "Inaugural Dissertation," Leipzig, 1909.

<sup>44</sup> Neue Beobachtungen über die in Württemberg so häufig vorkommenden tödlichen Vergiftungen durch den Genuss geräucherter Würste, Tübingen, 1820; Das Fettgift, oder die Fettsäure, und ihre Wirkungen auf den thierischen Organismus. Ein Beitrag zur Untersuchung des in verdorbenen Würsten giftig wirkenden Stoffes, Stuttgart and Tübingen, 1822.

<sup>45</sup> Arch. de Physiol. Heilk., 1852, XI, 709.

<sup>46</sup> Deutsch. Vrtljschr. off. Gsndhtspf., 1913, XIV, 8.

<sup>47</sup> Arch. Int. Med., 1914, XIV, 589.

<sup>48</sup> Mono. of the Rockefeller Inst., No. 8, July 31, 1918.

It has slightly rounded ends; 4 to 8 flagellae, generally single; rarely occurs in filaments; has a large polar spore; stains readily, and is Gram-positive. The new name is *Clostridium botulinum*.

The bacillus grows well at room temperature, between 20° and 30° C., but also thrives at 37° C. Contrary to previous opinion, it may grow in the body. It is an anaërobe, but may grow under imperfect anaërobic conditions; also if in symbiosis with certain aërobic bacteria, such as a white *Sarcina* (van Ermengem) or with *B. subtilis* (Romer); and, according to Harrass and also Tarozzi, will grow in freshly prepared bouillon under aërobic conditions if a piece of sterile flesh or potato is placed on the bottom of the culture tube. The addition of glucose to the culture medium greatly increases its activity in growth and in toxin formation. In a medium consisting of one part sheep's brain and two parts water it grows well and produces an abundance of spores. The strains studied by van Ermengem produced practically no change in the appearance of milk, but von Hibler and others find that milk casein is precipitated and peptonized. It is strongly proteolytic, and a putrefactive odor is given off. Gas which is usually formed is due to the fermentation of sugars in the medium. The 21 cultures studied in my laboratory show minor differences in cultural characteristics; only ten of these strains produce toxin. Atoxic strains must be differentiated from *B. sporogenes*.

There are at least two distinct strains, A and B, which produce specific and heterologous toxins and antitoxins; that is, the antitoxin of strain A does not neutralize the toxin of strain B, and the antitoxin of strain B does not neutralize the toxin of strain A.

The habitat of *B. botulinus* in nature is not definitely known. It is assumed to be an intestinal and soil organism, like tetanus, the gas bacillus, and other anaërobes. Mrs. Burke<sup>49</sup> has recently thrown light upon the occurrence of *B. botulinus* in nature. In five different localities in central California she made 235 cultures from a wide range of material. Seven of the cultures, taken from bean plants, moldy hay, bush beans, cherries and spiders, contained *B. botulinus*. Some of these things were contaminated with the feces of insects and birds. Graham encountered *B. botulinus* in relatively large numbers in animal foods, including ensilage, oats, hay, corn fodder and bran, in Kentucky and Illinois. Such observations demonstrate the possible wide distribution of the organism and the fact that it may be present on fruits and vegetables before they are picked. It also suggests that insects or birds may act as carriers, a possibility which is rendered more probable by the discovery of *B. botulinus* in forage contaminated with chicken feces.

Evidence is increasing that *Bacillus botulinus* is associated with animal manure and that the spores are widely distributed in nature,

<sup>49</sup> *J. Bact.*, IV, 541, Sept., 1919.

in dirt and dust. They appear to be more abundant in some localities than in others.<sup>50</sup>

**Thermal Death Point of the Spore.**—To safeguard against botulism in canned foods, the thermal death point of the spore was determined in my laboratory by Weiss.<sup>51</sup> The various factors, such as age of the spore, number of spores, strain differences, hydrogen ion concentration, effect of desiccation, etc., which influenced the thermal death point were also determined.

Weiss found that suspended in water, the most resistant types require five hours at boiling temperature, 40 minutes at 105° C., 15

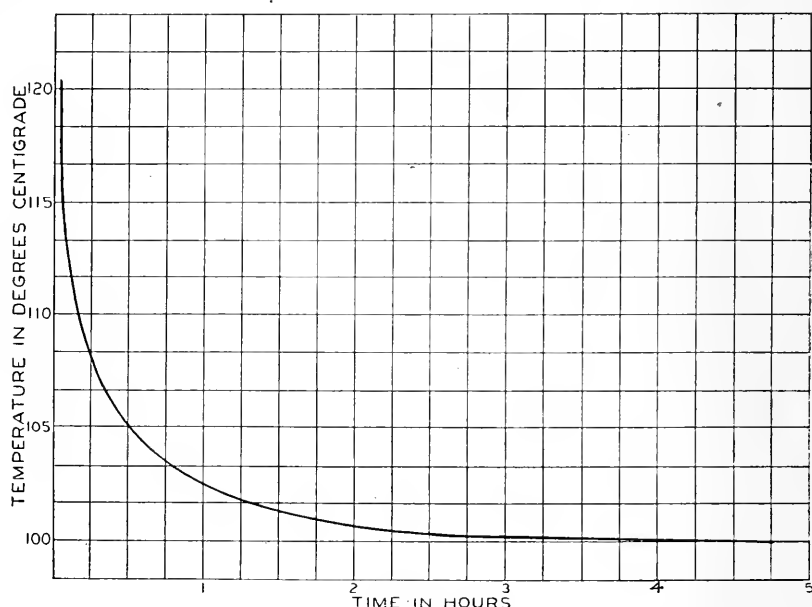


FIG. 75.—CURVE I, SHOWING THERMAL DEATH POINT OF *BACILLUS BOTULINUS*.

minutes at 110° C., and 6 minutes at 120° C. These represent bath temperatures and include the time necessary to heat the spore itself to the temperatures stated. Weiss further found that young spores are more resistant than old spores; that dry spores are much harder to kill than moist spores; and that acids, alkalies and various chemicals greatly diminish the thermal resistance.

**Toxin.**—The bacillus produces a soluble, true exotoxin<sup>52</sup> comparable in all respects to the poisons produced in cultures of diphtheria or tetanus. The botulinus toxin is the only one of the true toxins that

<sup>50</sup> Meyer, K. F.: The Distribution of the Spores of *B. Botulinus* in Nature. *Public Health Reports*, Jan. 7, 1921, Vol. XXXVI, No. 1, p. 4.

<sup>51</sup> *Jour. Infect. Dis.*, 28, 1, Jan. 1, 1921, p. 70.

<sup>52</sup> For definition of a true toxin, see page 553, *et seq.*

is poisonous when taken by the mouth. It is thus pathogenic for guinea-pigs, mice, and monkeys, as well as for man. One or two drops of a culture placed upon a piece of bread causes death in a few days. Toxins of diphtheria and tetanus are not poisonous when taken by the mouth.

The toxin is secreted by the bacillus when it grows upon a suitable medium, under anaërobic conditions. Some strains do not produce toxin, and the property may be lost after prolonged artificial cultivation. Toxin production takes place between 20° and 30° C., but best at 37° C.; this is contrary to our previous conception. It has always been believed that *B. botulinus* is strictly saprophytic and will not develop and produce its toxin in the body, the toxin being always preformed in food-stuffs, but the recent work of Orr<sup>53</sup> in my laboratory shows that guinea-pigs and mice may develop botulism when fed with large quantities of toxin-free spores. The significance of this observation to human botulism must await further study.

Botulinus toxin is exceedingly poisonous. It has been possible to obtain a toxin of which 0.000001 c.c. would kill a 250-gram guinea-pig in from 3 to 4 days.<sup>54</sup> In the Elzevelles outbreak,<sup>55</sup> about 200 grams of the poisonous ham were sufficient to cause the death of one of the patients: in the Darmstadt outbreak,<sup>56</sup> a piece of preserved duck the size of a walnut was sufficient to cause an illness which lasted for 8 weeks. In Dickson's series of cases, one patient died after "nibbling" a portion of a pod of the spoiled string beans, one died after tasting a small spoonful of the spoiled corn, and a third was ill after tasting a pod of beans which she did not swallow.

Strong toxin was produced by Dickson in pork and beef infusion, and also in media prepared from string beans, green corn; much less virulent toxins were obtained in media prepared from asparagus, artichokes, apricots, and crushed apricot stones. The most powerful poisons are produced in glucose broth. The toxin is not formed in brine containing over 8 per cent. of sodium chlorid. This is of practical importance in pickling foods.

Van Ermengem<sup>57</sup> showed that the toxin was destroyed by heating at 80° C. for one-half hour, and many later workers have verified this, showing in fact that there is a large margin of safety in such a procedure. Thom, Edmondson and Giltner<sup>58</sup> showed that the toxin of the Boisé strain is destroyed at some point between 70° C. and 73° C. by heating for 10 minutes. Orr<sup>59</sup> showed that the most resistant of

<sup>53</sup> *Proc. Soc. Biol. and Med.*, 1919, XVII, p. 47.

<sup>54</sup> *Deutsch. med. Woch.*, 1897, XXIII, 521.

<sup>55</sup> *Arch. Pharmacol.*, 1897, III, 213.

<sup>56</sup> *Deutsch. med. Woch.*, 1897, XXIII, 521.

<sup>57</sup> *Arch. pharm.*, 1897, III, 213.

<sup>58</sup> *J. A. M. A.*, Sept. 20, 1919, LXXIII, p. 907.

<sup>59</sup> *Jour. Med. Research*, Vol. XLII, Nos. 2 and 3, Nov., 1920, and Jan., 1921.

the ten strains of toxin studied by him is destroyed when exposed to 80° C. for two minutes, 72° C. for ten minutes, and 65° C. for 85 minutes. The toxins of most strains are killed at 65° C. in thirty minutes. Cooking therefore is a safeguard. The toxin in solution is very resistable to exposure to light and air. It is not affected by drying or putrefaction.

The toxin has a special affinity for the central nervous system; it is almost a pure neurotoxin. It also acts upon the blood vessels, causing dilatation, thrombi and hemorrhages in various portions of the body.

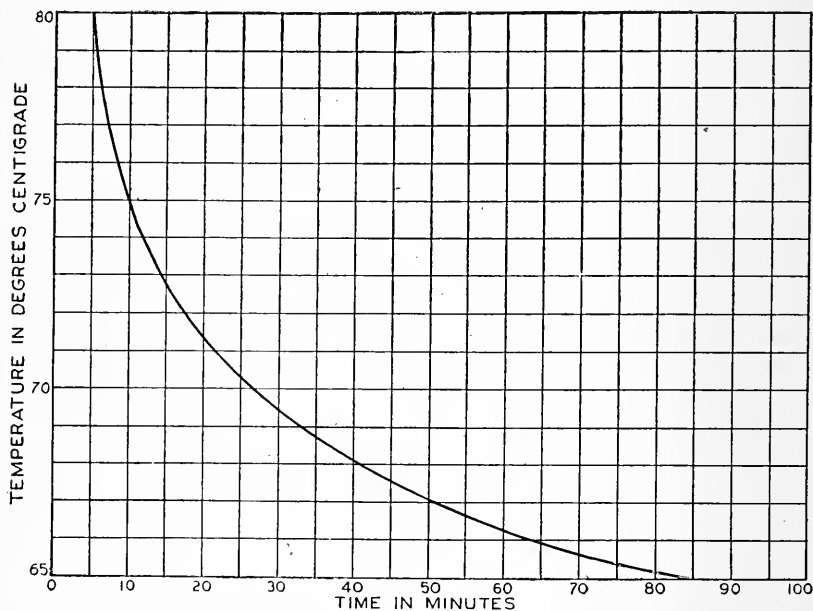


FIG. 76.—CURVE II, SHOWING RATE OF DESTRUCTION OF BOTULINUS TOXIN.

Van Ermengem<sup>60</sup> found that white mice, guinea-pigs, rabbits, cats, pigeons, and monkeys are susceptible to subcutaneous, intraperitoneal, and intravenous injection, and that white rats, dogs, chickens, frogs and fish are highly resistant. In his feeding experiments, he found that mice, guinea-pigs, and monkeys are especially susceptible, rabbits are less susceptible, and cats must be given enormous quantities of the toxin before they show any symptoms. He found that dogs, rats, and chickens are practically unaffected, the only result of feeding very large doses being vomiting, diarrhea and emaciation. It is surprising that van Ermengem failed to obtain positive results in his experiments with dogs and chickens, as Dickson and others have found that botulism may

<sup>60</sup>*Arch. Pharm.*, 1897, III, 213; *Z. Hyg. u. Infektionskrankh.*, 1897, XXXVI, 1; "Handbuch der nathegenen Mikroorganismen," Kolle u. Wassermann, Jena, 2nd ed., 1912, IV, 909.



cause limber neck in chickens and turkeys. Horses, goats and other animals are susceptible.

Every strain of *Bacillus botulinus* does not produce toxin.<sup>61</sup> Thus, Orr found only 10 of 21 strains to produce toxin. Furthermore, there are at least two distinct toxins—each of which produces a specific antitoxin.

**Antitoxin.**—A true antitoxin may be obtained by injecting increasing amounts into susceptible animals. Kempner first obtained the antitoxin in goats. It is now made by injecting horses. The botulinus antitoxin has both protective and curative virtues in experimental animals, even when given 24 hours after the ingestion of the poison, but before the onset of symptoms. For practical purposes at least two antitoxins must be on hand, one made by strain A, and the other by strain B.

Like other antitoxins, the botulinus antitoxin must be given very early if it is to be effective, and it is probable that, as in tetanus, it is too late when the symptoms of poisoning are established. The occurrence of limber neck in domestic fowl, if it develops after they have eaten refuse from the kitchen, should be sufficient reason for administering botulinus antitoxin to all persons who have eaten any of the suspected food. The presence and type of toxin in food can be determined in a few hours by injecting mice intraperitoneally. Some of the mice should be immunized with antitoxin Type A and some with Type B. Etherization delays intoxication; alcohol precipitates the toxin *in vitro* and in the stomach.

**Food Involved in Botulism.**—It was originally thought that *B. botulinus* would grow only in sausage or meat, but it is now known that the presence of animal protein is not necessary for its growth. In Europe, the foods involved in outbreaks have been mainly meats, such as sausage and ham, but in this country other foods have been involved, such as string beans, cottage cheese, corn, asparagus salad, spinach and ripe olives. Botulism has also been attributed to turkey, beef, chicken and fish.

Suspicion often falls upon the wrong food. The period of incubation is usually from 18 to 36 hours, and the first symptom may be nausea and vomiting. Several meals will have been taken between the time of eating the toxic food and the onset of initial symptoms. The food vomited is naturally accused. This mistake was made in the Detroit outbreak, where corn was suspected because it was found in the vomitus, whereas the trouble really came from ripe olives eaten the day before.

Most cases of botulism are caused by food that has received some preliminary treatment, as smoking, canning or pickling, and not in fresh food. Home packed foods have been especially responsible, for the reason that they are often a day or more old when put up, and the

<sup>61</sup> Non-toxic strains closely resemble *B. sporogenes*.

temperature of processing is frequently not sufficient to kill the botulinus spores. All the olive cases were due to ripe olives, put up in glass, and improperly processed.

Van Ermengem found that the outbreak in Ellezelles was caused by eating ham which had been preserved in brine. Smoked as well as pickled ham has been responsible. In Russia fish has conveyed the poison. Madsen also isolated *B. botulinus* from poisonous fish. A most interesting outbreak occurred in Darmstadt in 1904, caused by a salad prepared from home canned white beans.

Sausages are a frequent source of botulism in Germany. The sausages readily become infected and present ideal anaërobic conditions for the growth of the organism, especially as they are rarely refrigerated and frequently contain old and contaminated scraps. The disease is, therefore, frequently called sausage poisoning. Certain sausages, as, for example, the blood sausage and the liver sausage prepared in Württemberg and Baden, are especially apt to be infected. Venison and old roasts have also produced the intoxication.

No reliance can be placed upon odor, taste or appearance to detect the toxin of botulism in food. It is true that in many instances a history is obtained that the responsible food looked spoiled, tasted wrong, or smelled tainted. Experts can detect the peculiar butyric acid smell of cultures of botulinus, but we found in my laboratory that some strains produce little or no odor. A safe rule is not to eat food that is soft, mushy, and shows gas with a spoiled or putrefactive odor. Canned food that shows gas formation or other evidence of spoilage should not be eaten, especially if home processed. A very small amount of the toxin-containing food is sufficient to cause symptoms and death. Merely tasting the contents, or just "nibbling" the food has been fatal.

**Prevention.**—The prevention of botulism consists in greater care and cleanliness in the handling and preservation of nitrogenous food-stuffs. The bacillus will grow and produce toxin only in foods containing protein. There is no danger of botulism in fresh food. In all instances, the trouble comes from food that has been pickled, canned or preserved in some way, such as pickled ham, home processed beans, sausages, etc. Home canned foods are often at fault. It is therefore important to teach safe methods of home canning, especially the importance of putting up only fresh and clean food, heated sufficiently to kill the spores—120° C. for 10 minutes. Canned foods should be processed at a temperature sufficient to kill botulinus spores, and to render the contents of the can sterile. The cans should be tight.

Food that is allowed to stand around after cooking allows bacterial growth, unless kept in the ice box, with a temperature at or near freezing. The importance of proper refrigeration to prevent botulism, as well as other bacterial contamination, is evident.

Cooking is a safeguard, but it must be thorough and sufficient to kill the toxin—80° C. for 10 minutes. If the food is kept at ordinary temperatures after cooking, botulinus and other organisms may grow and may cause trouble. Toxin may re-form in cooked food allowed to stand 24 hours at room temperature. Home canned goods, or any other processed goods, should be again cooked just before serving. Food preserved in a brine of 8 per cent. or greater is safe, for the toxin does not form in salt solution of this concentration. A syrup of at least 50 per cent. glucose has been found necessary to inhibit growth.

No reliance should be placed upon odor, taste or appearance of the food; on the other hand, no food, whether canned or processed in any other way, should be consumed if it shows evidence of spoilage. Education, therefore, with emphasis upon proper methods of handling, preserving, canning, washing and cooking food, is important.

The occurrence of limber neck in domestic fowl, if it has developed after they have eaten refuse from the kitchen, may be an indication for the prophylactic administration of the botulinus antitoxin to all persons who have eaten the suspected food.

When a case of botulism occurs, other persons who may have eaten the suspected food should receive a prophylactic dose of botulinus antitoxin; both strains A and B should be used. The serum is of little avail after symptoms have begun.

## DECOMPOSED FOODS

Decomposition is defined as natural decay. In this sense all organic substances, both animal and vegetable, living or dead, are decomposed, for decomposition and recomposition occur as a constant feature of life's processes. At the moment of death recomposition ceases, while decomposition continues. In one sense the hardest rocks decompose or disintegrate; bicarbonate of soda decomposes in the presence of an acid, and many substances decompose in the presence of oxygen, especially when heated. In other words, while decomposition is usually the result of bacterial activity in organic substances, it may also take place as the result of physical, chemical, or electrical agencies. The word "decomposition" is not used in this technical sense in the Pure Food and Drugs Act; there it has the meaning of the word used in ordinary, every-day parlance. Just where technical decomposition ceases and objectionable decomposition begins is often difficult to determine. Decomposition may be objectionable either to the senses or to health. We purposely permit many of our foods to decompose before they are used. Thus, meats hang three days or longer in order to render them

more tender and to improve their flavors. During this time decomposition takes place with the production of acids. Some persons prefer meats when highly decomposed or gamy. Bread, cheese, butter, buttermilk, sauerkraut, vinegar, cider, and many other foods are products of decomposition. The line must, therefore, be drawn between decomposition that is objectionable and decomposition that is technical. It is difficult to draw the line at decomposition that is objectionable to the senses, for a cheese regarded as a delicacy by one person may be highly objectionable to another. The principal point, then, for consideration is the decomposition that is harmful to health.

**Fermentation and Putrefaction.**—The question is further complicated when we consider that there are very many kinds of decomposition. Two main groups are recognized: (1) fermentative decomposition, and (2) putrefactive decomposition.

Fermentation refers to the breaking down of carbohydrates with the formation of acids (lactic, acetic, butyric), alcohol, carbon dioxide, etc.

*Putrefaction* (putrere, to be rotten) is literally a process of rotting or offensive decay. Putrefaction is generally restricted to include only those processes of protein disintegration which give rise to foul-smelling products. For practical purposes, it consists of the decomposition of organic matter, usually protein in character, due to bacterial action.

Pasteur first pointed out that putrefaction is essentially an anaërobic process. This has since been abundantly confirmed. Rettger insists that putrefaction is the work of certain obligate anaërobes, which are able to initiate and carry on the decomposition of native protein. *B. putrificus*, *B. edematis maligni*, and *B. anthracis symptomatici* are the best examples. *B. tetani* does not have a place in this group. *B. perfringens*, the gas bacillus of Welch, has only a limited if any proteolytic action. Certain aërobes, such as the proteus family, the colon group, and the subtilis group, also play a part, although they cannot initiate changes in protein.<sup>62</sup>

The end products of putrefaction are ammonia, nitrates, carbon dioxide, sulphureted hydrogen, methane, etc., all simple, stable, inorganic compounds which, in ordinary concentration, are not poisonous. It is then the intermediate cleavage products of putrefaction and the end products of fermentation that may be poisonous. The question of decomposition is still further complicated by the fact that there are very many different kinds of fermentation and of putrefaction. Each particular microorganism breaks down organic matter in a specific and limited sense. Ordinarily these processes result from a combination of bacterial action (symbiosis), in which aërobic and anaërobic organisms

<sup>62</sup> Bienstock, *Arch. of Hyg.*, XXXI, p. 335, 1889, and XXXIX, p. 390, 1901; also Rettger, *Journ. Biol. Chem.*, II, p. 71, 1906, and IV, p. 5, 1908.

each play a part. As a rule, putrefaction does not take place in the presence of fermentation. In this sense carbohydrates protect nitrogenous matter.

**Putrefactive Changes in Proteins.**—To understand clearly the degradation changes in proteins as a result of putrefaction it is necessary to give a brief account of the composition of the animal proteins and their simpler cleavage products.

The proteins are highly complex compounds of C, H, O, N and S, belonging for the most part to the colloids. The protein molecule is a very large one. Some fifty or so natural proteins are known, occurring in both animals and plants, and they are classified according to their origin, solubility in solvents such as water, saline solutions and alcohol, coagulability on heating and other physical characters.

The work of Emil Fischer and his pupils has confirmed and elaborated the theory originally propounded by Hofmeister, that the protein molecule is built up of a series of amino-acids forming a class of products which have been designated the polypeptids by Fischer. Such polypeptids form the essential part of the structure of the protein molecule, but it may contain other groups, such as phosphoric acid and possibly also carbohydrates and lipoids.

The amino-acids are bodies in which a  $\text{NH}_2$  group (the amino group) is substituted for a hydrogen atom of the carbon group nearest the acid radical. For example, acetic acid is a simple, fatty acid with the formula  $\text{CH}_3\text{—COOH}$ , while  $\text{CH}_2\text{NH}_2\text{—COOH}$  is amino-acetic acid or glycocoll. The aromatic amino-acids are those in which amino-acids are united to the benzene ring. Tyrosin belongs to this group. The general formula of the monoamino acids may be stated as  $\text{R—CH}$   $\begin{matrix} \nearrow \text{COOH} \\ \searrow \text{NH}_2 \end{matrix}$

where R may be of very simple or very complicated structure; for example, simple chains as in leucin, members of the aromatic series as in tyrosin or tryptophan or sulphur-containing bodies.

In the diamino-acids two hydrogen atoms are replaced by  $\text{NH}_2$  groups and these have the general formula  $\text{R—C}$   $\begin{matrix} \nearrow \text{NH}_2 \\ \searrow \text{NH}_2 \end{matrix}$   $\text{—COOH}$ . Lysin and arginin belong to this group.

Under the influence of chemical agencies, such as acids or alkalis, physical agencies, such as superheated steam, the action of digestive or other ferments or the activities of bacteria, the protein molecule is decomposed and various cleavage products form. These substances may be classed as primary cleavage products, i. e., those which exist as radicals within the molecule, or as secondary products, i. e., those not existing preformed in the molecule but formed by transformation of the primary products.

"When the protein molecule is broken down in the laboratory by processes similar to those brought about by the digestive enzymes which occur in the alimentary canal, the essential change is due to what is called hydrolysis: that is, the molecule unites with the water and then breaks up into smaller molecules. The first cleavage products, which are called proteoses, retain many of the characters of the original protein; and the same is true, though to a less degree, of the peptones, which come next in order of formation. The peptones in their turn are decomposed into short linkages of amino-acids which are called polypeptids, and finally the individual amino-acids are obtained separated from each other" (Halliburton, 1916).

It is important to realize that whatever method is used to decompose the protein molecule the process goes through all these stages and approximately quantitatively as well as qualitatively. Different agencies, however, carry the process to different stages and the characteristic chemical products brought about by putrefactive bacteria are due to their carrying the processes further and causing extensive secondary cleavage changes.

The conversions into proteoses, peptones and amino-acids are therefore changes which are common to all methods by which the protein molecule is decomposed, and chief interest centers upon the further changes in the amino-acids brought about by the putrefactive bacteria. Bacteria (and fungi) are peculiar in being able to break down the amino-acids into bases and acids which, in general, have not been demonstrated as products of the metabolism of animals and the higher plants.

As long ago as 1902 Czapek, and also Emmerling, pointed out that the amino-acids furnish bacteria with abundant and available nutritive material. The amino-acids are non-toxic bodies and include substances such as glycine (amino-acetic acid), alanine (aminopropionic acid), leucine (iso-butyl- $\alpha$ -amino-acetic acid), tyrosine, cystine, aspartic acid, glutamic acid, histidine and tryptophan.

The secondary degradation products which result include bodies such as indole, skatole, skatolcarboxylic acid, skatolacetic acid, phenylpropionic acid, phenylacetic acid, *p*-cresol and phenol. In addition a number of simple bodies, such as ammonia, methane, carbon dioxide, sulphureted hydrogen, hydrogen, etc., are formed as end products.

The precise chemical bodies which will be formed will depend upon a number of factors, such as the character of the bacteria concerned, the conditions of growth (especially as regards the presence or absence of oxygen), the available sources of nutriment other than the amino-acids, the temperature and the stage of the process.

Hopkins and Cole (1903), for example, studied the changes produced in chemically pure tryptophan by putrefaction. They obtained

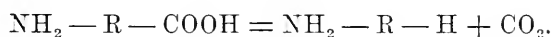
indol, skatol, and skatolcarbonic acid by the action of aerobic bacteria and skatolacetic acid with anaerobic organisms, in this way showing that the tryptophan radical is the precursor of these substances in putrefaction.

In the same way tyrosin is the precursor of phenol, paracresol, para-oxyphenylacetic acid and other bodies.

Most, if not all, of the sulphur in the protein molecule is contained in the amino-acid cystin and the offensive sulphur-containing bodies, such as hydrogen sulphid, methyl mercaptan ( $\text{CH}_3\text{SH}$ ) and ethyl mercaptan, produced during putrefaction are due to the breaking down of this amino-acid.

In addition to these numerous products a very definite group of bodies, chemically of the nature of amines, are formed in the later stages of putrefaction, and to these bodies, owing to the toxicity possessed by some of them, the very greatest importance has been attached as a cause of bacterial food poisoning.

A very characteristic action of putrefactive bacteria generally is their power to split off carbon dioxid from the carboxyl ( $\text{COOH}$ ) group of the amino-acids with the production of amines according to the following equation:



In this way a whole series of bodies is formed which include the ptomains of Selmi and Brieger and other bases, some of which were claimed to exert a poisonous action on man and animals. This decarboxylation of amino-acids seems to be a general reaction of a good many putrefactive organisms.

As examples of such changes it may be mentioned that diaminovaleric acid is converted into putrescin, diaminocaproic acid (lysin) into cadaverin, and tyrosin into tyramin. In the same way the poisonous and probably important body B-imidazoylethylamin (histamin) is the amine of histidin. The decarboxylation of amino-acids is not necessarily accompanied by a putrefactive odor or other obvious signs of bacterial action.

**“Ptomain” Poisoning.**—Ptomains are secondary cleavage products of protein putrefaction. Vaughan defines a ptomain as an organic chemical compound, basic in character, and formed by the action of bacteria on nitrogenous matter. On account of their basic properties ptomains give some of the reactions of the vegetable alkaloids and have, therefore, been called putrefactive alkaloids. They are sometimes called “animal” alkaloids, but this is a misnomer, for they also are formed in the putrefaction of vegetable protein.

The term “leukomain” is used to cover the same or similar basic substances which result from tissue metabolism within the body; that

is, leukomains are produced in the living body, ptomains in dead organic matter.

The word "ptomain" was coined by the Italian toxicologist Selmi, in 1870, from *ptoma*, a corpse. He used the term to describe basic poisonous products analogous to the familiar alkaloids of plant origin. The further exploitation of the expressive word "ptomain" was largely the outcome of studies by Gautier in 1872, who also introduced the term "leukomains."

The great majority of ptomains are not poisonous or less toxic than the corresponding ammonia compound. Ptomains include substances which are chemically very different. The classification is not a scientific one, and is gradually being abandoned. In fact, it is known that cases of so-called ptomain poisoning are really infections with microorganisms belonging to the Gaertner bacilli.

Chemically, ptomains are ammonia substitution compounds; two-thirds of them contain only carbon, hydrogen, and nitrogen. Those having oxygen in their composition are the more poisonous. Most ptomains are inert or are no more poisonous than the corresponding ammonia salts. In composition they show a predominance of the amin radicle ( $\text{NH}_2$ ). Of the bases containing oxygen, most of them are trimethylamins [ $(\text{CH}_3)_3\text{N}$ ]. It was Brieger who pointed out that a certain quantity of oxygen is necessary for the formation of poisonous bases. These poisonous bases appear about the seventh day of putrefaction and then disappear.

It is important to remember that ptomains, in sharp contradistinction to toxins, are non-specific, that is, they are not the products of intracellular metabolism characteristic of the microorganisms which produce them. They are merely degradation products of the protein molecule and are elaborated by all bacteria that are capable of producing this degree of protein cleavage when grown on suitable nutrient medium and under favorable conditions of growth. They may be produced by bacteria which possess no pathogenic power, while on the other hand highly pathogenic bacteria which are not active in attacking protein may produce little or no ptomains.

The term "ptomain poisoning" is a misnomer. A study of this subject for over three years has convinced me that there is no such thing. Savage states that the term "ptomain poisoning" is clearly incorrect, and Jordan states that "ptomain poisoning" is a refuge from etiologic uncertainty. Vaughan agrees with Jordan and Savage that the term "ptomain poisoning" is incorrect and should not be applied to food poisoning. Novy states that "the rather popular expression 'ptomain poisoning' is a survival of the period when it was believed that bacteria produced their injurious effects by means of basic or alkaloid-like products. Long ago the importance of ptomains disap-



peared, due in the first place to the discovery of toxins, and in the second place to the fact that these substances are not secondary products of protein cleavage." Chapin states that "ptomain poisoning" is a good term to forget. Vaughan, in 1895, detected in poisonous cheese an active agent to which he gave the name tyrotoxicon. However, he afterwards admitted that this is not the subject most commonly found in poisonous cheese, although the names tyrotoxicon and ptomain poisoning remain in popular parlance. Even the poisonous ptomains are toxic only when injected into animals and not when given by the mouth. The symptoms produced have no resemblance to cases of food poisoning.

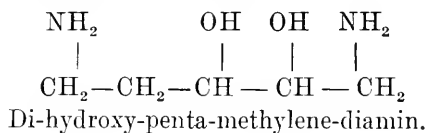
It is not *decomposed* but *infected* food that may be dangerous.

Owing to the importance which is still attached by some to these bodies and their historical interest, particulars of a few are given. See Vaughan and Novy's book, *Cellular Toxins* (1903).

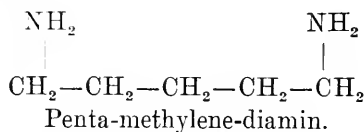
*Methylamin*,  $\text{CH}_3\text{NH}_2$ .—This is the simplest amin and has been obtained from decomposing herring, haddock and other fish. It does not possess any toxic action and very similar remarks apply to di- and trimethylamin and to ethylamin.

*Sepsin*.—The best known poison which has been isolated in an approximately pure state from decomposing nitrogenous material is sepsin. Much work has been done upon this substance by Schmiedeberg and recently by Faust, who obtained sepsin in a purified state in sufficient quantities carefully to study its action and composition. Faust obtained the crystals from putrefied yeast and blood; 25 milligrams of the sulphate introduced intravenously will kill a large dog in two hours.

Sepsin has the following chemical structure:



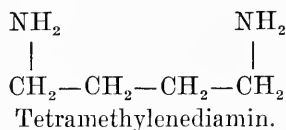
Sepsin is very unstable. It is rendered inactive at  $60^\circ \text{C}$ . for a short time, and is readily converted into cadaverin or pentamethylene-diamin. The chemical structure of cadaverin is:



*Cadaverin* is one of the best known of the ptomain group. Its presence indicates that the putrefactive process at one time contained sepsin which, by reduction, has been changed into cadaverin.

*Putrescin* is another diamin, which almost invariably occurs together

with cadaverin, to which it is closely related. It was first described by Brieger in 1885, and has been obtained from putrefying internal human organs, herring, mussels, etc. It is recognizable on the fourth day of putrefaction, and appreciable quantities appear by the eleventh day. It is still present after two or three weeks. Baumann in 1888 showed the rational formula to be:



Putrescin is a homolog of cadaverin and appears in putrefaction before that substance.

Van Slyke and Hart (1903) found a little putrescin in ordinary Cheddar cheese. Once formed putrescin and cadaverin appear to be very resistant to bacterial action.

Putrescin and cadaverin are of interest because they have been found in the intestine, derived from the putrefactive decomposition of proteins, and sometimes in the urine in cystinuria. They are said to have some physiological properties, setting up, according to Behring, poisonous symptoms in mice, rabbits and guinea-pigs. Udránszky and Beauman, however, failed to obtain any evidence of intestinal irritation when dogs were fed with enormous doses of cadaverin.

The cholin group of ptomains includes cholin, neurin, muscarin and betain and is of more interest.

*Cholin* is a normal constituent of every cell, forming the nitrogenous portion of the lecithin molecule. It is only very moderately toxic, but the closely related neurin into which it may be transformed is highly poisonous. It has been suggested that one form of food intoxication is due to the cholin, obtained from the lecithin in the food, being converted in the gastro-intestinal tract into neurin. While cholin in itself is not very toxic, Hunt has shown that acetylcholin is one hundred thousand times more poisonous. Cholin is a base widely distributed in nature; it is found in the yolk of eggs, in bile, brain substance, fat, seeds, and other substances. It can also be prepared from pure lecithin, which is a fatty body normally present in brain substance, yolk of eggs, and perhaps all cells. The lecithin may be readily decomposed by bacterial action perhaps to cholin and cholin salts. While acetylcholin has never been demonstrated in food, it is possible that this or similar poisons may be produced in decomposing foodstuffs.

Brieger obtained neurin in the putrefaction products of horse, beef and human blood after five to six days' action in summer.

*Muscarin* was obtained, accompanied by cholin, by Schmiedeberg and Koppe from poisonous mushrooms.

Both *neurin* and *muscarin* are extremely poisonous and very similar in their action. Subcutaneous injection of but 1 to 3 mg. of muscarin in man produces salivation, rapid pulse, reddening of the face, weakness, depression, profuse sweating, vomiting and diarrhea. Neurin acts very similarly. "The toxicity of these substances is so great that not a large amount would need to be formed by oxidation of cholin to produce severe symptoms, although it is not known that this occurs actually in the body. When introduced by the mouth, the lethal dose of neurin is ten times as great as when injected subcutaneously, indicating that chemical changes in the gastro-intestinal tract offer some protection against intoxication by these substances when taken in tainted food. Cholin, although by no means so poisonous as neurin, has a similar action when administered in sufficiently large doses. According to Brieger it is about one-tenth to one-twentieth as toxic as neurin" (Wells, Chemical Pathology).

*Mytilotoxin* is chiefly of interest in that it is said to be the specific poison in connection with mussel poisoning and was obtained by Brieger in 1885 from toxic mussels. He was, however, unable to obtain it from ordinary mussels which were allowed to putrefy for sixteen days. According to Brieger it produces all the characteristic effects seen in mussel poisoning. Its connection with mussel poisoning is considered on page 844.

The more the question of ptomaines is studied the less do they appear concerned in cases of food poisons. It is now clear that most, if not all, cases of so-called ptomain poisoning are nothing more nor less than acute infections with *B. enteritidis*, *B. cholerae suis*, and other microorganisms belonging to this group.

## ADULTERATION OF FOOD

Adulteration of food consists of a large number of practices, some of which are fraudulent, others technical in nature. Some forms of adulteration are injurious to health, but for the most part they have an economic rather than a sanitary significance. Foods may be adulterated in a variety of ways: by the removal of nutritive substances; by the addition of injurious substances; by the fraudulent substitution of cheaper articles; by misbranding; or by the sale of food that is filthy, decomposed or putrid.

Prior to the passage of the Pure Food and Drugs Act in 1906 a very large percentage of the food sold in the United States was found to be "adulterated" in one way or another. Thus, at the Agricultural Experiment Station in Kentucky 40 per cent. of 727 samples were adulterated; at the Connecticut Agricultural Experiment Station 41.5 per

cent. of 574 samples of spices were found adulterated, and over 25 per cent. of coffee samples were adulterated (1899).<sup>63</sup>

Among the common adulterations may be mentioned the following: cotton-seed oil is sold as olive oil; honey may contain glucose; cocoa and chocolate are frequently mixed with both starch and sugar; coffee is extensively adulterated with caramel, pea-meal, chickory, and saccharose extracts; lard is mixed with cheaper fats or cotton-seed oil; saccharin is substituted for cane sugar; cereals give bulk and weight to sausages; gypsum or bran is added to flour; barium sulphate to powdered sugar, flour or turmeric or corn meal to mustard. Oleomargarin is sold as butter; distilled and colored vinegar is sold as cider vinegar; ground spices are adulterated with coconut shells, rice, flour, and ashes; water, sugar, and tartaric is sold as lemonade; wines and liquors are sometimes adulterated with alum, baryta, caustic lime, salicylic acid, wood alcohol, and hematoxylin. Terra alba, kaolin, and various pigments are sometimes added to candies; gum drops are largely made with petroleum paraffin products; much of the maple sugar formerly sold was made from glucose and coloring matters.

**Definitions.**—A food is considered adulterated in accordance with the Food and Drugs Act of June 30, 1906: (1) "If any substance has been mixed and packed with it so as to reduce or lower or injuriously affect its quality or strength." This is the simplest form of adulteration, and a good example is the addition of water to milk. Cocoa shells are sometimes mixed with cocoa or chocolate. Glucose and caramel are added to maple sugar; talc to flour.

(2) "If any substance has been substituted wholly or in part for the article." As illustrations we have the substitution of cotton-seed oil or corn oil for olive oil; glucose or saccharin for sugar; cereals, which cost much less than meat, in sausage. Apple cores and parings are frequently used as a substitute for currants and other fruits in jellies.

Saccharin or ortho-benzo-sulphamid,  $C_6H_4 \begin{array}{l} \diagup CO \\ \diagdown SO_2 \end{array} \rangle NH$ , is made

from toluene. It is several hundred times sweeter than sugar and comparatively cheap. It has, therefore, been used as a substitute for sugar as a sweetening agent in the inferior qualities of ginger ale, and to some

<sup>63</sup> In Massachusetts the State Board of Health began to examine foods for adulteration in 1883. It was then found that between 60 and 70 per cent. of all foods examined were adulterated. As a result of official surveillance the percentages fell in a few years to, approximately, 15 per cent. and have remained between 10 and 20 per cent. since. This does not mean that from 10 to 20 per cent. of all foods found on the market are adulterated, for, to a great extent, samples are collected from suspicious sources, so that the ratio of adulteration of food analyzed in the laboratory is higher than that of the same foods sold on the market.

extent in canned corn, peas, etc., as well as in candies and other articles. Saccharin is a chemical obtained from coal tar and is without food value; it is not entirely harmless. The Referee Board reports that "the continued use of saccharin for a long time in quantities over 0.3 of a gram per day is liable to impair digestion; and the addition of saccharin as a substitute for cane sugar reduces the food value of the sweetened product and hence lowers its quality." Saccharin-containing foods are therefore regarded as adulterated within the meaning of the Food and Drugs Act.

(3) "If any valuable constituent of the article has been wholly or in part abstracted." Skimming milk is a good illustration of this part of the law, or the abstraction of cocoa butter from chocolate. There is, however, no objection to abstracting valuable or nutritive substances provided the label properly announces the facts; thus, skimmed milk or cocoa are legitimate foods. So also the caffein may be taken out of coffee and sold as caffein-free coffee. The essential oils are sometimes extracted from cloves or other spices, which are subsequently ground and used as an adulterant with unextracted spice.

(4) "If it is mixed, colored, powdered, coated, or stained in any manner whereby damage or inferiority is concealed." This is a very frequent form of adulteration, and, as a rule, is undesirable and sometimes injurious. Substances used to color foods are usually considered in three classes: (1) mineral dyes, (2) vegetable dyes, (3) anilin or coal-tar dyes. The principal *mineral dyes* are: copper sulphate, oxid of iron, and potassium nitrate. Copper sulphate is used to give a green color to peas, pickles, and similar foods. The copper probably unites with the albuminous matter to form new compounds which have a bright green sickly color. The oxid of iron and also sulphites are used upon meat to give it a red color; potassium nitrate will also give a bright red color to meat. Many *vegetable dyes* are used, such as annatto (the juice of the *Bixa orellana*, a South American tree), which is used to color butter. Carrot juice is also used; turmeric in mustard; and logwood in wines. The *coal-tar dyes* have largely replaced the vegetable and mineral pigments in foods, on account of their brilliant color and cheapness. They are used in sausages, confectionery, jellies and jams, meats, flavoring extracts, etc.

The artificial coloring of food is a false standard and serves no useful purpose. When the coloring matter is used to conceal damage or inferiority the practice is indefensible, as when spoiled meats are made to look bright red and fresh, or when oleomargarin is colored in order to imitate butter and sold as such. Flour may be bleached with nitrogen peroxid, thus giving an inferior grade the appearance of first quality flour. The  $\text{NO}_2$  is produced by electric action and nitrites in appreciable quantities remain in the flour. Fruits are bleached by ex-

posure to sulphur fumes, which leaves objectionable sulphur compounds. Candies and chocolate are often coated with gum benzoin or shellac.

(5) "If it contains any poisonous or other added deleterious ingredient which may render such article injurious to health." This section of the law is intended to include adulterants, such as formaldehyd, sulphites, arsenic, hydrofluoric acid, lead, salicylic acid, borax and boracic acid, as well as any other injurious substance. Most of the storm center of the opposition to the Pure Food Law is centered around this paragraph, owing to the difficulty of deciding in certain instances whether small amounts of benzoic acid or benzoates, boric acid or borates, are injurious to health or not. These substances are discussed more in detail under chemical preservatives.

(6) "If it consists in whole or in part of a filthy, decomposed, or putrid animal or vegetable substance or any portion of an animal unfit for food, whether manufactured or not, or if it is the product of a diseased animal or one that has died otherwise than by slaughter." Examples: oysters contaminated with sewage; eggs known as "rots and spots"; animals which have died otherwise than by slaughter; figs containing an excessive quantity of worms and worm excrement. This paragraph of the law has caused much discussion, especially the meaning of the word "decomposed." This question is considered more in detail under the paragraph Decomposed Foods.

*Misbranding.*—The term "misbranding" is specifically defined in the Food and Drugs Act and provides for all possible conditions of fraud, mislabeling, imitation, substitution, and other forms of deception. Misbranding is regarded as a form of adulteration under the Food and Drugs Act. The practices of misbranding under any circumstances are so evidently fraudulent or dishonest that they cannot be justified on any score and are wholly condemned. It is true that many instances of misbranding do not directly affect health, except in so far as they deceive the consumer; that is, he is purchasing at a high price an article which contains less nutritive value than claimed for it. An honest label which correctly states the character, origin, amount, and the constituent parts of an article is as much a desideratum in food products as it is in commercial articles of all kinds. Honest labeling is the heart and soul of the pure food movement.

## PRESERVATION OF FOODS

The preservation of meat, milk, vegetables, and other perishable foods is one of the most important questions we have to deal with in the whole range of hygiene. Fermented and decayed foods must be looked upon with suspicion. The proper preservation of foodstuffs

involves not only the art of keeping them "fresh" and wholesome, but also keeping them so that they will not lose their nutritive value. Finally, foodstuffs must be preserved so that they will not acquire injurious properties. The preservatives ordinarily in use are: cold, drying, salting, smoking, canning, preserving, and chemical treatment. The best are *heat, cold and drying*.

Practically all these methods have long been in use. The only modern innovation in the preservation of foods is in the perfection of the old processes, based upon our knowledge of antiseptics and germicides. Heat and cold represent old family methods which have been extended and improved in the modern canning and cold storage industries. The drying of fruits, fish, and meats is a practice of very ancient origin. The use of salt doubtless antedates all historical records. Sugar either alone or with acetic acid in the form of vinegar and with various spices is an old contrivance and well known everywhere. The application of creosote obtained crudely from the smoke of incompletely burned wood is the ancient forerunner of some of the modern packing processes.

Concerning the value and legitimacy of these old family methods there is comparatively little difference of opinion; salt meat is not as good as the fresh article; dry apples do not make the best apple pie; chipped beef is not an adequate substitute for a fresh steak. However, it is absolutely necessary to preserve food in some way in order to tide over the winter or the dry seasons, to furnish food to people living and working in desert and arid regions, and to feed the hordes of people massed together in great cities. It would be impossible to maintain the large population of a modern metropolis if it were dependent upon a daily supply of fresh food materials.

The art of preserving foods depends upon the science of bacteriology. A more complete knowledge of the causes of decomposition and methods by which they may be prevented has enabled us to perfect the crude and primitive methods that have been in use from time immemorial, so that it is now possible to preserve certain foods practically indefinitely without in any way injuring their nutritive value or seriously interfering with their appearance and taste.

The chief harm has come from the blind use of chemical germicides, without regard for their harmful properties. The simplest and cheapest way to preserve food is by adding one of these chemicals, and the method was, therefore, seized upon by alert men whose chief interest was of the pecuniary kind. The question was to find the smallest percentage of a chemical which would prevent the decay of some particular food product, trusting to luck that the preservative used might prove harmless to the consumer. Often these chemicals were added with a liberal hand; further, it was soon found that chemical

preservatives could be used to preserve food products for the market from materials already so decayed as to be unsalable in their original condition.

The National Pure Food and Drugs Act of 1906 was passed largely to meet this situation. This law considers any food which contains some "added poisons or other deleterious ingredient which may render such article injurious to health" as adulterated. To Harvey W. Wiley belongs the credit of inducing Congress to pass this legislation against opposition and for an aggressive administration that proved useful in bringing the whole question prominently before the public.

**Cold.**—Cold must be regarded by the sanitarian as an antiseptic rather than a germicide. Low temperatures kill few bacteria, but prevent the growth and multiplication of most of them. Even the antiseptic properties of cold are not as marked as they were once believed to have been. Many plants and even frogs may survive freezing.

Some bacteria grow and multiply at low temperatures, even at 0° C. In 1871 Burdon-Sanderson was the first to show that freezing does not kill bacteria. Von Frisch demonstrated that subjecting a putrefying solution to a temperature of -87° C. for some hours did not affect sterilization. Leidy in 1848 showed that water derived from melted ice contained not only living infusoria, but also rotifers and worms. Pictet and Young found that anthrax and symptomatic anthrax cultures were not killed after an exposure of 108 hours to -70° C. Later Macfadyen proved that the temperature of liquid air does not kill bacteria; he subjected cultures to temperatures of -315° F. Ehrlich has shown that cancer cells kept cold will live and remain virulent for at least two years.

While no microorganism pathogenic for man will grow and multiply at the low temperatures of the refrigerator, there are a number of saprophytic bacteria and molds that develop abundantly at temperatures as low as 0° C. Milk, meat, eggs, and other products kept in cold storage at or near the freezing point may show a notable increase in the number of bacteria. A number of tests made in my laboratory showed that in the case of milk these low-temperature microorganisms belong mainly to the putrefying and proteolytic group. They produce an alkaline reaction in the milk and a bitter taste. Whether they are capable of forming poisonous products at these low temperatures is doubtful.

For the most part pathogenic bacteria withstand freezing temperatures. They, however, suffer a quantitative reduction when frozen (see Ice and the effects of freezing upon bacteria, page 1185). Most animal parasites die in cold storage; a few, however, survive. The length of time the material has been refrigerated is an important factor. Just as infected water becomes safer by storing it, so with foods. Cold storage



renders foods safer, but cannot be entirely relied upon for all infections. Time is the important factor, but the degree of refrigeration also influences the length of time a parasite will remain alive. Thus, *Trichinae* die at or below 5° C. in twenty days. If the temperature is maintained at 15° F. or below, the larvae of *T. saginata* (the beef tapeworm) are killed within 6 days, and there are indications that the larvae of *T. solium* (the pork tapeworm) would be killed in a similar length of time at the same temperature.

Fortunately, cold causes a quantitative reduction in the number of harmful bacteria, even though it does not produce complete sterilization. The element of time here plays an important rôle, as most of the surviving pathogenic microorganisms soon die. From a sanitary standpoint the protection afforded by refrigeration is reassuring, although not perfect. Cold acts as a preservative for some viruses.

The best temperature at which foodstuffs may be kept must be determined for each case. Some substances, such as meat and poultry, are better preserved when actually frozen; others, such as shell-eggs or milk, are materially injured by freezing. Fish are usually frozen. They are then dipped in water and refrozen in order that they may be completely encased in ice. They are then stored at a temperature of -16° C. The coating of ice, which is renewed as occasion requires, prevents loss of water due to surface evaporation. Under these circumstances there is no evidence whatever of any depreciation in the nutritive value or any change in the sanitary character of the fish at any time during two years of cold storage.<sup>64</sup>

In any event, the temperature of the icebox should not rise above 7° C. At this temperature bacterial growth does not entirely cease, although very markedly hindered. Few household refrigerators reach this temperature or maintain it for any length of time—either through faulty construction or on account of insufficient ice. Often the icebox is placed in a sunny corner, or, for convenience, near the kitchen stove. The doors of the ice chest frequently do not fit well, which results in needless waste and imperfect refrigeration. A study of household refrigerators discloses the fact that the temperature is often 15° C. and higher. Such conditions make good incubators, favoring bacterial growth. *B. enteritidis* will grow at 10° C. The necessity for scrupulous cleanliness, aëration, and dryness in all refrigerating devices needs only be mentioned.

In ordinary refrigerating plants moisture condenses on the surface of the objects exposed. In the case of meat this moisture dissolves some of the proteins, extractives, and salts, and makes a perfect culture medium for bacteria and molds. In the case of meats it is, therefore, better to hang them in a current of dry, clean air, in order to

<sup>64</sup>Smith, C. S.: *Biochem. Bull.*, 1913, III, 54.

desiccate the surface, before they are placed in the refrigerator. The dried surface delays the inward growth of the inevitable bacterial contamination upon the surface.

Articles of food may be kept in a satisfactory condition in cold storage for a very long time. The time varies with the article and its condition when placed in storage, also with the temperature and other factors. A striking illustration of the great preserving power of low temperatures occurred several years ago in Northern Siberia. In consequence of a great landslide on the banks of the Kolyma, the head of a mammoth became exposed and was so well preserved that even the fleshy trunk remained. It is said that famished wolves and half-starved natives began to eat of the flesh. The Russian government sent Dr. Hertz to rescue what remained. The mammoth had remained in cold storage perhaps thousands of years. Some of the soft parts are now preserved in the Museum at Petrograd. This must not be taken as justification of prolonged storage or the "cornering" of foods for economic gain in mammoth cold storage warehouses. While meat, poultry, eggs, and vegetables may be kept in a satisfactory condition for months and transported over seas, cold storage need not be unduly prolonged. In any case, the consumer is entitled to know whether the article is fresh or stored, and the time it has been in cold storage. These facts should be stated upon the label or stamp.

The question of cold storage poultry was investigated by the Massachusetts State Board of Health, and the conclusion was reached that it made practically no difference whether the fowl were drawn or not, but that they must be perfectly fresh when placed in cold storage. Poultry is kept below 0° C., at which temperature no noticeable change occurs. It was found that cold storage fowl are even less contaminated with bacteria than freshly killed birds that have hung for a few days. However, the cold storage animals, when removed from the refrigerator, decompose more quickly than the fresh.

Contrary to what might be expected, drawn poultry decomposes more rapidly after removal from cold storage than undrawn. This is because in the process of drawing the intestines are broken below the gizzard and the carcass becomes badly contaminated with intestinal bacteria. If the entire alimentary canal, esophagus, crop, gizzard, and intestines are removed intact, and with bacteriologic care to prevent contamination, the bird is practically safe from putrefaction.

From a sanitary standpoint, then, refrigeration is one of the best methods of preserving foodstuffs. The advantages of cold as a preservative are that it neither adds any constituent to the food nor takes away any constituent from the food. Cold imparts no new taste, nor does it seriously alter the natural flavor. It does not diminish its digestibility nor cause a loss of nutritive value. The material is left in approxi-

mately its original condition. Cold may, therefore, be regarded as one of the simplest and best antiseptics we have for the preservation of foods. It is now almost universally applied to prevent decomposition and decay. The housewife uses it to keep food in cold cellars, deep wells, and the like. During the last fifty years the use of ice for the purpose of refrigeration has become commonplace. Fresh and wholesome food may now be transported to the tropics, and the sustenance of large communities in insular and arid regions is made possible and pleasurable through the preserving use of cold.

**Drying.**—Drying, desiccation, or evaporation is a favorite and primitive method of preserving meats, fruits, vegetables, and various food materials. Dryness furnishes ideal antiseptic conditions. Microorganisms must have moisture to grow and multiply. Most pathogenic microorganisms soon die when dried, hence the process has a decided sanitary advantage. Further, dried fruits, vegetables or meats are rarely eaten raw, and the cooking is a further sanitary safeguard.

Drying has two principal advantages: (1) it reduces the weight and thereby simplifies the problem of handling and distribution; (2) it improves the keeping qualities of the food.

The effectiveness of drying as a food preservative depends upon the thoroughness with which the process is carried out. It is not so well adapted to meats as to vegetables and fruits. Dried meats lose their natural flavor, which may be replaced with others less real. All sorts of organic foodstuffs, even the most decomposable, such as milk, eggs, fruit, or meat, may be dried and, if kept dry, will keep in a satisfactory state almost without limit of time. Drying has little or no influence upon the vitamin content of foods. It certainly does not diminish the activity of "water-soluble B" which protects against beriberi. Dried leaves, such as celery tops and alfalfa are still good sources of "fat-soluble A," even when dried in the sun, or by artificial heat in a current of air after preliminary treatment with steam. Dried milk is also an efficient source of "fat-soluble A." On the other hand, drying may diminish the antiscorbutic value of food. Thus, dried milk loses about half its antiscorbutic properties.

Theoretically, dryness is not a complete safeguard, for the reason that a few microorganisms survive, particularly bacterial spores. Despite this slight limitation, it is more than reasonably safe and an entirely satisfactory procedure. Practically the only change in dried foods is the loss of moisture, which may readily again be supplied. Dryness has the great advantage in that no added chemical or added preservative process is necessary; further, dried foods are quite as nutritious and usually quite as digestible as the fresh articles, although not quite as savory.

*Dried Meat.*—In the dry climates of South America and on our western plains meat is cut into thin strips, suspended in the air, and exposed to direct sunlight. In a short time the moisture disappears and the hard, dry pieces keep indefinitely, or as long as they are kept dry. The meat retains a fair degree of palatability and practically all of its nutrient properties. This is known as jerked beef.

Dried beef is also prepared by first treating the meat with condiments and then drying it artificially. Chipped beef or dried beef is prepared in this manner, except that the meats are often smoked as well as salted and desiccated, so that in their method of preparation more than one method of preservation is employed.

Powdered meats are prepared by complete desiccation, and such products are found upon the market as a finely ground powder. Meat powders are made not alone from fresh meats in their natural state, but are also prepared after more or less artificial digestion.

*Dried Fruits.*—Dried apples are taken as a type of dried fruits and vegetables. The apples may be dried naturally by cutting them into convenient sizes and exposing them to the action of the sun. This is more a domestic than a commercial industry. When apples are dried by this simple process they darken and become unattractive in appearance. This is due to the oxidizing action of the enzymes when exposed to the air. When properly prepared the dried apple has its moisture content reduced to approximately 30 per cent. or less.

In order to prevent the darkening of the surface during the long exposure necessary to secure the proper degree of evaporation, apples are usually subjected to the fumes of burning sulphur. The sulphur dioxid acts as a bleaching agent and the sulphurous and sulphuric acids retained in the apple act as preservatives. Apples treated with sulphur fumes are less likely to decay or become infected with molds than a similar product not exposed to sulphur fumes. The process is objected to from the standpoint of health, for the reason that the sulphurous acids and sulphites are admittedly injurious to health. The Department of Agriculture found that approximately half of the evaporated fruits purchased on the open market had been treated with sulphur fumes. In order to obtain a satisfactory dried product it is of some importance that the fruits be selected, so as to reject all imperfect, rotten, or infected specimens.

*Evaporated apples* is a term applied to apples dried artificially instead of being exposed to the sun's heat. The process is rapid and satisfactory, and has no sanitary objections.

*Dried Eggs.*—Eggs are broken out, mixed and dried by spreading the mass in a thin film in shallow pans or upon a broad revolving belt; the water is abstracted by exposure to a current of warm, dry air. The egg substance may also be dried by forcing it through small orifices

under a high pressure into a drying chamber so adjusted as to temperature and size as to secure the desiccation of the minute particles of egg spray before they fall to the bottom. Egg substance thoroughly dried keeps satisfactorily in almost any climate. It retains all the nutritive value in the original egg.

**Dried Milk.**—Milk must be dried quickly in order that it will not spoil during the process, and the temperature must not be high enough to coagulate the lactalbumin, otherwise the addition of water would not restore the milk to its former homogeneous state. Milk may be dried in a very thin film on heated and revolving metal drums or on belts in a current of dry, warm air; or *in vacuo*. In this way the milk can be reduced to a dry state in a very short time and without reaching a temperature sufficiently high to produce physical changes. A favorite method of drying milk consists in atomizing it under pressure and projecting it into a warm chamber, the temperature of which is so regulated that the fine particles are completely deprived of their water before they reach the bottom of the cabinet. The milk is thus reduced almost at once to a fine powder. Dried milk when mixed with water is practically restored to its original condition. Milk powder should be either kept in a cool place or sealed in air-tight packages in order to prevent the fat becoming rancid. Dry, powdered milk properly cared for will keep almost indefinitely. Since practically 88 per cent. of milk is water, there is a decided economic gain, so far as the handling and transportation are concerned. Powdered milk should, of course, be made from milk derived from healthy cows handled under sanitary conditions and free from infection. The milk should be pasteurized before it is reduced to a powder. Powdered milk is finding an increasing and legitimate field of usefulness for cooking, household purposes, as a beverage for adults and even for infant feeding. It should, however, not be depended upon for infant feeding. Dried milk seems to retain all the qualities of the liquid product, except that it has lost some (about one-half) of its antiscorbutic properties.

**Salting and Pickling.**—The preservation of meat with brine or common salt is one of the oldest processes known. The brine should contain from 18 to 25 per cent. of salt. For red meats a little potassium nitrate is often added; this salt has slight antiseptic properties, but brings out the red color. Haldane has shown that nitrite is formed from the nitrate, and that some nitrous-oxidhemoglobin is formed, which gives a bright red color to the meat. In the processes of salting some of the meat protein, bases, and extractives are dissolved out and the fibers become hardened; the nutritive value and digestibility, therefore, are somewhat diminished. The brine should never be less than 6 per cent., for *B. botulinus* will not grow and produce its toxin in this concentration.

Pickling includes preservation of food in brine, vinegar, weak acids, and the like. These substances have antiseptic and also feeble germicidal properties, depending upon their concentration.

*Pickled meats* are prepared by soaking meat, especially pork, in a brine made of common salt, though other substances, such as sugar, vinegar, and spices, are often added. Chemical preservatives are sometimes added to the brine. Those most frequently used are sulphite of soda or boric acid. With proper methods these added chemical antiseptics are not necessary. The vinegar which is employed, or acetic acid, may be injected into the carcass before it is cut up. When the arteries are filled with vinegar in this way it rapidly permeates to all parts of the meat and acts as an excellent and unobjectionable preservative in cases where an acid taste is desired. It is stated that carcasses which have been injected with vinegar are easily preserved and require far less salt and other condimental substances than when not so treated. The process has no sanitary objections.

*Trichina* die after a prolonged period of pickling. *Cysticerci* die a natural death in 21 days following the death of the host. They are killed very promptly if placed in brine under conditions which will permit the rapid penetration of salt, but in practice, owing to variations in the rapidity of the penetration of salt into meat, this is not taken into consideration and pickled beef from affected cattle is considered free from viable *cysticerci* only after the expiration of three weeks following slaughter. Many pathogenic bacteria die in brine of this concentration, but the salt must be looked upon as an antiseptic rather than a germicide; that is, it prevents growth rather than kills the bacteria that are present. From a sanitary standpoint there is some, though slight, danger of conveying infection in foods that have been improperly salted or pickled. Attention is called to the fact that the first cases of botulism studied by van Ermengem were caused by ham kept in brine under conditions favoring anaërobic growth.

Decomposition may also be arrested by the use of syrups, which have an entirely similar action to that of salt, vinegar, or weak acids; that is, a strong solution of sugar will prevent growth, but cannot be depended upon to kill parasites. However, most pathogens die under such conditions in the course of time. As most preserved foodstuffs are cooked before eaten, there is small danger in articles prepared by these processes.

**Jellies and Preserves.**—By preserving is commonly understood the addition of a large amount of sugar. The principal preserves are jellies, marmalades, jams, and fruit butters. These substances are entirely free from the danger of conveying infection, not only on account of the antiseptic action of the sugar, but for the further reason that they are always cooked in preparation. Jellies are frequently adulter-

ated by the substitution of apple stock. Apples contain a large number of pectase bodies which favor jellification. Pectase bodies are carbohydrates ( $C_6H_{10}O_5$ )<sup>x</sup> similar in construction to cellulose. When pectase bodies are boiled with an acid, they are hydrolyzed to pectin bodies which take the jell form on cooling. If boiled too long, complete hydrolysis takes place and the pectin bodies are converted into glucose and glycosuric acid.

A common method of manufacturing jelly for the trade has been to use a stock of apple juice or cider, or a preparation made from the cores, skins, and rejected portions of the apple at evaporating factories, or from whole rejected apples. This stock is used as a common base for the manufacture of jellies of different kinds. Apple juice used as a substitute for other fruit juices in the making of preserves is a common fraud and an adulteration, according to the Food and Drugs Act, unless plainly stated upon the label. Phosphoric acids and other acids are added to jellies to enable jellification to take place with the use of less fruit and more water. Jellies are also adulterated with artificial coloring matter, particularly the coal-tar dyes. Artificial flavors which closely resemble the particular flavor desired are sometimes employed. The chemical preservatives most frequently added to jellies and preserved fruits are salicylic acid, benzoic acid, or benzoate of soda.

**Smoking.**—The smoking of fish, beef, hams, and other food products consist mainly in rapid drying plus the germicidal action of certain substances in the smoke.<sup>65</sup> The meat or fish is exposed to the smoke of a smoldering wood fire of oak, maple, or hickory, usually after a preliminary salting. The articles so exposed become dry and impregnated with pyroligneous products—acetic acid and creosote, formaldehyde, and other germicidal substances. The penetration is only partial.

An artificial or quick method of smoking meat is to brush the pieces or dip them in pyrolignic acid at definite intervals, and finally dry in the air. The effects of the smoking do not penetrate very far; therefore, in sausages of generous diameter putrefaction often occurs in the interior. Smoked sausage may, therefore, be dangerous, as far as various parasites and the products of decomposition are concerned, and the same is true of smoked ham and other meats exposed in large pieces. As smoked meats are often eaten raw, the occasional survival of parasites in such products has some sanitary significance.

**Canning.**—The process of canning is practically synonymous with sterilization and is, therefore, one of the best sanitary safeguards we have against parasites and the injurious products of putrefaction in foodstuffs. The process of canning was discovered by the confectioner,

<sup>65</sup> The process was probably accidentally discovered in connection with crude attempts to use artificial heat for drying purposes.

M. Appert, of Paris, in 1804-1809, long before the days of bacteriology.<sup>66</sup> Appert found that meats and other foods in sealed vessels would usually keep indefinitely if, after being sealed, they were kept for an hour in boiling water. He improved the process in 1810 by introducing a method of sealing the cans after the heating process had driven out the air and replaced it with steam, so that when cool a vacuum is formed. For all practical purposes this is the universal method of canning to-day.

In recent years, the method of fractional sterilization has been used especially in home canning processes. In this method the cans are given a second, and even a third heating after intervals of 24 hours, in order to permit the germination of spores.

Spoilage may result from insufficient processing, defective containers, or the use of unfit material. These losses are generally classed under the heads of *swells*, *flat sours*, and *leaks*. The ends of a swelled can bulge, and when opened there is evidence of gaseous fermentation and spoilage. "Flat sour" is a term applied to the acid decomposition without the formation of gas. "Leaks" are usually due to imperfect covers or to pin holes.

If we analyze the different factors responsible for the spoilage of canned fruits and vegetables, we will find that the most important are: (1) use of unfit raw material; (2) use of unfit cans and glass jars; (3) carelessness in the matter of cleanliness; (4) overfilling of the cans; (5) carelessness in sealing the cans; (6) imperfect methods of processing. No can that shows evidence of spoilage should be used as food.

Emphasis has always been placed upon the necessity of a vacuum for the proper preservation of canned foods. Bacteriologists, however, have shown that sterile foods may be kept indefinitely either in the presence or absence of air. *Sterility*, then, is the great desideratum, both from the sanitary and economic standpoints. The time and temperature of processing varies with the food and its condition as to freshness and cleanliness. Allowing foods to stand before processing permits resisting molds and spores to form and renders sterilization unnecessarily difficult.

There is also a prevalent notion that once opened, the contents of the can should be emptied into some other vessel. It is generally believed that food kept in an open tin can acquires injurious properties.

<sup>66</sup>Nicholas Appert, in France, first preserved food in glass jars by sealing them hermetically and heating, in 1804. He published "The Art of Preserving Animal and Vegetable Substances" in 1810. In 1810 Peter Durand obtained a patent in England for preserving fruits, vegetables and fish by hermetically sealing them in *tin* and glass cans. In 1820 William Underwood and Charles Mitchell, emigrant employees from a canning factory in England, opened a factory in Boston where they canned plums, quinces, cranberries and currants. Glass was used exclusively until 1825, when Thomas Kensett secured a patent for use of *tin* cans and commenced to use them in his factory.



This is a fable, like the souring of milk due to a thunderstorm. On the other hand, canned food may become contaminated or infected after opening, and the same care as to cleanliness and refrigeration is necessary as with fresh food or with cooked food.

The process of canning fortunately does not interfere seriously with most vitamins. It is now well known that these "unknown dietary factors" are for the most part not destroyed by heat in an acid medium; practically all our foodstuffs have an acid reaction. McCollum and Davis<sup>67</sup> have pointed out that wheat germ can be moistened and heated in an autoclave at fifteen pounds pressure for an hour or more without any extensive destruction of the "water-soluble B." and McCollum, Simmonds and Pitz<sup>68</sup> have subjected soaked navy beans to similar treatment without causing any great deterioration with respect to this dietary factor. This treatment is comparable to that to which fruits and vegetables are subjected when processed in canning, and shows that the widespread belief that canned foods have lost these dietary essentials is, at least, generally without foundation.<sup>69</sup> Hess has shown that canned tomatoes retain their antiscorbutic properties. Condensed and evaporated milk retain their "fat-soluble A" and antineuritic vitamins. The antiscorbutic vitamin is the most susceptible to heat and is injured or destroyed in many cooked or canned foods. (Effect of heat on vitamins, page 672.)

The objection is sometimes raised that the contents of the can are improperly sterilized and that the surviving spores germinate at the first opportunity and cause decomposition. Fortunately, an improperly sterilized can of food tells its own story, and the gaseous products of putrefaction may even burst the tin or leave the food in such condition that when the can is opened it would be so offensive to the sense of smell that no one would use it.

The process of canning fortunately does away with the necessity of using chemical preservatives of any kind. The proper authorities should be authorized to prohibit the canning of foodstuffs that have already undergone perceptible decomposition, or, if not injurious to health, they should be labeled "second quality." The law should require that the quantity contained within the can and the date on which it was put up as well as the amount should be stamped in the tin. This phase of the question is perhaps more of economic than of hygienic importance, but will be required in time as surely as the present law now requires honest labeling in other particulars.

Before meats are canned they are first parboiled for eight to twenty minutes, in order to secure the shrinkage before the meat is placed in

<sup>67</sup> *Journ. Biol. Chem.*, 1915, 247.

<sup>68</sup> *Ibid.*, 1917, 521.

<sup>69</sup> McCollum: "The Newer Knowledge of Nutrition," Macmillan Co., 1918.

the can. In the parboiling there is a certain loss of fat, soluble mineral matter, meat bases, and water. However, the shrinking of the meat concentrates it, as far as nutritive value is concerned, and, therefore, compensates for the loss. The parboiled meat is then placed in the tin and a small quantity of the soup liquor added. The cans are closed and then placed in autoclaves and subjected to steam under pressure. Usually a small hole is left in the can in order to permit the exit of air and gases. This is sealed off at once after heating. The cans are then subjected to a second heating at 225° to 250° F. from one to two hours. A modified process consists in placing the cans upon an endless conveyor which exposes the can to a high temperature in an oil bath a sufficient length of time to sterilize the contents at one exposure.

In Germany tuberculous and trichinous meat is sterilized and sold as second quality meat in accordance with the third class or "*freibank*" meat system. There is no known sanitary objection to this practice, provided the sterilization is complete and the label represents the true nature of the product. This practice has recently been recognized under our meat Inspection Service of the U. S. Bureau of Animal Industry.

Canned foods are sterile foods and, therefore, generally safe. Fresh foods, of course, are to be preferred to those that have been preserved, although many unsterilized foods are more dangerous in the fresh state than after they have been exposed to a high temperature. The process of canning has proved of inestimable benefit to mankind. It enables nourishing food of a perishable character to be kept and transported to great distances and to be used in localities where fresh foods are unobtainable. Without this method of preserving foods the pioneer and the explorer would be seriously handicapped. Large army and navy maneuvers would be materially impeded, and great metropolitan cities would be impossible. Wiley states that "the winning of the West has been marked by the *débris* of the rusty can."

Canned foods are not only safe, but are quite as nutritious as the original articles. The process permits us to have a well-balanced ration throughout the year—irrespective of season. The canning industry is growing to enormous proportions, and, on account of the great importance of the process, the character and quality of foods thus preserved should be wholly above suspicion, and no adulteration or sophistication of any kind permitted. Every can should be plainly stamped with the quantity and true nature of its contents and also the date when it was first sterilized.

Concerning the character of the container Wiley states: "Much in the direction of securing a better product may be accomplished by a more careful selection of the container. The common method of preserving canned goods is in tin. This material, as is well known, is placed

on the surface of sheet iron and should be free of other metals. Lead especially should be excluded from the composition of the tin as far as possible. In spite of all these precautions, however, the coating of the tin is sometimes broken, so that the iron itself may be attacked, perforations result, and the package of goods be spoiled. More frequently, however, the erosion of the tin plate occurs over widely extended areas, introducing into the contents of the package a considerable quantity of tin salts. This may be prevented to a certain degree by coating the surface of the tin with a gum or varnish which is not acted upon by the contents of the package. Glass is also coming into more general use, and if it could be secured of a character to avoid breakage it would be possible to replace to a considerable extent the tin packages now in such common use, and thus prevent the introduction of soluble tin salts into food. In this case the glass itself should be free of lead, borax, and fluorids."

Practically all foods canned in the ordinary way contain some tin. The amount varies with the acidity, and also the age and temperature of the package. Meat extracts, on account of their acidity, take up more tin than do most other meat products. For the same reason, certain fruits and vegetables, such as canned peaches, cherries, pears, apricots, pineapple, tomatoes, asparagus and tomato soup take up tin from the can. Canned lobster and shrimp are relatively active as solvents of tin on account of the amino-acids they contain.

Fortunately, tin is not very toxic. Cushny states that chronic poisoning from tin is unknown, and that animals present no symptoms when subjected to prolonged treatment with larger quantities of tin than are contained in any preserved foods. Schryver found no indications of cumulative action when as much as 2 grains per day is taken. There is a general agreement that tin plays no part of importance in connection with food poisoning, acute or chronic.

All told, canned foods are the safest foods that come to our table.

**Chemical Preservatives.**—Chemical preservatives are nothing more nor less than antiseptic substances; that is, substances which restrain the growth and development of bacteria and molds. Chemical preservatives in the proportions commonly used may have little or no germicidal action. Such substances as sugar, salt, vinegar, vinegar extract of spices, and the pyroligneous products in wood-smoke are not regarded as "chemical" preservatives, but as "natural" preservatives or condimental substances, although their mode of action is precisely the same as the chemical preservatives. There is a great prejudice against the use of any preservative for our foods if this preservative is a "chemical" or "drug," whereas no objection is raised to the same substance if derived from "natural" sources. Thus, foods exposed to a smoldering wood-fire become impregnated with pyroligneous acid, which includes creosote, acetic acid, and probably formaldehyd and other substances having anti-

septic properties. This method of food preservation is not only countenanced by the law, but is favored on account of the savory result and the antiquity of this "natural" process.

The great increase in the use of chemical preservatives in foods during the last fifty years is owing to the fact that this is the cheapest and surest method of preservation, thus offering a convenient method of supplying the needs of large communities as well as remote places. The question, however, has an economic side that cannot be disregarded. Here, however, we must confine ourselves to the health aspect of the problem. Fortunately we possess two efficient and wholly unobjectionable processes for the preservation of food, viz., refrigeration and sterilization by heat, which for the most part make it unnecessary to resort to the use of chemical preservatives. One of the most objectionable uses that can be made of chemical preservatives or any other method of food preservation is to conserve foods which are so decayed as to be unfit or possibly injurious to health if used fresh. The law cannot be too strictly enforced in order to prohibit the use of chemical preservatives and condiments used to disguise such foods, which may then be sold at high prices as first quality.

Upon general principles it is undesirable to add a chemical substance of whatever nature to food for the purpose of preserving, coloring, or improving its appearance, and in most countries this practice is prohibited by law. There are, however, a few instances in which the addition of some chemical preservatives in minimal amount seems harmless, and occasionally even desirable, as, for example, small quantities of benzoate of soda in catsup; a thin film of gum benzoin as a protective coating for chocolate, etc.

No sweeping generalization can be made concerning all chemical preservatives. Each substance must be considered for itself, and each substance must further be considered in relation to the particular foodstuff for which it is proposed. It may, however, be stated as a general rule that any chemical which is poisonous in large amounts should be considered as poisonous in small amounts until the contrary is proved. In other words, the consumer is entitled to the benefit of the doubt. The toxicology of various food preservatives is in its infancy and frequently presents a very difficult and complex problem. Thus, lead in one large dose is not particularly harmful. The older practitioners frequently gave twenty, thirty, and more grains of sugar of lead (acetate of lead) for diarrheal affections. Only a minute portion of the lead taken in one large dose is absorbed; the rest is quickly eliminated. However, if the same amount of lead should be taken in small subdivided daily doses, enough would be absorbed and retained by the tissues so that serious chronic lead intoxication would develop, resulting from the cumulative action. On the other hand, hydrocyanic acid, one of

the most poisonous chemicals known, is harmless in small amounts, for the reason that when introduced into the body it meets the available sulphur ( $\text{H}_2\text{S}$ ), with which it unites to form a sulphocyanid, as  $\text{KSCN}$ . The potassium sulphocyanid is not poisonous, and it has been shown experimentally that animals are able to withstand larger quantities of hydrocyanic acid by first giving them substances which increase the available amount of sulphur to form this chemical combination. Benzoic acid in large amounts is irritating and produces well-defined symptoms of poisoning; small amounts of benzoic acid are paired in the liver and eliminated by the kidneys as hippuric acid, a normal and harmless constituent of the urine. Hydrochloric acid, common salt, and possibly acetic acid and alcohol are all poisonous in large amounts, but they may be regarded as harmless if the amounts taken are sufficiently small. Even common salt in sufficient concentration is poisonous, and this affords a favorite method of suicide in China.

The point at issue now is to determine which of the chemical substances are injurious to health. In the present transitional state of our knowledge it is not possible to make a final statement concerning all or perhaps any one of them. It is well known that the most serious poisons may be taken in minute amounts without apparent injury. In fact, many medicinal substances in the pharmacopeia are very poisonous, but in therapeutic doses may be quite beneficial. The effect of the continued use of chemical substances in small amounts will require long and patient observation to determine whether or not they should be permitted as food preservatives. Of all the substances so far brought forward, the least harmful is benzoic acid and benzoate of soda. Hydrochloric acid, sodium chlorid, and possibly acetic acid, as well as benzoic acid and alcohol, are poisonous in large amounts, but seem to be harmless if the amounts taken are sufficiently small. There can, however, be no defense for the use of formaldehyd, salicylic acid, sulphites, and a host of other chemicals. So far as we know, the human organism possesses no natural mechanism for rendering them harmless.

There can be no defense for the use of chemical preservatives to hide inferiority. This is well illustrated in the case of bleached flour. The only purpose of the bleaching is to make the flour from a dark wheat look as white as the best patent flour. It was recently discovered that this "artificial aging" of flour may be accomplished by adding nitrogen peroxid. The flour absorbs this poisonous gas as a sponge absorbs water and instantly becomes white. Processes of this kind should be regarded as a common fraud, for the flour is not improved in any way except in appearance, which is, after all, a deception. The silly process of modifying the natural colors of food is illustrated in the use of copper sulphate to give peas a bright green hue, and the use of anilin dyes in glucose, jellies, fruit juices, ices, and other substances to imitate the

color of natural flavoring extracts. "Natural" colors, such as caramel and vegetable substances, are also frequently used. The substitution of cheap chemicals for high-priced natural flavoring extracts, the substitution of acetic acid or even mineral acids for genuine vinegar, the substitution of saccharin for sugar, the paraffin polishing of rice, and similar devices are nothing but common frauds, which may in some cases also be injurious to health.

*Benzoic Acid and Benzoate of Soda.*—Benzoic acid is an organic acid contained largely (12 to 20 per cent.) in gum benzoin, and also in balsam of Peru and balsam of Tolu. It is obtained from gum benzoin, from the urine of herbivorous animals, and artificially from toluene, by treating it with chlorin and heating with water to 150° C.

The storm center of the question of chemical preservatives in this country has raged about the use of sodium benzoate. Wiley conducted experiments upon a number of healthy individuals known as the "poison squad." These men were given rather large quantities of sodium benzoate with their meals and the result seemed to be an impairment of the appetite, disturbance of digestion, and other injurious effects in certain instances. On the other hand, the Referee Board appointed by President Roosevelt and consisting of Remsen, Chittenden, Long, Taylor, and Herter found that moderate quantities over a period of four months have no appreciable influence upon health.

The reason why benzoic acid in moderate amounts is believed to be harmless is that the body possesses a special mechanism for taking care of this substance. Many of our ordinary foods contain substances which are transformed in the body into benzoic acid. Some foods, such as cranberries, contain this acid in notable amounts. Benzoic acid meets glycocoll (one of the decomposition products of protein) in the liver. Benzoic acid and glycocoll form hippuric acid, a normal and harmless constituent of the urine. We know, therefore, that the human organism is prepared to take care of and render harmless a certain amount of benzoic acid; we know that this mechanism is a very efficient one and is capable of taking care of relatively large amounts of benzoic acid.

There can be no serious objection from the standpoint of health to the addition of 0.1 per cent. of sodium benzoate to catsup, on account of the small quantity of this article consumed at any one time. Further, on account of the long time a bottle of catsup is usually kept after it is opened in the household, there is, thus, the added economic gain of preserving the catsup until it is all consumed. The same object may be obtained by the use of a sufficiently strong vinegar extract of spices, but the question may be asked whether the aromatic and preserving substances in the vinegar extract of spices may not be more irritating than the sodium benzoate.

Hoffman and Evans<sup>70</sup> have shown that ginger, black pepper, and cayenne pepper fail to prevent the growth of microorganisms. Nutmeg and allspice have slight antiseptic properties, but only for a very few days. Cinnamon, cloves, and mustard, on the other hand, have very marked antiseptic powers and are valuable preservatives. The active antiseptic constituents of mustard, cinnamon, and cloves are the aromatic or essential oils which they contain.

No one would advocate the promiscuous use of sodium benzoate in foodstuffs generally. Its use in such foods as cider or tomato soup may be questioned on account of the amounts that would be taken in such articles. Further, benzoate of soda placed in an acid medium becomes benzoic acid. It is difficult to know where to draw the line, and the consumer must be given the benefit of the doubt, but the evidence seems fairly well established that in the case of benzoate of soda small amounts are harmless.

The question has a large economic significance in addition to its sanitary aspect, for it is claimed that benzoates as well as other chemical preservatives permit the use of rotten tomatoes, skins, and undesirable food which otherwise could not readily be preserved. Benzoate of soda is a rather feeble germicide at best, and in such dilute proportions as 0.1 per cent. has feeble antiseptic power.

*Borax and Boric Acid.*—Both boric acid and borax are only mild antiseptics. They are not very potent germicides. They are generally used together, for the reason that the combination of the two is more efficient than either one alone. Locally boric acid is not very irritating, and for this reason it has been extensively used in surgical practice. To some skins, however, it is very irritating, and cases are reported of its absorption from wounds and cavities when used too freely, causing depression and eruptions, such as erythema and urticaria. Fatal results have been reported in a few cases from injecting the solution into abscess sacs, or from washing out the stomach with it; or from taking a very large amount by mouth.<sup>71</sup>

Boric acid and borax are used for preserving meats, milk, butter, oysters, clams, fish, sausage, and other foods. For meat it is often mixed with salicylic acid and applied externally. For milk it was a common practice to add to one quart of milk 10 grains of a mixture of equal parts of borax and boric acid; for butter the amount used is about one-tenth of an ounce to the pound.

The effect of small amounts of boric acid and borax upon healthy human beings has been extensively studied and has resulted in conflicting testimony.

<sup>70</sup>*Journal of Industrial and Engineering Chemistry*, Nov., 1911, p. 835.

<sup>71</sup>*J. A. M. A.*, Feb. 5, 1921, LXXVI, p. 378.

On one hand we have the researches of Chittenden<sup>72</sup> and Liebreich<sup>73</sup> with dogs fed upon articles containing borax and boric acid. To say the least, in both series the digestion of the food was not notably impaired and the animals gained in weight. The same result followed the experiment made by Liebreich upon rabbits and guinea-pigs. No injury appears to have followed the administration of boric acid to pigs, calves, and children by the British Commission.<sup>74</sup> Tunnicliffe<sup>75</sup> made experiments from which he inferred that neither borax nor boric acid affected the health of the children experimented on. Vaughan and Veenboer<sup>76</sup> conclude that in the small amounts required for preserving cream and butter, and that used as an external dust on hams and bacon, both boric acid and borax are unobjectionable from a sanitary standpoint.

On the other hand, the experiments made by H. E. Annette<sup>77</sup> led him to an opposite conclusion. He found boric acid injurious to kittens, and naturally assumed that the use of milk containing it might be hurtful to young infants. Foster and Schlenker<sup>78</sup> found that albumin digestion was impaired by boric acid, which also produced increased desquamation of the intestinal epithelium. Doane and Price<sup>79</sup> made experiments on calves which indicate that borax and boric acid in milk retard digestion to a slight extent.

As these substances are not normal constituents of the body, nor are they normal constituents of foods, the conservative course would be to avoid their use until satisfactory evidence has been adduced that they are free from harm in the amounts commonly used for preserving food.

*Formaldehyd.*—Formaldehyd has been and still is used extensively as a preservative for milk and other articles of food. Concentrated solutions of formaldehyd in large quantities is irritating, and death in isolated instances has been reported from the swallowing of amounts of from 1 to 3 ounces. There has been much discussion as to the effect of the small quantities ordinarily used as a food preservative. Bliss and Novy<sup>80</sup> and Halliburton<sup>81</sup> have shown conclusively that small quantities of formaldehyd greatly delay the digestion of proteins by the gastric and pancreatic juices, the digestion of starch by the pancreatic juice, and the curdling of milk by rennet. It is also known that some individuals are especially susceptible to the effect of formalin, small quantities in the

<sup>72</sup> *American Jour. of Physiology*, 1898.

<sup>73</sup> *Vierteljahresschrift für gericht. Med.*, 1909; also *Lancet*, Jan. 6, 1900.

<sup>74</sup> *Vierteljahresschrift für gericht. Med.*, 1901.

<sup>75</sup> *Journal of Hygiene*, 1901.

<sup>76</sup> *American Medicine*, March 13, 1902.

<sup>77</sup> *Lancet*, Nov. 11, 1899.

<sup>78</sup> Quoted in report of Kober on "Milk Preservatives," U. S. Senate Commission, 1902.

<sup>79</sup> *Bulletin No. 86*, Maryland Agricultural Experiment Station, Sept., 1902.

<sup>80</sup> *Jour. of Exp. Medicine*, 1899, Vol. IV, p. 47.

<sup>81</sup> *British Medical Jour.*, 1900, Vol. II, p. 1.



food causing dyspepsia and other disturbances of digestion. Formaldehyd unites directly with protein matter to form new compounds of an undetermined nature. Thus, formaldehyd added to egg albumin prevents its coagulation by heat, and added to gelatin prevents liquefaction. It hardens tissues, so that it will render fish and meat tough and brittle, even in proportions as dilute as 1 to 5,000, hence it is not generally applicable as a food preservative. In small amounts it delays decomposition; in large amounts it is an active germicide. Its use in milk was recently advocated by no less an authority than von Behring, but this view met with almost unanimous protest.

There can be only one opinion concerning the use of formaldehyd in foods, and that is absolute condemnation of the practice. It is prohibited by the statutes of practically all nations having pure food laws.

*Salicylic Acid.*—Individuals differ greatly in their susceptibility to salicylic acid. In mild cases of poisoning with this substance there is a feeling of fullness in the head with roaring sounds in the ears, dimness of vision, profuse perspiration, confusion, and dullness. Large doses of the acid cause intense irritation of the throat and stomach, leading to vomiting and difficulty in swallowing. Later there may be diarrhea. Eczema and other skin eruptions may appear, and dimness of vision and deafness may continue for some time. The long-continued use of salicylic acid and its salts has led to a form of chronic poisoning in which the chief symptoms have been loss of appetite, diarrhea alternating with constipation, irritation of the kidneys, skin eruptions, and mental depression. Such results are said to have followed the use of articles of diet preserved with salicylic acid. The use of such foods may be objectionable in the case of aged, feeble, and susceptible persons. Salicylic acid and the salicylates are more efficient antiseptics than boric acid or borax, but they are not used extensively on account of the taste, or rather the tendency to cause unpleasant flavors. They are for the most part used in jams, fruit juices, soda water syrups, cider, wines, and other sweet preparations. The objection to the use of salicylic acid in food is practically unanimous and well founded.

*Sodium Nitrate.*—Sodium nitrate or potassium nitrate (saltpeter) is not used as a preservative, but as an indirect coloring matter. It retains and accentuates the red color of meat. It is not known to be harmful in the small quantities in which it is commonly employed, but must be regarded as a fraud when used to make stale meat look fresh.

*Potassium Permanganate* is also used on the surface of meat to destroy the surface evidence of decomposition. This may be detected by heating a knife in hot water, plunging it into the meat, and withdrawing it quickly. This brings out the hidden odors of putrefactive changes.

*Sodium Fluorid.*—Sodium fluorid has been extensively used as a preservative, antiseptic, and insecticide. It has considerable antiseptic power, putrefaction being delayed by the addition of 1 part to 500; and 1 in 200 arrests completely the growth of bacteria. It is highly poisonous to nearly all the lower forms of life, especially to microörganisms, including algae. It does not coagulate protoplasm but acts as a general protoplasmic poison. For mammals, sodium fluorid is not a very toxic substance, the fatal dose by the mouth being 0.5 gram per kilogram of body weight, and subcutaneously 0.15 gram per kilogram of body weight. The fluorids on administration are deposited in the bones, which usually become white and brittle, and contain crystals of calcium fluorid. It is well to call attention to the fact that fluorin, in very small traces, is a normal constituent of bone, teeth, milk, eggs, etc. In large amounts and concentrated, it is directly irritating to the mucous membrane and produces vomiting, diarrhea, and abdominal pains. Death of a ten-year-old girl has been caused by the ingestion of one teaspoonful in a little water, given in mistake for Rochelle salt.<sup>82</sup> Baldwin<sup>83</sup> reports a number of cases of sickness and death resulting from the accidental ingestion of sodium fluorid, usually taken in mistake for baking powder. Recovery from non-fatal doses is usually rapid and complete. There is no evidence that small quantities ingested daily for a long period of time are harmful.

Sodium fluorid forms the basis of most roach powders which contain from 16 to 47 per cent. of the fluorid finely ground up and intimately mixed with the bait. It is fatal to roaches when so ingested.

*Hydrofluoric Acid.*—Schultz<sup>84</sup> exposed cats for four days to concentrated fumes of hydrofluoric acid without serious effects. The air was so impregnated that glass held at some distance from the source was etched. Hydrofluoric acid is much used in breweries for disinfecting vats and tanks. It is a powerful germicide.

*Sulphites.*—Sulphites act as antiseptics and also preserve the red color of meats. Sodium sulphite and bisulphite and sulphurous acid are used principally upon fresh meats, where they act as a preservative and as a retainer of color. Sulphur dioxid is also much employed for the bleaching of fruits. Sulphites, even in minute amounts, interfere with the action of ferments, and thus influence digestion. Free sulphurous acid is very irritating. Sodium sulphite is very poisonous when injected subcutaneously or intravenously. Death occurs by paralysis of respiration. Much larger quantities are tolerated by the mouth, the sulphite being slowly absorbed. The greater part is converted to the harmless sulphate during and after absorption. The quantities ordinarily used in preserved food cause no immediate symptoms, even when con-

<sup>82</sup> Hickey, C. H.: *Mass. St. Board of Health Bull.*, Dec., 1911, Vol. VI, No. 12, p. 341.

<sup>83</sup> Baldwin, H.: *Jour. Am. Chem. Soc.*, 1899, Vol. XXI, p. 517.

<sup>84</sup> Schultz, K.: *Arch. f. Exp. Path.*, 1889.

tinued for several months. If, however, the animals are killed and examined, extensive hemorrhagic and inflammatory lesions are found in various organs.<sup>85</sup> These lesions are probably due to destruction of red blood cells or infarction. Harrington in 1904 also described nephritic changes. In 1898 the Imperial Board of Health in Germany forbade the use of sodium sulphite in food on account of its dangerous properties, and it is also forbidden by our Federal Pure Food Act of 1906.

*Sodium Bicarbonate.*—Sodium bicarbonate is too ineffective as a germicide for general use as a food preservative. It is sometimes added to milk in order to neutralize the excess of acid.

*Hydrogen Peroxid.*—Hydrogen peroxid is perhaps one of the least dangerous of the chemical preservatives, and is considered by some to exert no deleterious effect whatever in the quantities commonly used. It is used for the preservation of wine, beer, and fruit juices, and also in milk.

*Arsenic.*—Arsenic in food comes from a variety of sources. Glucose is apt to contain it, especially if impure acid is used to hydrolyze starch in the production of glucose. This was the source of the arsenic in the beer which caused the epidemic of peripheral neuritis in 1900 in England. Samples of the glucose contained from 0.01 to 0.1 per cent. of arsenic. The finished beer contained from 1 to 3 grains of arsenic per gallon. Arsenic may also contaminate certain anilin dyes as well as shellac,<sup>86</sup> which is now so much used as a coating for some kinds of cheap confectionery and bakers' goods, and also as a varnish on receptacles and containers of various kinds. Another source of arsenic in food is from insecticide sprays (page 279).

In England liquid food is considered adulterated if it contains as much as 0.01 grain of arsenic per gallon, and solid foods are considered deleterious if they contain as much as 0.01 grain per pound.

The use of preservatives containing lead, arsenic, or other substances known to be poisonous finds no advocates.

## THE PREPARATION OF FOOD

**Cooking.**—Cooking may be regarded as the greatest sanitary innovation ever introduced by man to protect himself against infection. The heat required for thorough cooking kills most microorganisms pathogenic for man and, therefore, renders food safe, so far as these dangers are concerned. The heat also kills the true bacterial toxins, which are destroyed in a few minutes at 70° C. Foods may sometimes contain heat-resisting poisons. Thus, boiling has no effect upon muscarin, a

<sup>85</sup> Kionka and Ebstein, 1902.

<sup>86</sup> Smith, B. H.: "The Arsenic Content of Shellac and the Contamination of Foods from This Source," *Cir. 91*, U. S. Dept. Agr., Bureau of Chemistry, Washington, 1912.

poison in certain toadstools. Heat also does not destroy a principle sometimes found in poisonous mussels. The colon bacillus and other microorganisms produce thermostable substances that are poisonous when injected into the lower animals, but the relation of these heat-resisting toxic substances to food poisoning in man is conjectural. It is highly improbable that foods contain heat-resisting poisons resulting from bacterial decomposition that are injurious when taken by the mouth.

Trichinae, according to some authorities, die at 65° C., but the Bureau of Animal Industry after repeated experiments places the thermal death point at a temperature of 55° C.; some writers state that cysticerci, or the larval stage of tapeworms, die at 52° C.; the non-sporulating bacteria are for the most part destroyed at 60° C. Food thoroughly cooked throughout will always reach these temperatures, but much meat and many vegetable food substances are preferred rare or underdone, and, while the outside of a large piece of meat may be thoroughly cooked or even charred, the interior may be practically raw or at least not have reached the temperature necessary to destroy parasites. A dish of spaghetti, charred on the outside, may not kill typhoid bacilli in the center of the mass (page 115).

Meat that is well cooked throughout always reaches from 60°-70° C. on the inside. It should be remembered that heat penetrates a large piece of meat slowly. For example, it requires 1½ hours in boiling water for the temperature to reach 62° C. in the interior of a piece of meat weighing 3½ pounds. Meat placed in a quick oven or broiled soon forms a hard, coagulated and insulated coating that retains the juices, but retards the penetration of the heat. See also page 695.

Cooking softens the connective tissue and renders meat more tender. The bundles of fibrillae are loosened from each other, the albumin is coagulated, the flavors are improved, and new flavors are developed, all of which enhance its digestibility.

Metchnikoff in his "new" hygiene dwells upon the great sanitary value of cooking. Perhaps no other single factor in preventive medicine protects us to an equal degree against infection. Metchnikoff believes that we should eat nothing in its raw state. This seem almost as extreme as the cult which proclaims the contrary. If for any reason cooking were to cease, there would be such a great increase of infections as to amount to a calamity.

One of the important functions in the preparation of food is to render it savory, tender, and appetizing. Foods that appear inviting aid digestion by stimulating the secretion and flow of the digestive juices. Foods that are rendered soft and tender are more readily digested, but it should not be forgotten that the teeth need exercise to keep them in good condition. Tough meats may be pounded to separate the connective tissue bundles, or may be chopped or minced as an arti-

ficial aid to mastication,\*or may be steeped for several hours in fresh milk or sour milk, in which case the fibers are softened through the action of the bacteria and their enzymes. In the case of vegetables, cooking breaks open and softens the cellulose envelopes and fibers; the starch grains swell and burst, and the insoluble starch is converted into soluble starch or dextrin.

Cooking has a few minor disadvantages—there is a loss of mineral salts, and some of the nutritive constituents, also a diminution in the antiscorbutic property of food generally.

Fermentation is of great use in the preparation of foods. The best example is the leavening of bread. The yeast ferments the carbohydrates in the flour with the production of carbon dioxide and alcohol. The carbon dioxide renders the bread porous; the gas is held within the loaf on account of the glutinous property of the protein (gluten) in the flour. Fermentation is an adjunct in the preparation of many other foods and beverages, such as cheese, sauerkraut, vinegar, beer, wine, cider, etc.

The observations of Becker, Grove, and others concerning the heat of cooking are practical and important in the preparation of food. Exposure to moist heat at 60° to 70° C. for a long time has the advantage of cooking foods thoroughly throughout. This treatment prevents burning or the results of overheating; the juices are retained. The process requires little or no attention. Meat is thereby rendered tender and juicy, vegetables thoroughly soft, and the starch grains are all opened. A modification of this method is found in the fireless cookers now offered for sale in various forms. These devices consist simply of a well-insulated box. The food is first heated, then placed in suitable compartments, and a temperature above 70° C. maintained for many hours.

Certain precautions are advisable in the choice of pots and pans used in cooking. Brass and copper are not advisable, and if used must be kept scrupulously clean. Copper acetate (verdigris) which sometimes forms in copper food containers, is greatly feared but is not very toxic. Acid foods should not be cooked in copper vessels, and milk and saccharin substances should not be kept in copper containers on account of the possibility of the organic acids dissolving the copper. Tin, nickel, and aluminum ware are least objectionable. Enameled ware is entirely satisfactory, provided it does not contain lead.

**Methods of Cooking.**—Much depends upon the method of cooking. The principal methods in ordinary use are: roasting, broiling, boiling, frying, and stewing.

*Roasting or broiling* causes considerable shrinking, due mainly to loss of water. The heat coagulates the exterior of the meat and thus prevents the further loss of juices and drying up. In order to obtain adequate heating of the meat throughout a large joint without burning

and drying the exterior, it is necessary to baste it from time to time with hot melted fat. This also helps to form a protective coating.

*In boiling* the meat is placed either in hot or cold water, depending upon the object desired. If it is desired to maintain the flavors within the mass, the meat should be plunged into boiling water. This quickly coagulates the albumins at the surface. If a rich broth is desired the meat should be placed in cold water and gradually heated. In this way the soluble proteins and extractives pass out into the surrounding water. The albumin of meat begins to coagulate at 134° F. (56° C.); the connective tissue is changed to gelatin and dissolved above 160° F. (72° C.). Long boiling makes meat fibers tough.

*Frying* consists in placing meat or other substances into very hot fat, lard, or vegetable oil. This causes a speedy coagulation of the surface similar in all respects to that brought about in the first mentioned process of boiling. The flavors and juices are thereby retained. If the fat is not very hot it will penetrate the tissues and cause the meat or other substance to become greasy and unpalatable. Fried substances are apt to be indigestible on account of the large amount of grease that adheres to and penetrates into them. It is, therefore, better to plunge food into deep fat, piping hot.

*In stewing* the meat is cut into small pieces and placed in cold water, which then is heated slowly to about 180° F. (84° C.), at which the whole is kept for several hours. If heated above 180° F. the meat becomes tough, stringy, unpalatable, and of diminished digestibility.

## CHAPTER II

### ANIMAL FOODS: MILK

The animal foods used by man are not of great variety and source. They include the flesh and various organs of the herbivorous animals, swine, domestic and wild fowl, eggs, fish, shellfish, insects and their products (honey), milk, and milk products. The flesh of carnivorous animals, except that of fish, is unpalatable and, therefore, undesirable as a food.

The most important animal foods from the standpoint of the sanitarian are milk and meat.

### MILK

Milk is our most important food. It is the best single food. The exceptional value of milk is due to the fact that it contains all the essentials of a balanced diet; it is rich in vitamins, the quality of its protein is especially high, the fat favors growth, and it has a high calcium content in readily usable form. Milk, furthermore, is palatable, readily digestible, and is subject to a great variety of modifications. Even at present prices, it is one of the cheapest of the standard articles of diet, and the most economical source of protein. Milk is a protective food, in that it guards against deficiency diseases when used in combination with other foodstuffs of either animal or vegetable origin.

"Those peoples who have employed the leaf of the plant as their sole protective food are characterized by small stature, relatively short span of life, high infant mortality, and by contended adherence to the employment of the simple mechanical inventions of their forefathers. The peoples who have made liberal use of milk as a food, have, in contrast, attained greater size, greater longevity, and have been much more successful in the rearing of their young. They have been more aggressive than the non-milk using peoples, and have achieved much greater advancement in literature, science and art. They have developed in a higher degree educational and political systems which offer the greatest opportunity for the individual to develop his powers. Such development has a physiological basis, and there seems every reason to believe that it is fundamentally related to nutrition."<sup>1</sup> (McCollum.)

<sup>1</sup> "The Newer Knowledge of Nutrition," The Macmillan Co., 1918.

The sanitarian therefore has every reason to encourage the use of milk, and to insist upon the supply being fresh, clean and safe. Children should drink a quart of milk a day, adults a pint.

The total milk production in the United States in 1919 was ten billion gallons. One-quarter of this is consumed as milk and the remaining three-quarters is used for butter and cheese. The average per capita consumption of milk in the United States is about 0.6 of a pint daily. More milk is used in the North than in the South; very little in the tropics, and practically none at all in China, Japan, and some other countries. About 16 per cent. of the average dietary in the United States consists of milk and milk products.

Milk has certain disadvantages that must be taken into account. As the sole article of diet for adults, it lacks iron<sup>2</sup> and roughage; it tends to produce constipation and because of its high protein content may lead to putrefactive changes in the intestines.

Milk is probably responsible for more sickness and deaths than perhaps all other foods combined. There are several reasons for this: (1) Milk conveys a greater variety of infections than any other food. Bacteria grow well in milk; therefore, a very slight infection may produce widespread and serious results; (2) of all foodstuffs milk is the most difficult to obtain, handle, transport, and deliver in a clean, fresh, and satisfactory condition; (3) it is the most readily decomposable of all our foods; (4) finally, milk is the only standard article of diet obtained from animal sources consumed in its raw state.

Fresh milk products may be quite as dangerous as the milk from which they are made. Milk laws which ignore milk products are incomplete from the sanitary side, and will fail to accomplish their purpose from the economic side.

Milk is a perfect food for the suckling. It is the best single food to promote growth and nutrition in growing children. It contains all the essential elements of a well balanced diet for the adult. As a sole article of diet, it lacks iron and roughage. At prevailing prices it is one of the cheapest of the standard articles of diet. Furthermore, it is readily digestible, and is capable of a great variety of modifications. The sanitarian therefore has every reason to encourage the use of pure milk, as well as to discourage the use of poor milk.

**Composition.**—Milk is the secretion of the mammary gland. In composition it is exceedingly complex, consisting chiefly of water; several proteins in colloidal suspension; fats in emulsion; sugar, and a number of inorganic salts in solution; also vitamins, phosphatids, enzymes, as

<sup>2</sup> Milk is deficient in iron. It has long been known that there is deposited in the spleen of the new-born animal a reserve supply of iron, which ordinarily suffices to tide it over the suckling period. Ordinary drinking water almost always contains small amounts of iron, and this doubtless aids in some degree in preventing iron starvation in the infant.



well as antibodies, cells, gases, and other substances. Milk from all species of animals shows a general agreement in physical properties and composition, containing essentially the same ingredients, but exhibiting differences in the relative amounts of the several constituents.

In the fresh state milk is a yellowish white, opaque fluid. Cow's milk has a specific gravity of 1.027 to 1.035; it freezes at a temperature somewhat lower than the freezing point of water ( $-0.554^{\circ}\text{C}.$ ); the electrical conductivity is  $43.8 \times 10^{-4}$  for cow's milk, and  $22.6 \times 10^{-4}$  for human milk. In other words, 58 per cent. of the molecules in cow's milk and 26 per cent. in human milk are dissociated. The specific heat of milk containing 3.17 per cent. of fat is 0.9457. The coefficient of expansion is greater than that of water. Milk shows no maximum of density above  $1^{\circ}\text{C}.$

Freshly drawn milk of carnivorous animals is, as a rule, acid in reaction. This is probably due to  $\text{CO}_2$  and acid phosphates. Human milk and that of most of the herbivora are slightly alkaline; cow's milk has been described as amphoteric. Fresh cow's milk is slightly acid to phenolphthalein; but strongly alkaline to methyl orange, indicating that the acidity is due in part to the acid phosphates. The pH values of fresh cow's milk range between 6.50 and 6.8; fresh mother's milk varies between 7.1 and 7.6.

Under the microscope milk is found to contain fat globules and cells, as well as bacteria, debris, and other objects.

The gases dissolved in milk<sup>3</sup> are oxygen, nitrogen, and carbon dioxide (3 to 4 per cent. by volume). Oxygen and nitrogen are carried into milk mechanically from the air in the process of milking. Other substances found in milk, but in small quantities, are lecithin, cholesterolin, citric acid, lactosin, orotic acid, and ammonia.

The composition of cow's milk may be understood from the schemes prepared by Lucius L. Van Slyke and S. M. Babcock, given on page 757.

Van Slyke and Bosworth<sup>4</sup> suggest the following as representing the principal constituents of milk more closely than previous statements. The amounts are based on milk of average composition:

	<i>Per Cent.</i>
Fat .....	3.90
Milk sugar .....	4.90
Proteins combined with calcium .....	3.20
Dicalcium phosphate ( $\text{CaHPO}_4$ ) .....	0.175
Calcium chlorid ( $\text{CaCl}_2$ ) .....	0.119
Monomagnesium phosphate ( $\text{MgH}_2\text{P}_2\text{O}_7$ ) .....	0.103
Sodium citrate ( $\text{Na}_3\text{C}_6\text{H}_5\text{O}_7$ ) .....	0.222
Potassium citrate ( $\text{K}_3\text{C}_6\text{H}_5\text{O}_7$ ) .....	0.052
Dipotassium phosphate ( $\text{K}_2\text{HPO}_4$ ) .....	0.230
Total solids .....	12.901

<sup>3</sup> When not otherwise specified in this section milk refers to cow's milk.

<sup>4</sup> *Jour. Biol. Chem.*, XX, 2, Feb., 1915.

Milk is the best source of calcium in the dietary, both on account of the quantity and the usable form in which it exists.

*Proteins.*—The three proteins constantly found in milk are casein, lactalbumin, and lactoglobulin. A trace of fibrin, mucin, and other proteins sometimes occurs.

The proteins in milk of a given species are quite constant both in composition and amount; it is, therefore, not necessary, as a rule, to make a special analysis for them. They may be estimated by subtracting the fat, sugar, and ash from the total solids.

*Casein* is a highly specialized protein found in the secretion of the milk glands of all mammals, but nowhere else in nature; it is a nuclealbumin, and as such contains phosphorus. Casein is a complete protein—that is, it contains all of the 17 or 18 amino-acids necessary to rebuild human protein. It is insoluble in water, but by virtue of its property as an acid it forms soluble salts with alkalis. There are two series of casein salts, basic and neutral; solutions of the latter have a milky appearance. In milk, casein is found dissolved in the form of a neutral calcium salt, which accounts in part for the white opalescent appearance of milk. Casein really exists in milk in the form of *caseinogen*, that is, casein in combination with calcium phosphate. The caseinogen is held in solution by the calcium phosphate. It is not coagulated by heat, but is precipitated by acids, for the reason that acids take the calcium from the calcium phosphate, and thus throw the casein out of solution as a curd. This flaky or lumpy precipitate is again soluble in limewater and dilute alkalis. Casein is also precipitated by rennin.

*Lactalbumin* is very similar to the serum albumin of the blood, but it appears to differ from this in some particulars. It coagulates by heating to 70° C., but not with dilute acids, and is precipitated by a saturated solution of ammonium sulphate, but, like all other albumins, is not precipitated in a neutral solution of sodium chlorid and magnesium sulphate. Lactalbumin contains sulphur but no phosphorus. It is present in amounts varying from 0.2 to 0.8 per cent., but is much more abundant in colostrum.

*Lactoglobulin* occurs in milk merely in traces, while colostrum is comparatively rich in this protein. It coagulates at 75° C., it is precipitated in the same way as serum-globulin, and, like serum-globulin, is insoluble in water, but is soluble to some extent in weak salt solution.

*Fat.*—The fat is suspended in the milk serum in the form of an emulsion. The droplets or globules vary in size. On the average they are smaller in milk from Holstein than from Jersey, Guernsey, or short-horned breeds. Under the microscope some of the fat globules seem to have an albuminous membrane, but this interpretation is questioned. The fat droplets are lighter than the milk serum, therefore they rise

Milk = 100.0	Water = 87.1		Fat	= 3.9	Gases { Carbon dioxide Nitrogen Oxygen
	Solids = 12.9				
	100.0		Solids not fat = 9.0	= 12.9	
			Nitrogen compounds = 3.2 { Casein = 2.5 Albumin, etc. = 0.7		
			Milk sugar = 5.1		
			Ash (salts) = 0.7		
			= 9.0		

## [Babcock]

Milk = 100.0		Butter fat = 3.6		Fat = 3.6		Total solids, 12.7
Olein.....		Glycerids of insoluble and nonvolatile acids.....3.3				
Palmitin.....						
Stearin.....						
Myristin.....						
Butin (trace).....						
Butyrolin.....						
Caproin.....		Glycerids of soluble and volatile acids..0.3				
Caprylin (trace).....		—				
Caprillin (trace).....		3.6				
Casein.....3.00						
Albumin.....0.60						
Lactoglobulin.....0.20		Containing nitrogen...3.8				
Galactin.....		3.80				
Fibrin (trace).....						
Milk sugar.....				Solids not fat... 9.1		
Citric acid.....				12.7		
Potassium oxid.....0.175						
Sodium oxid.....0.070						
Calcium oxid.....0.140						
Magnesium oxid.....0.017						
Iron oxid.....0.001				Ash.....0.7		
Sulphur trioxid.....0.027				9.1		
Phosphoric pentoxid...0.170						
Chlorin.....0.100						
Water.....		0.7				
						87.3
						100.0

on standing (gravity cream), or else they may readily be separated by centrifugal force (centrifugal cream). Cream, or top milk, does not consist of fat alone, but contains all the constituents of the milk; it is simply milk rich in fat. Upon shaking the fat globules gradually coalesce into larger drops and lumps to form butter.

The first milk drawn from the udder is commonly poor in fat. This is known as "fore" milk. The middle portion contains about the average percentage, and the last, known as "strippings," is always the richest in fat. The strippings may contain as much as 9 or 10 per cent.

Heat increases the viscosity of milk, and hence hinders the rising of the fat drops; 68° C. is the critical temperature; if heated above this point for any length of time the formation of the cream line is retarded or prevented. For this and other reasons the richness of milk, therefore, cannot always be judged by the depth of the cream layer.

Milk fat consists of a mixture of different neutral fats, the principal of which are olein, palmitin, and stearin. These are neutral triglycerids of the corresponding fatty acids. Besides these are found the triglycerids of myristic, butyric, and caprylic acids. The last two are volatile and give to butter its characteristic odor and flavor. Crowther and Hynd<sup>5</sup> state that the only acids present in more than minimal proportions are the unsaturated acid, oleic acid, and the eight saturated acids of the acetic series ( $C_4$  to  $C_{18}$ ), namely, butyric, caproic, caprylic, capric, lauric, myristic, palmitic and stearic acids. The composition of the fat is subject to variation, depending upon racial or individual peculiarities, also upon the character of the food and other conditions.

Milk fat is rich in "fat-soluble A." This vitamin promotes growth; its absence induces xerophthalmia and serious disturbances of nutrition. Osborne and Mendel<sup>5</sup> have shown that butter fat may have a blast of steam passed through it for two hours and still retain its peculiar growth-promoting properties. This observation is in harmony with those of McCollum and Davis, that heating butter fat to the temperature of boiling water does not affect its peculiar dietary value. It is apparent, therefore, that any conditions to which milk fats are liable to be subjected during the cooking of foods will not greatly alter its value as a source of "fat-soluble A." Evaporated and dried milk also retains the virtues of this vitamin.

It is now clear that milk fat has no superior in dietetic or nutritional value.

The percentage of butter fat in milk has long been one of the standards by which milk is tested. The richness of milk gauged by the amount of fat it contains is more of an economic than a sanitary question. Milk with a lower percentage of fat from Holstein cows is relatively just as nutritious a food as richer milk from Jersey and Guern-

<sup>5</sup> *Biochem. Journ.*, 1917, II, 139.

sey cows; even skimmed milk containing little or no fat is a valuable food. The problem is one of honest labeling and the marketing of various grades at prices corresponding to their nutritive contents. When the standard for butter fat in milk is relatively low, say 3.25 per cent., it is a temptation for dairy men to standardize or adjust. A high fat standard encourages the breeding of better cows; requires caution in their feeding and care, and puts a premium upon good dairy methods.

In normal milk the larger proportion of fat droplets agglutinate into tiny clusters or masses. At a temperature of 65° C. or above these clusters are broken up and the globules are more homogeneously distributed throughout the liquid. When milk is sprayed or atomized at a pressure of about 3,000 pounds at a temperature of about 75° C. the individual fat globules are broken up into fine particles, which remain as a uniform and permanent emulsion known as "homogenized milk." This process applied to cream increases its volume and viscosity, so that cream containing 20 per cent. butter fat appears to have the body and richness of a 30 per cent. cream.

Researches of Heubner, Keller, and Czerny show that the fats and not the proteins are the cause of much of the digestive disturbances in infants. When the fat is excessive in amount the infant at first seems to thrive, but sooner or later loses weight and appetite, and shows other symptoms, associated with stools composed largely of fat soaps and of a pale gray, hard, and dry constituency. The alkaline bases are so largely drawn upon from the body to saponify the excessive amount of fat in the intestines, that a condition resembling acidosis may appear; furthermore, fermentative changes take place in the intestines and the "catastrophe" ensues.

Fat is the most variable constituent in milk. The amount varies with different animals, and even in the same animal from time to time.

*Milk Sugar, or Lactose.*—Milk sugar, or lactose ( $C_{12}H_{22}O_{11}$ ), is peculiar to milk; it is found nowhere else in nature. Commercially, milk sugar is obtained from whey as hard rhombic crystals, which have a slightly sweet taste and are soluble in six parts of cold water. Lactose is readily acted upon by microorganisms and reduced to glucose and galactose; the glucose is further changed to lactic acid. This is the common cause of sour milk (see *The Fermentation of Milk*, page 769).

Lactose, like glucose, reduces Fehling's solution when heated; it is dextrorotary. When heated above the boiling point of water it changes to a brownish color as a result of the formation of lactocaramel.

The amount of lactose in milk of any given species is remarkably constant.

*Vitamins.*—Milk is rich in "fat-soluble A," "water-soluble B," and fresh milk has a moderate antiscorbutic property ("water-soluble C"). The first two resist heating, drying, and age, but the last named deteri-

orates in time, and is injured by heat and drying. It is therefore essential to give orange juice or other antiscorbutic to infants fed on cow's milk, especially if stale, heated or dried. See also page 685.

**Ferments or "Life" in Milk.**—Milk contains a large number of very active ferments or enzymes. These substances are the nearest approach to "life" that we know of in milk. Milk also possesses certain other properties common to blood and living tissues, but, while milk may properly be regarded as a vital fluid, it possesses none of the fundamental properties of life. In fact, milk begins to decay the moment it is drawn; oftentimes decomposition begins while the milk is still within the udder. It would, therefore, be more proper to regard milk as a dead fluid, in the same sense that shed blood is dead.

The ferments are believed to be important to the infant, and this importance has been emphasized especially since the introduction of pasteurization, for the reason that a high degree of heat destroys them. Some of the ferments in milk are normal constituents of that secretion, while others are produced by bacteria. Many tests have been devised to determine the kinds and activity of the ferments in milk. The tests most frequently and successfully used are those for catalases and reductases. The absence of certain ferments in milk indicates that it has been heated. The presence of certain ferments gives an indication of the age of the milk, and the number of bacteria it contains, and also helps to distinguish between fresh normal milk and pathologically changed milk. See Tests for Enzymes, page 808.

The enzymes in milk are the following:

**Galactase.**—Galactase is a proteolytic ferment, similar to trypsin. It was found by Babcock and Russell to be abundant in separator slime. Ordinarily galactase by itself acts too slowly to cause any material change in the proteins in the short intervals which elapse between the withdrawal of the milk from the animal and its consumption as food. Snyder claims that this enzyme probably assists digestion, in that when milk is used in a mixed diet the proteins have been found to be from 4 to 5 per cent. more digestible than when milk is omitted from the diet.

**Lactokinase.**—Hougardy has shown that milk contains a ferment or a kinase similar to enterokinase. Lactokinase has been found to accelerate the digestion of proteins by pancreatic juice. This property is destroyed by heating the milk at 73° to 75° C.

**Lipase.**—This fat-splitting ferment was found in milk by Marfan and Gillet. Human milk exhibits this property to a higher degree than cow's milk. The former has a lipolytic activity of from 20 to 30 on Harriot's scale, while cow's milk shows an activity of only 6 to 8. Lipase withstands cold, but is destroyed by heating to 65° C.; it is non-

dialyzable and is held back by a porcelain filter. It probably hydrolyzes the higher fats of milk, at least to some extent, and may possibly account for a small part of the acidity of some milk.

*Catalase*.—Milk contains no true oxidases or oxidizing ferments proper (Kastle). It decomposes hydrogen peroxid and has the power of effecting the oxidation of a considerable number of easily oxidizable substances in the presence of hydrogen peroxid or ozonized oil of turpentine. In other words, milk contains catalase and peroxidase. Catalase is widely distributed among animals and plants; in milk it is probably of bacterial origin. Jolles has pointed out that human milk decomposes five or six times as much hydrogen peroxid as cow's milk. Considerable importance has been attached to this difference, which has also been used to distinguish human milk from cow's milk. Little is known of the function of catalase. Hydrogen peroxid is probably formed in both animal and vegetable tissues during vital activities. The catalase would destroy it and thus prevent its accumulation in the cell, which otherwise would destroy its life.

*Peroxidase*.—Milk contains substances capable of inducing the oxidation of guaiacum and other readily oxidizable substances by means of hydrogen peroxid or ozonized oil of turpentine. These substances are known as peroxidases. The peroxidases are destroyed when milk is heated to 80° C. The color reactions for these ferments are a convenient test to determine whether milk has been heated beyond a certain temperature or not. The interpretation of this reaction must, however, be guarded, as Gillet and Kastle found that even normal fresh milks vary in the amount of peroxidases which they contain.

*Reductase*.—Raw milk possesses reducing properties; for example, it reduces Schardinger's reagent, which consists of a solution of methylene blue containing small amounts of formaldehyd. The reductases in milk are probably of bacterial origin. On account of the bacterial origin of both the catalases and reductases in milk, the detection of these enzymes has a sanitary significance.

*Diastase (Amylase)*.—Béchamp in 1882 isolated from milk a ferment which liquefies starch and converts it into sugar as readily as diastase. These observations have not been confirmed by other investigators (Mora, Van De Velde, and Landtsheer, or Kastle).

**Thermal Death Point of Milk Enzymes.**—The influence of temperature on the activity of milk enzymes is very much like enzymes from other sources. All of this great group of substances stand in such intimate and close relation to the vital activities of the cell that all those conditions and influences which tend to destroy the one tend also to destroy the other. All of the bacteria in milk cannot be destroyed without rendering the ferments in milk inactive: but the non-spore-bearing bacteria can be killed without appreciable harm to the ferments, for in

## ENZYMES IN MILK AND THEIR THERMAL DEATH POINTS \*

Galactase—Proteolytic ferment.....	70° for 10 minutes retards its action. 76° for 10 minutes destroys its digestive power. (Babcock and Russell.) Not weakened at 60° for one hour. (von Freudenreich.) Withstands 65° for half an hour. (Hippius.)
Lactokinase—Accelerates pancreatic digestion.....	Destroyed at 73° to 75° C. for half an hour. Enfeebled at 75° for 20 minutes. (Hongardy.)
Lipase—Fat-splitting ferment.....	Destroyed at 70° C. (Harrict.) Destroyed at 65° to 70° C. (Kastle and Loewenhardt.) Withstands 60° for one hour. (Hippius.)
Catalase—Decomposes H <sub>2</sub> O <sub>2</sub> , etc.....	?
Peroxidase—Oxidizes guaiacum, etc....	Destroyed at 79° C. (Marfan.) Destroyed at 76° C. (Hippius.)
Reductase—A reducing ferment.....	Existence is doubtful in Milk.
Diastase—Converts starch into sugar...	Probably does not exist in Milk. Diastase in saliva destroyed at 65° to 70° C.

\* Compiled from Kastle.

general the ferments have a higher thermal death point than such bacteria. The activity of ferments begins to be influenced at 60° C., and is seriously affected at 70° C.; at 80° C. they are destroyed. The non-spore-bearing bacteria are destroyed at 60° C. It is, therefore, possible to destroy all the serious infections in milk, so far as man is concerned, without influencing its "life," so far as the ferments are concerned. In fact, it has been shown that milk heated to 60° C. increases the activity of some of the ferments, notably the peroxidases.

**"Leukocytes" in Milk.**—A large number of cells are normally present in milk. These are not to be regarded as the result of inflammation, unless they have the characteristics of "pus" cells. Those found in normal milk are leukocytes and degenerated epithelial cells. The number of cells in milk is greatly increased in the presence of garget; toward the end of lactation; on approaching calving time; during periods of excitement, and various other factors. A leukocytic content of 500,000 or over to the cubic centimeter, especially in a mixed milk, is regarded by the Boston Board of Health as suggestive of some inflammatory condition of the udder, more particularly if associated with streptococci. Such milk is excluded until after satisfactory veterinary inspection of the herd.

Various methods have been proposed to count the number of cells in milk. See Microscopic Examination, page 797.



**The Excretion of Drugs in Milk.**—The following drugs taken by the mouth have been found in the milk of nursing women: aspirin, iodine, mercury (calomel), arsenous acid, potassium bromid, and probably also hexamethylenamin, salicylic acid, and salicylates, ether, antipyrin, bromids, and many others; the list is very long. It is probable that opium, all volatile oils, purgative salts, and rhubarb are excreted to a certain extent in the milk. It is well known how readily the flavor of cow's milk is affected by turnips, garlic, wild onions, moldy hay and grain, or damaged ensilage. Fermented distillery waste gives a bad flavor and may also cause the secretion of small quantities of alcohol in the milk. The importance of these facts is self-evident. Cows in pastures sometimes feed on poisonous weeds, and these poisons may pass into the milk. In the production of certified milk, cows are never allowed to graze, but are given carefully selected feed. Certain substances, as ensilage, when fed to cows, cause a laxative property to appear in the milk, and thus it is possible to affect the baby through the feed of the cow.

**The Differences between Cow's Milk and Woman's Milk.**—The table (page 764) from Rotch summarizes the principal points of differences between cow's milk and human milk.

The differences between these two milks are greater than the table indicates. While cow's milk may be modified to approximate woman's milk in composition, it can never be just the same or just as good for infants.

Cow's milk is more opaque than woman's milk, although the latter may contain a greater percentage of fat. This is due to the opacity of the calcium-casein, which is present in greater proportion in cow's milk. Cow's milk is faintly acid or amphoteric when freshly drawn, but ordinarily is distinctly acid in reaction when consumed. Woman's milk is amphoteric or alkaline.

There is three times as much protein in cow's milk as in woman's milk. The reason for this is obvious, when we recall that the ratio of the growth of the calf to that of the infant is about as two to one. Furthermore, the protein in cow's milk consists chiefly of casein (3.02 per cent.) and little lactalbumin (0.53 per cent.), while woman's milk contains 0.59 per cent. of casein and 1.23 per cent. lactalbumin. The sugar in the two milks varies greatly in amount, but not in kind. Cow's milk contains almost four times the amount of inorganic salts compared to woman's milk. Of more importance, the salts in cow's milk consist mainly of the calcium and magnesium, while those in woman's milk consist mainly of potassium and sodium bases. These differences have an important bearing upon infant metabolism. There is no great difference in the average amount of fat in the two milks; however, both in woman's milk and in cow's milk the fat is the most variable constituent.

## THE DIFFERENCES BETWEEN WOMAN'S MILK AND COW'S MILK

Woman's Milk Directly from the Breast	Cow's Milk, Freshly Milked
Reaction, amphoteric (more alkaline than acid)	Amphoteric (more acid than alkaline).
pH Values, 7.1 to 7.6.....	pH Values, 6.5 to 6.8.
Water, 87 to 88 per cent.....	86 to 87 per cent.
Mineral matter, 0.20 per cent.....	0.70 per cent.
Total solids, 13 to 12 per cent.....	14 to 13 per cent.
Fats, 4.00 per cent. (relatively poor in volatile glycerids).....	4.00 per cent. (relatively rich in volatile glycerids).
Milk sugar, 7.00 per cent.....	4.75 per cent.
Proteids, 1.50 per cent.....	3.50 per cent.
Caseinogen, $\frac{1}{3}$ to $\frac{1}{2}$ of the total proteids.....	2.66 per cent.
Whey-products, $\frac{2}{3}$ to $\frac{1}{2}$ of the total proteids....	0.84 per cent.
Coagulable proteids, small proportionately.....	Large proportionately.
Coagulation of proteids by acids and salts, with greater difficulty. Curds small and flocculent.	With less difficulty. Curds large and tenacious.
Coagulation of proteids by rennet, does not coagulate readily.....	Coagulates readily.
Action of gastric juice, proteids precipitated but easily dissolved in excess of the gastric juice.	Proteids precipitated but dissolved less readily.

The curd from cow's milk is usually tougher and in larger masses than that in woman's milk. There are also differences in the antibodies, ferments, etc.

**Milk Standards.**<sup>6</sup>—The word “standard” used in this connection is not intended to imply excellence, but simply to express the lowest possible limit that the law permits for a pure or normal milk. There are at least four standards by which milk should be judged: (1) *physical standards*; specific gravity, temperature, taste, odor, etc.; (2) *chemical standards*; especially the percentage of fat and total solids; (3) *bacteriological standards*; the number of bacteria per cubic centimeter and absence of pathogens; (4) *sanitary standards* determined by inspection. Standards have also been established for pasteurization, production, transportation and handling. All are necessary for the satisfactory control of a milk supply.

Cow's milk should not contain less than 8.5 per cent. of solids not fat, and not less than 3.25 per cent. of milk fat.<sup>7</sup>

It has been found an advantage to keep the butter-fat standard relatively high and the total solids at a minimum of 12 per cent. This allows 8.5 per cent. for solids not fat, such as the proteins, milk, sugar, and inorganic salts. A 3.25 per cent. butter-fat and a 12 per cent. total solids is the minimum that should be allowed.

<sup>6</sup>The subject is fully discussed in the Reports of the Commission on Milk Standards of the N. Y. Milk Committee, U. S. Public Health Reports, May 10, 1912, and Feb. 16, 1917.

<sup>7</sup>Recommendation of the Official Agricultural Chemists, and the Commission on Milk Standards, and adopted by the U. S. Department of Agriculture and a number of states and cities.

If the law recognizes a low standard for total solids, it permits manipulation of the milk, such, for example, as adding water. It also encourages the production of milk from inferior cows. High standards encourage good dairy methods, require good feed, and place a premium upon the better breeding of milch cows.

The determination of fats and total solids is used to detect skimming or watering; however, it is possible to skim milk or water it, within limits, without the possibility of detecting it through the fats and total solids.

If dependence is placed upon the total solids, mistakes may also occur. The total solids represent the proteins, fats, sugar, and inorganic

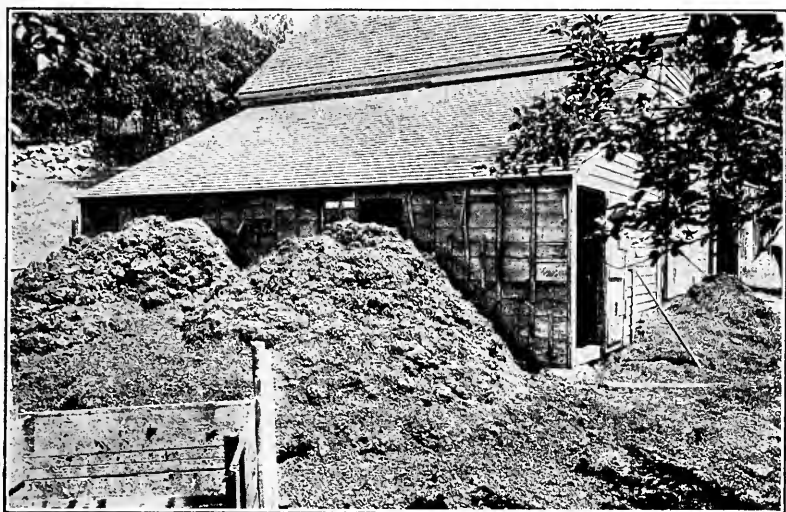


FIG. 77.—UNSANITARY SURROUNDINGS OF A COW BARN.

salts. They may readily be tampered with. Thus sugar may be added to replace the cream that is taken off.

Bacteriological standards usually adopted are: Certified milk, not more than 10,000 bacteria per cubic centimeter; grade A milk (raw) should not have more than 10,000 bacteria per cubic centimeter; grade A (pasteurized) should not have more than 200,000 before pasteurization and less than 10,000 after pasteurization; market milk (grade B) should have not more than 1,000,000 per cubic centimeter before pasteurization, and less than 50,000 per cubic centimeter after pasteurization, and should not contain *B. coli* in 1 cubic centimeter.

**Grades of Milk.**—Milk varies greatly in sanitary quality and in nutritive value. These differences are not obvious to our unaided senses. Milk should therefore be graded just as other commodities, such as wheat, beef, fruit, coal, etc., are graded.

The grades of milk recommended by the Commission on Milk Standards of the New York Milk Committee are:

#### GRADE A

*Raw Milk.*—Milk of this class shall come from cows free from disease as determined by tuberculin tests and physical examinations by a qualified veterinarian, and shall be produced and handled by employees free from disease as determined by medical inspection of a qualified physician, under sanitary conditions, such that the bacterial count shall not exceed 10,000 per cubic centimeter at the time of delivery to the consumer. It is recommended that dairies from which this supply is obtained shall score at least 80 on the United States Bureau of Animal Industry score card.

*Pasteurized Milk.*—Milk of this class shall come from cows free from disease as determined by physical examinations by a qualified veterinarian, and shall be produced and handled under sanitary conditions, such that the bacteria count at no time exceeds 200,000 per cubic centimeter. All milk of this class shall be pasteurized under official supervision, and the bacteria count shall not exceed 10,000 per cubic centimeter at the time of delivery to the consumer. It is recommended that dairies from which this supply is obtained shall score at least 65 on the United States Bureau of Animal Industry score card.

#### GRADE B

Milk of this class shall come from cows free from disease as determined by physical examinations, of which one each year shall be by a qualified veterinarian, and shall be produced and handled under sanitary conditions, such that the bacteria count at no time exceeds 1,000,000 per cubic centimeter. All milk of this class shall be pasteurized under official supervision, and the bacterial count shall not exceed 50,000 per cubic centimeter when delivered to the consumer.

It is recommended that dairies producing grade B milk should be scored, and that the health departments or the controlling departments, whatever they may be, strive to bring these sources up as rapidly as possible.

#### GRADE C

Milk of this class shall come from cows free from disease, as determined by physical examinations, and shall include all milk that is produced under conditions such that the bacteria count is in excess of 1,000,000 per cubic centimeter.

All milk of this class shall be pasteurized, or heated to a higher temperature, and shall contain less than 50,000 bacteria per cubic centimeter when delivered to the consumer.

Whenever any large city or community finds it necessary, on account of the length of haul or other peculiar conditions, to allow the sale of grade C milk, its sale shall be surrounded by safeguards such as to insure the restriction of its use to cooking and manufacturing purposes.

These grades are gradually being adopted. Other grades are used, such as certified milk, inspected milk, market milk, etc.

There is a growing tendency to classify all milk into raw and pasteurized. This is the most significant classification from a sanitary standpoint.

The grading of milk in accordance with a simple classification, such as recommended by the Commission on Standards of the New York Milk Committee has great economic and sanitary importance. Such a system furnishes the purchaser with a ready method of knowing just what he is buying, and furthermore helps the farmer get a better price for a superior product.

**Certified Milk.**—The term “certified milk,” then, is milk of the highest quality, of uniform composition, obtained by cleanly methods from healthy cows under the special supervision of a medical milk commission. It is fresh, clean and unaltered. The term “certified milk” was coined by Dr. Henry L. Coit of Newark, N. J., who in 1892, needing good milk for his own baby, formulated a plan for the production of clean, fresh, pure milk under the auspices of a medical milk commission.

The use of the term “certified milk” should be limited to milk produced in accordance with the requirements of the American Association of Medical Milk Commissions.<sup>8</sup> The first requisite in the production of certified milk is to enlist the coöperation of a trustworthy dairyman who is willing to enter into a contract with the medical milk commission. In accordance with the terms of this contract, the dairyman binds himself to comply with the specifications set forth and in return his milk is certified.

The dairies are subjected to periodic inspections, and the milk to frequent analyses. The cows producing certified milk must be free from tuberculosis, as shown by the tuberculin test and physical examination by a qualified veterinarian, and from all other communicable disease, and from all diseases and conditions whatsoever likely to deteriorate the milk. They must be housed in clean, properly ventilated stables of sanitary construction, and must be kept clean and properly fed and cared for. All persons who come in contact with the milk must exercise scrupulous cleanliness, and must not harbor the germs of typhoid fever, tuberculosis, diphtheria, or other infections liable to be conveyed to the milk. Milk must be drawn under all precautions necessary to avoid contamination, and must be immediately cooled to 45° F., placed in sterilized bottles,

<sup>8</sup> See annual reports of this Association, also Public Health Reports, No. 85, May 1, 1912.

and kept at a temperature between 35° and 45° F. until delivered to the consumer. Pure water, as determined by chemical and bacteriological examination, is to be provided for use throughout the dairy farm and dairy. Certified milk should not contain more than 10,000 bacteria per cubic centimeter, and should not be more than thirty-six hours old when delivered.

Certified milk is raw milk and, therefore, may convey the infectious agents of disease; in fact, this has happened. Such occasional danger may be guarded against by pasteurization.

**"Standardized" or Adjusted Milk.**—The process of adjusting or standardizing milk consists in removing some of the cream or adding skim milk, with the object of purveying a product that shall contain just about the legal limit of butter fat and total solids. The method usually consists in separating the cream and recombining all or part with the addition of skim milk. The ratio of the fat to the solids not fat is changed so slightly by this adjustment that it is difficult to detect.

Such manipulation of milk is generally practiced by almost all large dealers. Sanitarians have always looked askance upon the practice. The process should be controlled and such milk distinctly labeled as to its modifications.

**Reconstructed Milk.**—Reconstructed milk is also called remade milk; sometimes "synthetic" milk. A better name is recombined milk, or reconstituted milk, for it consists of combining powdered whole milk or skim milk powder, condensed or evaporated whole milk or skim milk, with butter or milk fat and water. Machines may now be had for mixing, recombining or emulsifying these materials for the production of manufactured milk or cream. If such products are made entirely from milk constituents, they may be labeled "recombined," or "reconstructed" milk, but if any other fat is substituted in whole or in part for milk fat, then the product should be labeled "artificial milk" or "milk substitute."

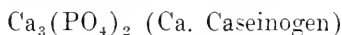
There is a legitimate field for remade milk. Thus, during the World War it became necessary to find a milk supply for the new city of Nitro, West Virginia, with 25,000 and more inhabitants. The city was established in a section unsuited for dairying and no available supply of fresh milk could be found. The Government solved the problem by reconstructing milk by homogenizing butter fat and mixing this into skim milk powder and water.

The importance of sanitary control and proper labeling of these products is obvious.

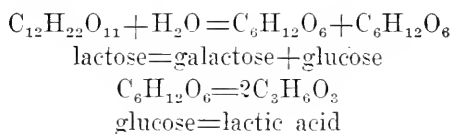
**The Decomposition of Milk.**—Milk spoils in various ways as the result of bacterial growth; the kind of decomposition depending upon the kind of bacteria which predominate. Milk, as a rule, ferments, but sometimes it putrefies. In the former case the main change takes place

in the carbohydrates; in the latter the proteins are broken down. The fermentation, known as the souring of milk, is accompanied by an acid reaction and a precipitation of the casein. Putrid milk turns alkaline and bitter, owing to the formation of peptones. Sour milk is regarded as the "normal" form of decomposition, because it is the usual change and is not harmful. Putrid milk is believed at times to contain toxic substances; it is at least suspicious.

*Sour Milk—Lactic Acid Fermentation.*—Milk curdles or sours when the soluble caseinogen is thrown out of solution and precipitated as casein. The caseinogen exists in milk as a complex molecule containing calcium phosphate loosely bound to it; it also contains calcium as part of the molecular complex. The formula may be expressed thus:



The casein is held in solution (colloidal suspension) by the calcium phosphate and other soluble salts of calcium. Any chemical reaction that removes the calcium phosphate from this combination causes a precipitation of the caseinogen as casein. The casein may be precipitated by various substances, such as rennin or acids. In the normal curdling or souring of milk the casein is precipitated by lactic acid produced through the action of bacteria upon lactose. The lactic acid results from hydrolysis of the lactose as follows:



The bacteria usually concerned in the souring of milk are: *B. acidi lactici* of Hneppe, *B. lactis acidi* of Leichmann, *Streptococcus lactis* of Kruse, *B. bulgaricus* of Metchnikoff, *B. coli*, and a great number of other microorganisms capable of fermenting sugar with the production of acid. Sour milk, obtained from clean milk, is a beneficial food.

**Sour Milk and Intestinal Flora.**—Sour milk contains myriads of lactic acid bacteria. Metchnikoff called attention to the importance of a normal lactic acid flora in the large intestines, which inhibits putrefactive processes and thereby stands guard against "auto-intoxication." He recommended the use of certain bacteria in sour milk, especially *B. bulgaricus*. It is a fallacy, however, to suppose that the flora of the intestines may be influenced through ingestion of these bacteria by the mouth, even when taken in enormous numbers, as in sour milk. A sour milk diet is uncertain in its effects and often disappointing in its results.

Contrary to widespread belief, the bacterial flora of the alimentary tract is not a replica of that of the food we eat. Of the many varieties

of microörganisms gaining entrance into the alimentary tract, few succeed in establishing themselves. The diet of early infancy is rich in carbohydrates in the form of lactose. The *Bacillus bifidus* then establishes itself in the intestines. As the diet changes with age, the colon group of bacteria begins to assert itself, not because these organisms dominate in the diet, but because they, above all others, thrive as well in a medium from which carbohydrates are absent, as in one containing them. *B. coli* and related bacilli constitute nearly 60 per cent. of the viable fecal flora.

No implantation of bacilli in the alimentary tract will prove permanent unless the diet affords a suitable pabulum for the maintenance of the varieties introduced. In other words, the best way to influence the bacterial flora of the digestive tube is through diet. A carbohydrate diet favors the fermentative types and a protein diet the putrefactive types of bacteria. Kendall, in his work on intestinal bacteriology, has shown that carbohydrates spare proteins; that is, bacteria do not ordinarily break down protein in the presence of carbohydrates.

Herter and Kendall<sup>9</sup> were the first clearly to establish the fact that the chemical character of the food ingested, under normal physiologic conditions, is the fundamental factor controlling the types of bacteria vegetating in the intestinal tract. Secondary factors of almost equal weight are the rate and degree of digestion and absorption of food and the character of the end products of the digestive process. It has been demonstrated experimentally in Torrey's<sup>10</sup> investigation with dogs that, on the one hand, not all carbohydrates have an equal tendency to establish a purely fermentative intestinal flora, and, on the other hand, not all protein foods encourage putrefactive conditions in a like degree. When taken as the sole food supply by the adult, milk is very liable to produce constipation, and because of its high protein content may lead to the excessive development of putrefactive bacteria in the intestine. McCollum states that the cages of rats fed solely on milk develop an offensive odor. The addition of carbohydrates, such as starch or certain of the sugars, tends to cause the disappearance of the obnoxious flora from the alimentary tract, and favors the development instead of types which do not produce decomposition products in their action on proteins.

**Putrid Milk—Alkaline Putrefaction.**—When boiled milk is allowed to stand at room temperature, it gradually acquires an alkaline reaction,<sup>11</sup> a bitter taste, and finally curdles, yielding a soft, slimy curd. On further standing this curd is peptonized to form a somewhat clear fluid, and if these putrefactive changes are allowed to proceed for a

<sup>9</sup> *Journ. Biological Chem.*, 1910, VII, 203.

<sup>10</sup> *Journ. Med. Research*, Jan., 1919, pp. 415-447.

<sup>11</sup> Schorer found that such milk becomes less acid but seldom becomes actually alkaline in reaction.



sufficient length of time a semi-transparent liquid is obtained, having no resemblance to milk. In this form of decomposition the main change occurs in the protein constituent of the milk. The putrefactive changes of milk are undesirable and are believed sometimes to be dangerous, in that toxic substances may be produced. The principal cause of putrefaction in milk is the spore-bearing group of bacilli, belonging to and resembling the hay bacillus and also the anaërobes.

**Slimy or Ropy Milk.**—Under some circumstances certain mucilaginous substances develop in milk through abnormal fermentation. Slimy milk has been obtained of such viscosity that it could be drawn out into threads ten feet in length, and of such thinness as to be scarcely visible. In Norway such milk is esteemed a delicacy; in this country, however, it is objectionable. From a health standpoint ropy milk is not injurious unless it is slimy as a result of mucopurulent materials caused by diseased conditions in the mammary glands. The bacteria which produce ropy milk are widely distributed in nature. Of these *B. lactis viscosi* (Adametz) is the commonest organism found in Europe, and a similar organism occurs in this country. *B. lactis viscosi* is very hardy; it may find its way into the milk through the water supply of the dairy, and then becomes widely diffused and difficult to trace. It is sometimes very troublesome, but may be eradicated through cleanliness. Sometimes it is necessary to resort to disinfection. Other organisms producing sliminess in milk are the *Micrococcus freudenreichii*, two forms of streptococci, and certain of the lactic acid bacteria.

**Alcoholic Fermentation of Milk.**—This is an unusual fermentation which sometimes occurs as a result of yeasts, aided in their action by certain species of bacteria. Alcoholic fermentation of milk seldom occurs spontaneously, but may be induced by direct inoculations with certain ferments, such as those employed in the production of kumyss and kefir.

*Kumyss* was originally made from mare's milk; it is now made from cow's milk by the addition of cane sugar and yeast. *Kefir* is a similar beverage, originating in the Caucasus, where the fermentation is carried out in leather bottles and is started by means of "kefir grains" which contain yeast and various microörganisms.

**Bitter Milk.**—Freshly drawn milk sometimes has a bitter taste; in other instances milk acquires such a taste on standing a few hours. The former is due to improperly feeding the cow with such herbs as lupines, wormwood, raw Swedish turnips, cabbages, etc. The latter case is due to the growth of certain bacteria in the milk after it is drawn. The condition is undesirable, and sometimes causes much trouble for the dairyman, but it has no particular sanitary significance. According to Conn, it is a micrococcus, and according to Weigmann a bacillus, that has the power of ruining the taste of freshly drawn milk in a few hours.

This condition should be distinguished from the bitter taste of putrid milk above noted.

**Colored Milk.**—Blue milk is usually due to the *Bacillus cyanogenus*. Such milk is apparently harmless. Red milk may be due to the presence of blood coming from an injury, or acute infection of the udder. Sometimes it results from the feeding of the cow on plants containing red pigment, such as the madder root. A red color may also be produced by the *Bacillus erythrogenes*, *B. prodigiosus* and sarcinae. Red milk caused through the agency of bacteria is not known to be harmful.

**Adulterations of Milk—Skimming.**—The removal of part or all of the cream and selling the remaining fluid as whole milk is an economic fraud, and has no reference to health, except that the milk is correspondingly lowered in nutritive value. Adding skim milk is also a form of adulteration difficult to detect.

**Watering.**—The practice of watering is not nearly so frequent as formerly. If the water be pure it must be regarded more as a fraud than a health problem. The addition of water to milk lowers its specific gravity, raises its freezing point, and lowers its index of refraction and also its viscosity.

**Thickening agents**, such as chalk, calves' brains, and glycerin, have never been common practices. Gelatin or lime is sometimes used to thicken cream. Cream may also be thickened by homogenizing it. **Coloring matter** is sometimes added with the object of concealing skimming or watering or to make the milk look richer. Annatto, a vegetable dye, is most commonly used; orange and yellow azo coal-tar are also used. **Alkalies**, such as sodium, carbonate or bicarbonate, are occasionally added to milk to reduce its acidity or to improve its taste or to delay curdling. **Sweet substances**, such as saccharin or sugar, are occasionally added to milk, either to raise the specific gravity and thus disguise watering, or to disguise the sour taste of milk just on the turn.

**Chemical Preservatives.**—Chemical preservatives, such as borax and boric acid, salicylic acid, benzoic acid and benzoates, potassium bichromate, peroxid of hydrogen, fluorids, formaldehyd. and others, have from time to time been used in milk. The practice of adding any chemical preservative to milk meets with the unqualified disapproval of the sanitarian. Almost all countries prohibit the use of such foreign substances. The only proper preservatives for milk are cleanliness and cold.

**Dirty Milk; The Dirt Test.**—Practically all milk contains more or less dirt. For the most part, this dirt consists of cow feces. The presence of dirt may best be determined by filtering a pint of milk through a little disk of absorbent cotton. This produces a stain varying in intensity from a yellowish to a brownish or black spot. A Gooch crucible, a Lorenz apparatus, or simply an ordinary funnel may be used to filter

the milk. Warm milk filters much more readily than cold milk. This simple test is one of the most practical of the routine tests used for the public health control of milk supplies. The intensity of the stain and the amount of deposit upon the cotton is a tell-tale which appeals strongly to farmers and dairymen, as well as to consumers. It is a good practice to send these disks of cotton, with a letter, to the farmer, showing him the amount of dirt contained in his milk. The disks may be dried and kept with the records of the health office.

It should be remembered that milk that has been "clarified" or strained will not show the dirt test.



FIG. 78.—CONDITIONS UNDER WHICH IT IS DIFFICULT TO CLEANSE AND DISINFECT MILK BOTTLES AND MILK PAILS.

**Clarification.**—Clarification is mechanical straining by the use of centrifugal force. Clarifiers whirl the milk with sufficient force to remove heavy substances, but not sufficiently to separate the cream. Milk so treated, therefore, will not deposit a sediment on standing. The material thrown out by this method of clarification is called "separator slime," and consists of dirt, foreign particles of all sorts, bacteria, pus, blood, mucus, and also substances normally present in milk. The exact nature of the material removed is not yet fully understood.

The only advantages of clarification are that it removes visible dirt and performs the work of a strainer in a much more efficient manner. Against clarification are the facts that it does not remove pathogenic microorganisms, and hence may mislead as to the real purity of the milk; it does not remove urine or soluble portions of feces; nevertheless, the milk appears clean. It adds another process in handling the milk and hence complicates the situation; it largely destroys the value of

the dirt test, although not more so than good straining; it breaks up clumps of bacteria and distributes them through the milk. Owing to exaggerated claims, clarification may give a false sense of security.

The bacterial content of milk is apparently increased by clarification. This is due to the breaking up of bacterial clusters, which thereby increase the number of colonies on a plate. If the machine is not kept clean, contamination may take place and there may be an actual increase of the bacteria in clarified milk.

Clarification and straining have no sanitary advantages and the process should be controlled and inspected.

**Bacteria in Milk.**—As a rule, milk contains relatively and actually more bacteria than any other article of diet. Milk may, in fact, contain more bacteria than any other known substance; it frequently contains many more bacteria than are found in sewage. Mere numbers, however, need not alarm us, for it is the kind that most concerns us. By universal consent, however, milk containing an excessive number of miscellaneous bacteria is not suitable for infant feeding. Were milk a transparent food the enormous growth of microorganisms present in average market milk would be plainly visible to the naked eye.

The bacteria get into the milk from a number of different sources. Some of them are in the milk before it leaves the udder. They grow up the milk ducts into the milk cistern; hence, the fore-milk contains more than the mid-milk or strippings. It is practically impossible to obtain sterile milk directly from the teat in any large quantity. As soon as the milk leaves the teat it receives additional contamination from all objects with which it comes in contact, as the hands, the pail, the dust in the air, etc. Most bacteria get into milk with the dirt that falls from the belly and udder of the cow during milking.

The most important factors to obtain milk with a low bacterial count are: sterilized utensils; clean, healthy cows with clean udders and teats; and the use of the small top milk pail. To keep the counts low, it is necessary to chill the milk at once and to hold it at about 40° C.

Judged by the number of colonies on Petri plates, the number of bacteria in milk increases every time it is handled or exposed in any way. Separator milk contains more bacteria than the original milk. The same is true of filtered milk. This is due to the fact that while some of the visible dirt in the milk is taken out, the particles are broken up and the bacteria dispersed throughout the fluid.

Garget, or inflammation of the udder, is a very common affection of cows, and is associated with streptococci, staphylococci, lactic acid and colon bacilli, etc. Milk from a gargety udder will contain enormous numbers of the corresponding microorganisms.

For the most part bacteria do not pass a healthy udder. However,

we can place no trust in the filtering ability of the mammary gland. It is known that the virus of foot-and-mouth disease, which is ultramicroscopic, and the virus of malta fever (*Micrococcus melitensis*), and also the virus of milk sickness are almost constantly found in the milk of affected animals. On the other hand, tubercle, anthrax and other large bacilli do not pass the mammary gland unless there is a lesion of the udder.

There is occasional danger to human beings from infected udders of dairy cows when the udder infection is due to pathogenic bacteria of human origin. The danger from udder infection when the bacteria

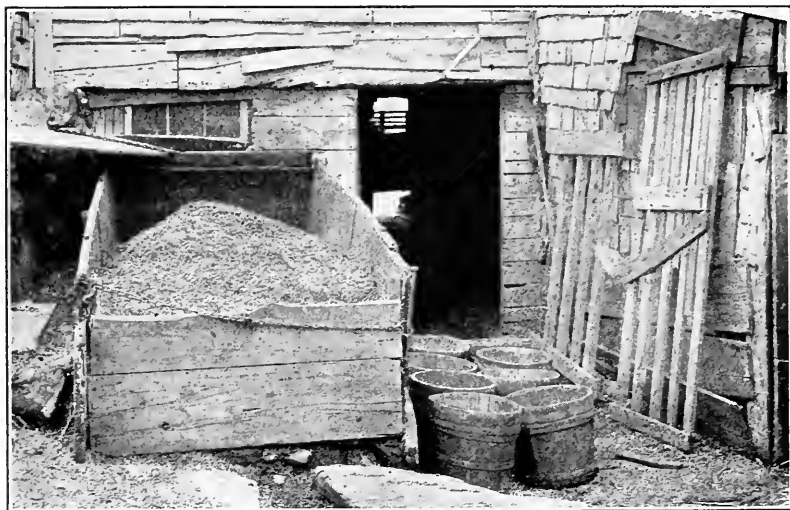


FIG. 79.—A DARK, POORLY VENTILATED COW SHED, DIFFICULT TO KEEP CLEAN.

are of bovine origin has not yet been determined and is uncertain, with the exception of infections from bovine tuberculosis which are known to be dangerous to human beings. Every effort should be made to exclude udder infections from dairy herds. Pasteurization is a protection because it destroys the bacteria of udder infections in milk.

The bacteria in milk are not equally distributed throughout the fluid. There are more bacteria in cream than in the underlying skim milk—particularly in gravity cream. As the cream rises it mechanically carries the bacteria along with it, very much as a snowstorm sweeps the atmosphere. Milk formulae for infant feeding are often made of top milk, which, however, may contain from 5 to 100 times the number of bacteria per cubic centimeter found in the whole milk. In twenty-six samples of milk Anderson found the gravity cream contained about four times as many bacteria as the sediment layer, and about one-third as many as the whole milk. Schorer found that the cream from milk of high

bacterial count contained several thousand times as many bacteria as the underlying skim milk.

Certified milk should not contain over 10,000 bacteria per cubic centimeter; grade A not over 200,000 before, and not over 10,000 after pasteurization; inspected milk not over 100,000, and market milk not over 500,000. New York has placed the limit at 1,000,000 per cubic centimeter. Even this standard, however, has not been rigidly enforced. Boston has a standard of 500,000; Rochester 100,000.

In Washington in 1908 the average bacterial count of the market milk was 22,000,000 per cubic centimeter, as found in many hundreds of samples of the city supply. In 1909 the average was reduced to 11,000,000.

Excessive numbers of bacteria in milk indicate that it is dirty, old, or warm. Any one or any combination of these factors favors a rapid growth and multiplication of the bacteria in milk.

*The number of bacteria in milk is the best single index we have of its general sanitary character.*

Methods for determining the number and kind of bacteria in milk will be found on page 794.

**The Germicidal Property of Milk.**—The so-called germicidal property of milk has been much misunderstood. Judged by the number of colonies that develop upon agar plates, the bacteria in milk first diminish, then increase in number. This occurs only in raw milk during the first 8 or 12 hours after it is drawn. Although the bacteria seemingly decrease in numbers, they never entirely disappear. After this initial decrease there is a continuous and rapid increase, until the milk contains almost infinite numbers in each cubic centimeter. This power of milk to restrain the development of bacteria lasts from 6 to 24 hours, depending upon the temperature at which the milk is kept. When the milk is kept warm, 37° C., the decrease is pronounced within the first 8 or 10 hours; after this the milk has entirely lost its restraining action. When the milk is kept cool, 15° C., the decrease is less marked but more prolonged.

The decrease in the number of bacteria is largely apparent, being due, at least in part, to agglutination<sup>12</sup>; that is, the bacteria are not killed, they are simply grouped in clusters; this is proved by the fact that these clusters may be shaken asunder. The germicidal action of milk is specific; at most, is feeble, and is destroyed if the milk is heated above 80° C. It varies in different animals, and in the milk from the same animal at different times. It cannot take the place of cleanliness and ice, but may be taken advantage of in good dairy methods. It is true that

<sup>12</sup> Chalmers (*Jour. of Bacteriology*, V, 6, Nov., 1920) finds no common relation between agglutination and bacterial inhibition in milk, and that there is a real germicidal property in milk which is destroyed between 80° and 90° C. for two minutes.

bacteria develop more quickly in heated milk than raw milk, provided the raw milk is fresh; it should be remembered, however, that milk that is a day old no longer possesses this restraining action. The germicidal property is, therefore, ordinarily absent in market milk.

**Diseases Spread by Milk.**—The diseases conveyed through milk are: tuberculosis, typhoid and paratyphoid fevers, diphtheria, scarlet fever, septic sore throat, Malta fever, foot-and-mouth disease, and milk sickness, also some of the summer complaints of children, and the diarrheal and dysenteric diseases of adults, which are often referable to infected milk.

As a rule, milk becomes infected from human sources, sometimes on the farm, sometimes at the dairy, sometimes in transportation, and occasionally in the household. Milk-borne epidemics are due to human sources of infection. Sometimes the milk becomes infected as a result of disease of the animal, as in the case of bovine tuberculosis, Malta fever, foot-and-mouth disease, streptococcal garget, etc.

When all the facts are brought together they make a strong indictment against milk. Thus, during the five years, 1907-11, there were five milk-borne outbreaks in Boston, causing a total of over 4,000 cases of sickness.

Year	Milk-borne Epidemics in Greater Boston	Cases
1907	Diphtheria.....	72
1907	Scarlet fever.....	717
1908	Typhoid fever, about.....	400
1910	Scarlet fever, over.....	842
1911	"Septic sore throat," over.....	2,065
		4,096

In addition to the specific diseases, milk may be injurious as a result of other causes. Thus, Le Blanc has pointed out that the milk of cows in heat may cause gastro-intestinal disturbances. The toxic effects of milk and milk products of nymphomalous cows are even more marked. Milk should not be used within fifteen days of parturition. The requirement for certified milk is placed at thirty days before and fifteen days after. Such milk is apt to produce diarrhea, colic, and other digestive disturbances. Milk may further be harmful as a result of such diseases as mastitis or garget, gastro-enteritis, septic and febrile conditions of the cow. Recently it has been shown that contagious abortion of cows is due to the *Bacillus abortus*, which may contaminate milk; it is pathogenic for many animals, but there is no evidence that it is harmful to man. Schroeder and Cotton found this bacillus in 8 out of 27 samples of market milk tested.

**Tuberculosis.**—Bovine tubercle bacilli get into milk either directly as a result of tuberculosis of the udder, which occurs in from 1 to 2

per cent. of all tubercular cows, or indirectly through cow manure. In the latter case the tubercle bacilli are coughed up, swallowed, and passed in the feces. Practically all market milk contains cow feces. Occasionally milk contains tubercle bacilli of the human type from human sources. Tuberculosis in cattle is very prevalent. In Holland nearly one-tenth of all cattle killed for food are tuberculous; in Berlin 16 per cent.; in Saxony 30 per cent.; in Pennsylvania from 2 to 3 per cent. The "milk" from a tuberculous udder, when examined under the microscope, may contain as many tubercle bacilli as are ordinarily found in tuberculous sputum. The milk from a tuberculous udder of one cow may contain sufficient bacilli seriously to infect the mixed milk of 25 or 30 cows. In one case Ostertag found that 0.001 c.c. of the secretion from a tuberculous udder was sufficient to cause tuberculosis in a guinea-pig. In such a case a child would receive an enormous dose in a gill.

Tonney examined the market milk of Chicago in 1910 for the presence of tubercle bacilli. In 10.5 per cent. of 144 samples of raw milk he found tubercle bacilli in sufficient numbers to infect guinea-pigs. Of 19 samples of pasteurized milk examined none contained tubercle bacilli.

Hess in 1909 examined 107 samples of market milk in New York City, with the result that 17 of them, or 16 per cent., were found to contain tubercle bacilli.

Anderson examined 223 samples taken in the city of Washington, and reported 16, or 6.72 per cent., as positive. The tests made by the Bureau of Animal Industry of the milk in Washington disclosed 7.7 per cent. infected. Goler reports about 5 per cent. of the milk supply of Rochester, N. Y., infected.

To sum up, we have evidence from four typical American cities. A total of 551 samples of milk have been examined, in which tubercle bacilli were found in 46, making a percentage of 8.3. This may be taken as the average percentage for the entire country.

Sheridan Delepine<sup>13</sup> reports that the mixed milk of Manchester, Eng., collected at railway stations or other places than the farm, contained tubercle bacilli, as follows in the samples examined from

1897 to 1899.....	17.2 per cent.
1900 to 1904.....	10.3 per cent.
1905 to 1909.....	6.8 per cent.
1910 to 1913.....	9.0 per cent.

(years are inclusive)

Wherever these investigations have been carried out similar and sometimes higher results have been obtained, both in Europe and in this country. It is believed that the figures are an underestimate, for the

<sup>13</sup> *Jour. of State Med. Rep.*, November and December, 1914.



methods used in the laboratory are not sufficiently delicate to detect a few tubercle bacilli in milk. Unless these microorganisms are present in considerable numbers, they are apt to escape detection. In any event, it is clear that the common market milk furnished all large cities and probably most small towns very often contains tubercle bacilli.

Mohler, Washburn, and Doane found tubercle bacilli to live a year and more in cheese 220 days old. In these experiments the cheese was purposely infected and fed or inoculated into guinea-pigs at various times. Tubercle bacilli are frequently found in butter and other milk products, especially if the milk or cream of which they are made has not been pasteurized (page 785).

The relation of bovine tuberculosis to man is considered on page 166.

**Method of Detecting Tubercle Bacilli in Milk.**—It is not a simple matter to discover tubercle bacilli in milk, butter, and similar products. Direct microscopic examination for acid-fast bacilli is not satisfactory, because ordinarily there are comparatively few tubercle bacilli in mixed market milk, and furthermore, many acid-fast microorganisms other than tubercle bacilli may occur in milk.

It is not an easy task to isolate tubercle bacilli in pure culture, because the enormous number of other saprophytic microorganisms overgrow the cultures.

It therefore becomes necessary to resort to animal experimentation in order to detect and isolate tubercle bacilli. The guinea-pig is the most susceptible and suitable animal for this purpose. The material under examination may be injected subcutaneously or intraperitoneally. A number of animals should be inoculated with the sample in question for the reason that a certain proportion of them will succumb to acute infections, especially streptococci or members of the hemorrhagic septicemic group, which are often found in milk. For this reason, it is advisable to inject variable amounts for the purposes of the test. Less will be required if the sample is the milk from one-quarter of a cow than from the mixed milk of a herd.

The tubercle bacilli in milk may be first concentrated by centrifugation. Some of them will fall to the bottom with the sediment, others will rise with the cream, being enmeshed and carried by the fat globules. The cream and sediment may then be injected into guinea-pigs, either separately or mixed. It should be remembered that this process not only concentrates the tubercle bacilli, but other microorganisms that may be in the milk.

The sediment may first be treated with antiformin, which destroys many of the frailer cocci and bacilli, but spares the tubercle bacilli. Antiformin is a strong alkaline solution of chlorinated soda (see page 1421).

The guinea-pigs that survive the early pathogenic infections that

contaminate the milk should be watched for symptoms of tuberculosis—enlarged glands, loss of weight and fever. Those that do not die in two months should be tested with tuberculin. Inject 2 c.c., subcutaneously, of Koch's old tuberculin. This must be diluted back to the original strength of the bouillon culture. If the guinea-pig is tuberculous it will die within twenty-four hours—usually in from 8 to 16—with characteristic lesions of reaction about the tuberculous foci.

**Typhoid Fever.**—Of milk-borne epidemics, typhoid fever takes the lead. Typhoid bacilli may swarm in milk without altering its taste, odor, or appearance. In Washington 10 per cent. of all the cases of typhoid fever during the four years 1907-10 were traced to milk. The milk may become infected by a convalescent, a carrier, or a missed case.

Bolduan estimates that from 300 to 400 cases of typhoid fever each year come in contact with the milk supplied New York City. He further states that "the startling total of 90 to 120 typhoid carriers now probably menace the milk supply of this city." This estimate is based upon the fact that about 200,000 persons come into more or less contact with the milk from over 40,000 dairy farms. See Typhoid Fever, page 121.

Typhoid fever has also been traced to cream, ice cream, and other milk products.

Milk-borne outbreaks of paratyphoid fever have been described by Levin and Elbersen<sup>14</sup> and others.

**Scarlet Fever.**—Milk-borne outbreaks of scarlet fever are sometimes extensive and serious. The milk is practically always infected from human sources. There is a suspicion, however, that some streptococcal infections of the cow may reproduce a disease resembling scarlet fever in man. See Scarlet Fever, page 222.

**Diphtheria.**—Diphtheria bacilli in milk usually come from human sources, either cases or carriers. In a few instances ulcers upon the teat of the cow have become infected with diphtheria, and the bacilli are thus transferred to the milk. Such an occurrence, however, is unusual. As a rule, diphtheria outbreaks caused by infected milk are more limited both as to numbers and area than milk-borne outbreaks of typhoid or scarlet fever. See Diphtheria, page 195.

**Septic Sore Throat.**—The first milk-borne outbreak of "septic sore throat" recognized in this country occurred in and about Boston in May, 1911. Since then similar outbreaks have occurred in Baltimore, Concord, N. H., Chicago, and elsewhere. The infection is spreading. The Boston outbreak was carefully studied by Winslow and is so instructive that a brief account of it is given below.

Septic sore throat due to infected milk has been well known in Great Britain for thirty years. Swithinbank and Newman state that a

<sup>14</sup> *Jour. Infect. Dis.*, Feb., 1916, Vol. 18, No. 2, p. 143.

year never goes by in which there are not outbreaks of sore throat or tonsillitis due to milk or cream. These infections appear to be due to a streptococcus, several varieties having been isolated both from the milk and the throats of the patients. It is assumed that the infection usually gets into the milk from human sources, although it is suspected that streptococci eliminated by diseased udders may be responsible for some outbreaks.

Theobald Smith and J. H. Brown<sup>15</sup> have shown that there is a difference between bovine and human streptococci. The bovine streptococci produce garget in cows but do not cause tonsillitis in men; on the other hand, the human streptococci produce sore throat in man but have slight pathogenicity for cows. The human streptococci are alike in two characteristics: (1) the colonies produce immediately around them a clear hemolyzed zone on blood agar plates (horse blood); (2) these organisms ferment salicin but not raffinose or inulin. Further they are pathogenic when injected into rabbits. These organisms are called by Smith and Brown the Beta type.

Smith and Brown studied the streptococci from five milk-borne epidemics at first hand, together with cultures from the big epidemics of Chicago, Baltimore and Boston. From this work it is now clear that septic sore throat in man is of human origin, even when the disease is contracted through milk infected in the udder, for it was found that while the human streptococcus is but slightly pathogenic for cows, this organism may become implanted in the udder. This may take place through milking, wiping with infected cloths, through passing quills up the milk ducts and in similar ways. When this takes place, garget does not ensue but the streptococcus becomes seeded in the udder and may remain for six weeks or longer. In other words the cow may become a "carrier" of the human streptococcus, thus explaining why milk-borne outbreaks of septic sore throat are sometimes long drawn out.

The disease often presents a severe clinical type and may result in death. Apparently it is not readily communicable from person to person. The inflammation and swelling of the lymphoid structures of the throat and of the mucous membranes are more severe than ordinarily; edema is a feature, and many cases present pseudomembranous formation and other indications of a virulent infection. There is a sharp febrile reaction, prostration, and sometimes delirium. The duration of the disease may be prolonged, and complications occur in about one-quarter of the cases. These consist mostly of enlarged regional lymph nodes, which may suppurate; abscesses, arthritis, endocarditis, peritonitis, erysipelas, pneumonia, pyemia, acute nephritis, otitis, and other sequelae indicating the invasion of the blood with a virulent streptococcus.

<sup>15</sup> *Jour. of Med. Res.*, 1915, XXXI, p. 455. Also W. G. Smillie, "On the Streptococcus of Theobald Smith," *Jour. Infect Dis.*, Jan., 1917, Vol. 21, No. 1, p. 45.

The Boston outbreak in 1911 was characterized by its extraordinary virulence and comparative immunity of children, and high mortality among the aged and infirm. In this outbreak there were over 2,000 cases with about 48 deaths. One of the features of special interest was that the milk incriminated had always been a particularly clean, fresh, and satisfactory supply. It was obtained from tuberculin-tested cows under veterinary supervision, and the milk itself subjected to frequent chemical and bacteriological tests. The milk was bottled at the dairy, the bottles were sterilized, and many extra precautions were taken to ensure its cleanliness. For 28 years not a breath of suspicion was attached to this milk until this catastrophe occurred. It emphasizes the lesson that raw milk is apt to be dangerous milk, and our only protection against these particular dangers is through pasteurization.<sup>16</sup>

**Milk Sickness.**—Slows or trembles is a peculiar disease formerly prevalent in the central part of the United States. As forests are cleared and pastures fenced the disease becomes less frequent. It is still exceptionally met with in the valley of the Pecos River, New Mexico, in parts of Tennessee and North Carolina. The virus is communicated to man and is frequently fatal. Nancy Hanks, the mother of Lincoln, died from the disease in 1818 after an illness of a week. Little is known of the cause of milk sickness. Jordan and Harris have found a bacillus associated with the disease which they have called the *Bacillus lactis morbi*. The cause of the disease is not known.

Milk sickness is an acute non-febrile disease due to the ingestion of milk, milk products, or the flesh of animals suffering from a disease known as trembles. The disease is characterized by great depression, persistent vomiting, obstinate constipation, and high mortality.

**Malta Fever.**—Malta fever is a disease primarily of goats; secondarily of man. The infection is transmitted from goats to man through raw milk containing the *Micrococcus melitensis*. See page 407.

**Foot-and-Mouth Disease.**—Foot-and-mouth disease is an infection primarily of cattle and secondarily of man. It is caused by a filtrable virus, and is noteworthy for being the first ultramicroscopic virus discovered by Loeffler and Frosch in 1898. The infection is transmitted to man through the ingestion of raw milk, buttermilk, cheese, or whey from diseased cows. Children are not infrequently infected by drinking unboiled milk when the disease is prevalent in the neighborhood. In man the disease is mild; the symptoms resemble those observed in animals; there is fever, sometimes vomiting, painful swallowing, heat and dryness of the mouth, followed by an eruption of vesicles in the buccal and mucous membranes, and very rarely by similar ones on the fingers. The vesicles are about the size of a pea; they soon break,

<sup>16</sup> For a more detailed study of this and other milk-borne outbreaks see "The Milk Question," by M. J. Rosenau.

leaving small erosions, which rapidly heal. The disease is seldom fatal except occasionally in very weak children. See page 405.

**Food Infections.**—*Bacillus enteritidis* and all other pathogenic members of this group grow well in milk, and may thus be the cause of food poisoning outbreaks (page 701).

**Dysentery.**—This has been traced to milk in a few instances. Milk is apparently too acid for the vibrio of cholera.

**Infantile Diarrheas.**—One of the chief causes of the high infant mortality is summer diarrheas, but even these are not all due to stale, dirty, and bacteria-laden milk. Many of the diarrheal diseases of infancy are true cases of bacillary dysentery, which is transmitted in a great variety of ways. However, the improvement in the milk supply for babies has directly, and in large part indirectly, resulted in a decrease in infant mortality in recent years. In other words, improvement in infant mortality is almost wholly attributable to lessened diarrheal diseases in the summer months. Little impression has yet been made upon the other causes of infant mortality.

All the above infections may also be conveyed in fresh milk products.

**The Character of Milk-borne Epidemics.**—Milk-borne epidemics usually have an explosive onset, rise to a peak, and decline gradually. The character of the curve depends upon the amount of infection in the milk, and the manner of its distribution, the number of persons who drink it, and other factors. If the infection in the milk is dilute or attenuated, the disease crops out among a few susceptible persons who drink it. If the infection is concentrated and the milk is widely used, the curve of the outbreak will have the steeple-like character of a water-borne epidemic. The length of the epidemic varies with the period of incubation of the disease and with the length of time the milk is infected. The number of people involved may vary from a few to a hundred or several thousand. Only a single bottle of milk may be infected, and thus convey the disease to only one person; on the other hand, many gallons of mixed dairy milk may become infected and produce disease in many hundred persons. As a rule, milk outbreaks last a comparatively short time, and extend over a circumscribed area, as the disease follows the milk route. At first the disease occurs almost exclusively among users of the infected milk. Afterward secondary cases may occur.

The disease shows a special incidence among milk drinkers. It is interesting to note that sometimes only one person of a number living in the same house is attacked, and such a one is a person who drinks the milk raw.

Milk-borne diseases attack those living under the best sanitary conditions. The reason for this is that such people drink milk more freely than the poor. Milk outbreaks among the well-to-do are unnecessary tragedies to the sanitarian.

Most milk outbreaks show a greater incidence of the disease among women and children, who are usually credited with drinking more milk than men. There is apt to be a short period of incubation, probably on account of the concentration and large amount of the infection; however, the disease often runs a mild course. Multiple cases occur simultaneously in the same house. Such an occurrence is very suggestive to the epidemiologist, and frequently gives him the first hint of an impending milk epidemic.

### MILK PRODUCTS

**Condensed and evaporated milks** are concentrated by partial drying. The first really practical method was devised by Mr. Gail Borden, of White Plains, New York, who successfully evaporated milk under reduced pressure, and in 1865 obtained a patent for his process.

*Condensed* milk is not sterilized because it is preserved with sugar, and therefore contains great numbers of bacteria—often millions per cubic centimeter. *Evaporated* milk is unsweetened and must be processed in order to preserve it; it is therefore sterile, or nearly so.

Condensed and evaporated milks may be made from whole milk, skimmed, or partly skimmed milk. These are all useful and legitimate products, but they should be labeled as to the grade of the milk used, the amount of butter fat, etc. Inspection should be maintained to ensure quality and cleanliness. Condensed and evaporated milks at prevailing prices are relatively expensive when compared to fresh milk. Babies raised on these products are apt to develop scurvy unless given orange juice, tomato juice, or other antiscorbutic.

**Dried Milk (*Milk Powder*)**.—Milk may be dried in vacuo at moderate temperatures, or on revolving belts or drums in the presence of hot dry air. The presence of the fat has interposed the greatest difficulty to the complete drying of milk. In the Ekenberg process the milk is sprayed under constant pressure on the inner surface of a rotating steam-heated cylinder. The milk is thus dried in partial vacuum at a comparatively low temperature. A more frequently employed process common in the production of cheaper grades consists in spraying the previously concentrated milk on the exterior highly polished surface of revolving steel drums. Here it is almost instantaneously dried at a temperature of 230° F. and then scraped off by sharp knife blades. In the Bénévot-de-Neveu process the milk is first concentrated in a vacuum and then sprayed under great pressure into a large drying chamber where the cloud of finely atomized particles is surrounded by a current of hot air, and thereby instantly dried. The result is a powder in which most of the physical and chemical properties of the original milk are retained.

The process has been improved in recent years to such an extent that

when milk powder of good quality is mixed with water it makes a product that resembles milk in all essential particulars.

Dried milk powder may be made from skim milk, from partly skimmed milk, or from whole milk, rich in cream. The product keeps well. It has practically all the nutritive value of the original milk. The "fat-soluble A" and "water-soluble B" are not materially affected, but the antiscorbutic properties are diminished about one-half that of fresh raw milk. In other words, drying, pasteurizing and age have about the same effect on this vitamin in milk. For general cooking and food purposes, it is about the equal of liquid milk.

Dried milk has all the uses of milk. It is used as a basis of certain proprietary infant foods; it is employed in admixture with cocoa and sugar; with egg powder and sugar as a custard powder, and in various other food combinations. It is extensively used in the baking and confectionery trades. It is convenient in the household and economical so far as waste is concerned.

Babies have been fed on dried milk exclusively with good results, but not all methods of drying have yet been tested. The answer to this question must await a number of years of patient observation. In any case, antiscorbutic accessories, as orange juice, should be used. Dried milk powder makes a good food for growing children and adults.

The possibilities of dried milk promise a revolution in the milk industry. It permits milk to be produced in parts of the world where it can be made to best advantage. It saves the surplus at the spring flush. It simplifies the present cumbersome distribution to the household, and stabilizes the supply for large cities. Transportation difficulties are swept away. Sanitary control of production, and honest labeling are therefore doubly important.

**Fresh Milk Products.**—Cream, butter, buttermilk, ice cream, sour milk, fresh cheese, and other milk products may convey all the infections contained in the original milk from which they are prepared. It is known that tubercle bacilli pass into butter and may live there for months. It has also been demonstrated that infected cream may be the cause of typhoid fever, septic sore throat, and without doubt diphtheria, scarlet fever, and other milk-borne diseases.

Milk products are often made from milk that is left over or otherwise unsalable. This should be controlled by an efficient system of inspection.

The infections in fresh milk products may be guarded against by pasteurization. It is comparatively easy to pasteurize cream, for the reason that it may be heated to a higher temperature than is the case with milk without materially altering its physical properties.

**Butter.**—Butter is made by churning "gravity" cream or "separator" cream. The cream may be fresh, but is usually ripened, that is, partially sour before it is made into butter. Special cultures of microorganisms

("starters") are sometimes added to ripen the cream for the purpose of giving the butter a particular flavor. Butter is also made from homogenized milk fat.

Butter is usually "scored" in accordance with a score card proposed by Woll in which 45 points are allowed for flavor, 25 for grain (body), 15 for color, 10 for salt, and 5 for packing. The amount of fat contained in butter may be determined by the Doran method which is accurate to within one-half per cent. Warm the butter to 40° C., stir thoroughly, add about 10 c.c. of the sample into a graduated sedimentation tube, and whirl in the centrifuge for a few seconds; measure, and record. Now add about 5 c.c. of gasoline; mix, and whirl again for 15 or 20 seconds. The gasoline dissolves the fat which rises. The non-fat portion sinks to the bottom. The latter is measured and the difference represents the amount of fat. The United States regulations require that butter shall not contain less than 82.5 per cent. of milk-fat, and a renovated butter shall not contain more than 16 per cent. of moisture.

Natural butter has a refractometer index at 40° C., ranging from 1.4531 to 1.4562, usually about 1.4553. The presence of other fats that have been mixed with the butter may readily be determined by a higher refractometer reading. Coloring matter is often added to butter. The presence of coloring matter may be detected by dissolving the fat in ether and adding to separate portions dilute hydrochloric acid and sodium hydroxid. The first demonstrates the presence of the azo dyes, the second, the vegetable dyes.

Butter turns acid and rancid in time, owing to the conversion of the fat into fatty acids. Rancid butter may be renovated by washing it with skim milk or with water to which bicarbonate of soda or lime is sometimes added to neutralize the acidity. There is no particular health objection to these processes provided such butter is sold as renovated butter.

Fresh butter contains a great number of microorganisms (millions per gram). The total bacterial count diminishes with time. There may be a reduction of 85 per cent. in two weeks, and 93 per cent. in four weeks. Butter may contain tubercle bacilli, typhoid, and other pathogenic bacilli. Of 21 samples of market butter examined in Boston,<sup>17</sup> two of them were found to contain tubercle bacilli, being 9.5 per cent. of the samples examined. On account of this danger butter should always be made from pasteurized cream and labeled "butter made from pasteurized cream," not "pasteurized butter."

Petri examined 102 samples of butter at Berlin, using 408 animals for inoculation; 16.7 per cent. contained tubercle bacilli. Korn found 23.5 per cent. of 17 samples of butter at Freiberg to contain tubercle bacilli.

<sup>17</sup> Rosenau, Frost and Bryant, *Jour. of Med. Res.*, XXX, No. 1, p. 69, March, 1914.



The frequency with which tubercle bacilli are found in butter is shown in a table collected by Swithinbank and Newman.<sup>18</sup> Of 498 samples tested from different sources, 76, or 15.2 per cent., contained tubercle bacilli.

Schroeder and Cotton<sup>19</sup> have found that living tubercle bacilli will retain their infective properties for at least 160 days in salted butter when kept without ice in a house cellar.

Butter may also convey typhoid bacilli and other pathogenic micro-organisms.

*Oleomargarine* is a mixture of various animal and vegetable fats and oils otherwise used as food products, therefore the objections to the use of oleomargarine are more on the grounds of fraud and deception than in regard to nutritive value or sanitary significance. The fraud consists in selling oleomargarine as butter.

Oleomargarine made of vegetable oils does not contain growth promoting vitamins, whereas most animal fats, except lard, do. The better grades of oleomargarine contain some milk fat.

In the United States the manufacture of oleomargarine can take place only under the supervision of the internal revenue bureau: all oleomargarine artificially colored to resemble butter pays an internal revenue tax of 10 cents per pound; uncolored,  $\frac{1}{4}$  of a cent per pound. During the fiscal year ending June 30, 1910, the quantity of colored oleomargarine manufactured in United States amounted to 3,491,978 pounds; and uncolored, 85,164,655 pounds. For coloring matter anilin dyes are usually preferred to annatto or saffron.

Oleomargarine consists of a mixture of neutral lard, beef fat, and cotton-seed oil which are usually churned with milk in order to give a flavor of butter to the product. The yolk of eggs and other substances are sometimes added. In the manufacture of oleomargarine, fat from the mesentery and mediastinum is said to be sometimes employed, and this fat often contains tuberculous glands. The milk used may also contain tubercle bacilli. Morgenroth examined 20 samples of oleomargarine, some of which were of the cheap variety and some expensive. In 9 specimens tubercle bacilli were found.

*Test to Distinguish Butter from Oleomargarine.*—Place a piece of the sample, about the size of a small chestnut, in an ordinary tablespoon. In the laboratory a small dish or test tube may be used. Heat over a flame, first melting the sample to be tested, hastening the process by stirring with a splinter of wood (a match-stick). When melted, increase the heat, bring to a brisk boil, and after the boiling has begun stir thoroughly, not neglecting the outer edges.

Oleomargarine and renovated butter boil noisily, sputter more or

<sup>18</sup> "Bacteriology of Milk," p. 221.

<sup>19</sup> *Bureau of Animal Industry Cir. No. 153*, p. 38.

less like a mixture of grease and water when boiling, and produce no foam, or very little. Renovated butter produces usually a very small amount. On the other hand, genuine butter boils usually with less noise and produces an abundance of foam.

The refractometer reading gives a more accurate test. See page 805.

**Inspection.**—An efficient inspection service is a preventive measure that strikes at the root of the milk problem. A good inspection service is expensive, but is worth its cost in providing cleaner and better milk. Inspection has its limitations, for it cannot see bacillus carriers, mild cases of disease, and cannot be on hand at all places at all times. No system of inspection can be so perfect as to insure milk free from infection.

A competent system of inspection will help the farmer very much with his problems, and the educational value of such a system is one of its best features. The score-card system is an essential element in a successful inspection service.

The *score card* should be used in inspecting dairies, but dairy scores may not correspond to milk grades as determined by bacteriologic tests. The score card has advantages and limitations. It scores cleanliness and decency, but cannot score intelligence and conscientiousness. It should take equipment as well as methods into account. The system of scoring is instructive. It may serve as a basis of grading and licensing.

Inspection is particularly helpful in tracing the source of infected milk and preventing recurrences. Another important element in any inspection system is the license or permit. All persons producing or handling milk should obtain a license, which should be issued only after the person has demonstrated his capacity to handle milk in a safe and cleanly manner. The license should be renewed at least once every year.

**Pasteurization.**—Pasteurization as applied to milk consists in heating it for a short period of time at a temperature below the boiling point, followed by rapid chilling. In the language of the kitchen, pasteurization means parboiling. To the sanitarian pasteurization has but one object, viz., the destruction of pathogenic bacteria.

Milk heated to 60° C. and held at that temperature for 20 minutes will kill the viruses of tuberculosis, typhoid fever, scarlet fever, diphtheria, Malta fever, dysentery, foot-and-mouth disease; this time and temperature will also kill streptococci, staphylococci, and practically all non-spore-bearing microorganisms pathogenic for man.<sup>20</sup> To provide a factor of safety it is advisable in commercial practice to heat milk to

<sup>20</sup> De Jong and De Graef (quoted by Rullman, *Centralbl. f. Bakteriöl.*, Part 2, 1914, XLI, 269) have described seven strains of *B. coli* which survive 65° to 67° C. for 30 minutes in milk or broth. These strains would not be killed by the degree of heat commonly used in pasteurization and in consequence the

65° C. for a period of 30 or 45 minutes. The Commission on Milk Standards of the New York Milk Committee recommend:

“That pasteurization of milk should be between the limits of 140° F. and 155° F. At 140° F. the minimum exposure should be 20 minutes. For every degree above 140° F. the time may be reduced by 1 minute. In no case should the exposure be for less than 5 minutes.”

In order to allow a margin of safety under commercial conditions, the commission recommends that the minimum temperature during the period of holding should be made 145° F. and the holding time 20 minutes.

Heating milk to this temperature does not alter its taste, odor, or digestibility, does not interfere with its food value, and has the great advantage of preventing much sickness and saving many lives.

Pasteurization is not the ideal, but only an expedient. It is the simplest, cheapest, least objectionable, and most trustworthy method of rendering infected milk safe. Pasteurization, however, cannot atone for filth and should not be used as a redemption process. A pure milk is better than a purified milk; however, no one should drink raw milk that cannot be guaranteed by the health officer as safe and free from danger. Only certified milk or milk of equally high character can be regarded as reasonably safe without pasteurization. Less than 1 per cent. of all the milk found upon the market comes within the honor class. Furthermore, even certified milk has been responsible for outbreaks of diphtheria, etc.

Pasteurized milk must be handled at least as carefully as raw milk. It should be bottled by machinery immediately following the process, kept cold, and delivered promptly. Pasteurized milk sours as a result of acid fermentation, just as raw milk does. In other words, the temperatures recommended do not destroy “nature’s danger signal”—the lactic acid bacteria.<sup>21</sup>

Pasteurization is not proposed as a substitute for inspection, but as an adjunct to inspection. Inspection gives us cleaner and better, but not necessarily safe, milk. Pasteurization destroys the dangers inspection cannot see. The combination of inspection and pasteurization corresponds in all respects to modern methods of obtaining a safe water supply for a large city. The watershed, through inspection, is kept clean, but the water is filtered or purified before it is given to the consumer.

There can be no more objection to the heating of milk for the use of adults and children above the age of three years than there is to the presence of *B. coli* in pasteurized milk can no longer be taken as an index of improper pasteurization or subsequent contamination.

<sup>21</sup> Nature has no danger signal for infected milk. Pathogenic microörganisms do not alter the taste, odor or appearance of milk.

cooking of meat. Infants should receive breast milk. When this is not possible they should have the best, freshest cow's milk that can be obtained. Whether such milk is to be pasteurized, modified, or otherwise treated will vary with circumstances.

Much has been said concerning the relation of scurvy and rickets to pasteurized milk. Fresh raw milk has antiscorbutic properties, which, however, are not very active. The amount of antiscorbutic vitamin in milk varies with the feed of the cow (page 672). This

vitamin deteriorates with age, with heating, and with drying. The temperature of pasteurization reduces the antiscorbutic property of fresh milk about half. Pasteurization probably has less influence than staleness. In any case, babies raised on cow's milk should have an antiscorbutic accessory, as orange juice. The disease is readily preventable. Rickets is a disease of defective alimentation, which cannot be laid to the door of pasteurization. Pediatricians now almost unanimously recommend pasteurization, particularly in the summer time, especially for those in-

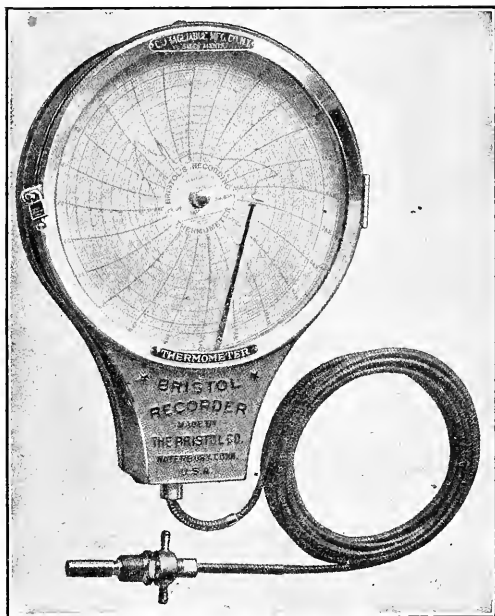


FIG. 80.—AUTOMATIC TEMPERATURE RECORDER FOR PASTEURIZERS.

infants who must depend upon ordinary market milk or milk of unknown quality.

Pasteurization is too important a public health measure to leave to individual caprice. The process should be under official supervision. Further, pasteurized milk should be labeled as such or simply "heated milk," stating the degree of heat and the length of time, and the date on which the process was done.

Pasteurization is sometimes objected to because it does not destroy heat-resisting toxins which are supposed to be in milk. The occurrence of such poisons is a mere assumption. Even if they exist in milk they would be in the raw milk as well as in the heated milk. The true exotoxins are all killed at 60° C. for 20 minutes.

Theoretically the best place to pasteurize milk is in the home. Prac-

tically the best place is at some central station, where it may be done scientifically under official surveillance.

*Methods of Pasteurization.*—There are three well-known methods by which milk may be pasteurized: (1) the flash method; (2) the holding method; (3) in the final container.

The *flash method* consists of heating the milk momentarily to a temperature of about 178° F. (81° C.) and chilling at once. This method is sometimes incorrectly called “commercial” pasteurization. It does not give uniform results, is not entirely reliable, and does not meet with the approval of the sanitarian. The method, however, is rapid and cheap.

The *holding method* consists in heating the milk to the desired temperature, say 65° C., and then holding it in a suitable tank or series of tanks at that temperature for a given period of time, say 30 or 45 minutes. This method has proved satisfactory in practice under commercial conditions.

Pasteurization *in the final container* is the perfection of the art. It is the ideal method, because the danger, however slight, of recontamination is entirely eliminated. In order to pasteurize milk in bottles the bottles must be well sealed with a tight cork and cap, or equally effective stopper. The bottles containing the milk may either be immersed in a water bath, brought to the proper temperature, held there a sufficient length of time, and then chilled; or the methods used in beer pasteurization, such as the Loew pasteurizers, may be used. In this case the bottles are subjected to a spray or shower of heated water.

Pasteurization in the bottle is especially applicable to small dealers who cannot afford automatic bottling and capping machines.

Freeman's pasteurizer for heating milk in individual feeding bottles in the home is most serviceable. The modification of Mr. Nathan Straus is shown in Fig. 81. It is used as follows:

After the bottles have been thoroughly cleaned they are placed in the tray (A) and filled with the milk or mixture used for one feeding. Then put on the corks or patented stoppers without fastening them tightly.

The pot (B) is now placed on the wooden surface of the table or floor and filled to the supports (C) with boiling water. Place the tray (A) with filled bottles into the pot (B) so that the bottom of the tray rests on the supports (C), and put cover (D) on quickly.

After the bottles have been warmed up by the steam for five minutes, remove the cover quickly, turn the tray so that it drops into the water, replace the cover immediately. This manipulation is to be made as rapidly as possible to avoid loss of heat. Thus it remains for twenty-five minutes.

Now take the tray out of the water and fasten the corks or stop-

pers air-tight. Cool the bottles with cold water and ice as quickly as possible, and keep them at this low temperature until used.

Use the milk from the bottles and by no means pour it into another vessel.

The milk should not be used for children later than twenty-four hours after pasteurization.

Emphasis is laid on the fact that only fresh, clean milk, which has been kept cold, should be used.

**The Effect of Heat upon Milk.**—The changes produced in milk by heating depend upon the degree of heat and the length of exposure.

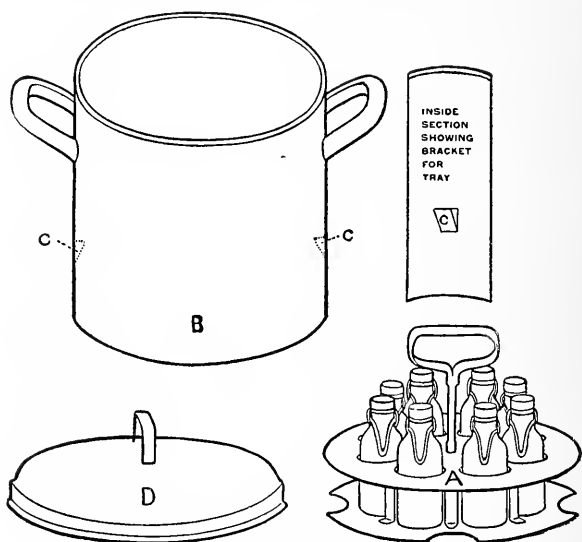


FIG. 81.—STRAUS HOME PASTEURIZER.

Milk heated at 62.8° C. for 30 minutes does not undergo any appreciable chemical and physical change. The boiling of milk, however, produces pronounced changes. In the main, these consist of a partial decomposition of the proteins and other complex nitrogenous derivatives; diminution of the organic phosphorus and an increase of inorganic phosphorus; precipitation of the calcium and magnesium salts and the greater part of the phosphates; expulsion of the greater part of the carbon dioxide; caramelization or burning of a certain portion of the milk sugar, causing the brownish color; partial disarrangement of the normal emulsion, and coalescence of some of the fat globules; coagulation of the serum albumin, which begins at 75° C.; the ferments are killed.

Boiled milk has a cooked taste which appears at about 70° C. This is due perhaps to the decomposition of certain of the proteins in the milk. The loss of certain gases also alters the taste, so that milk heated

in closed vessels has a less pronounced flavor than if heated in open vessels.

Milk heated in the open air forms a pellicle which renews if it is removed. This scum forms when milk reaches about 60° C. It consists of:

Casein and albuminoid.....	50.86 per cent.
Fatty matter.....	45.42 per cent.
Ash .....	3.72 per cent.

Milk heated in closed vessels does not form a pellicle, even when the temperature reaches the boiling point. It seems that this pellicle is due mainly to the drying of the upper layer of the liquid.

After milk has been heated to 68° C. or over for half an hour, the cream does not rise well, if at all, owing to the increase in the viscosity of the fluid in which it is emulsified. The clusters of fat droplets which are agglutinated into masses in normal milk are broken down by heating, and the globules are more homogeneously distributed throughout the fluid.

It has been observed that cooked milk coagulates with rennin more slowly than raw milk. This effect is noted often at temperatures of 80° to 90° C., but has not been observed in milk heated to 60° C. for 20 minutes. The curd produced by rennin coagulation in cooked milk is softer, less tough, and more flocculent than that produced by rennin coagulation in raw milk. This is believed to be an advantage favoring the digestibility of heated milk. Cooked milk is said to be constipating. This is explained by the fact that cooked milk contains comparatively few bacteria and is, therefore, less irritating than raw milk.

Methods for detecting heated milk see page 808.

**The Essential Requirements for a Safe and Satisfactory Milk Supply.**—1. Cows should be healthy and free especially from communicable infections, or any febrile disease, or inflammatory condition of the udder.

2. All persons who in any way come in contact with the milk or milk apparatus should be free from communicable diseases and not be carriers. A minimum of human contact should be insisted upon.

3. The milking should be done in clean rooms, the udders washed; the hands of the milker should be clean and dry.

4. The milk should be received into clean, sterilized pails, with a small mouth so as to keep out dust and dirt which falls from the udder and belly of the cow. If strainers are used they should be cleaned or boiled morning and evening. Cans and pails should be cleaned with washing soda or alkaline powder (not soap), rinsed in clean water, and then steamed or boiled.

5. The milk should be chilled to 50° F. or under at once, and kept protected from flies, dust, odors, and contamination, in a clean milk house until collected. A wooden paddle should not be used to stir the milk. If stirred a metal paddle is preferable.

6. The milk should likewise be kept protected and cold, not higher than 50° F., in transit to the city, and protected against tampering en route. The lower the temperature the easier it will be to keep the bacterial count down.

7. All apparatus at the city dairy, such as tanks, clarifiers, separators, pasteurizers, and bottling machines, should be kept scrupulously clean and sterilized by steam.

8. Pasteurization at not less than 60° for 20 minutes, followed by rapid chilling, and the milk kept below 50° F. until delivered to the consumer.

9. The pasteurized milk to be bottled by machinery in sterilized bottles, well sealed; and delivered promptly to the consumer.

10. All bottles and cans, after use in city delivery, should be washed and sterilized before being returned to the producer in order to prevent the conveyance of infection to the dairy or country farm.

11. The milk must be graded. In this way the producer is paid for care and cleanliness and the consumer has a ready means of knowing the sanitary character of the milk he purchases. The health officer should make frequent bacterial counts, and also sanitary surveys, for the purpose of grading.

12. A sanitary code based upon good milk laws. The system should include milk products.

13. A system of licensure and inspection to insure the above requirements.

## THE BACTERIOLOGICAL EXAMINATION OF MILK

**The Number of Bacteria.**—No known method can give an enumeration of all the bacteria in milk. Some are aërobes, others anaërobes; some require alkaline, others acid media; some grow best at room temperature, others only at blood temperature; and some grow slowly or not at all upon ordinary media. The methods in use, therefore, are those which have been shown by experiments to give the highest counts and the maximum information under ordinary conditions.

For the sake of uniformity methods should follow the report of the Committee on Standard Methods of Bacterial Milk Analysis of the American Public Health Association.<sup>22</sup>

The samples must be collected and kept in such a manner as to

<sup>22</sup> *American Journal of Public Health*, Vol. VI, No. 12, Dec., 1916.



prevent either any addition of bacteria from without or multiplication of the bacteria originally present. Whenever possible, and especially in the selection of certified milk samples, an original package should be taken, placed in a suitably iced case, and brought at once to the laboratory. Samples of market milk may be collected in the same manner as water samples, in sterile, wide-mouthed, glass-stoppered four-ounce bottles. Care should be taken to secure a sample which is thoroughly representative of the milk to be examined. This may be done by pouring the milk back and forth into a sterile receptacle, or shaking the milk thoroughly with the receptacle turned upside down. In taking samples from tanks it is allowable to stir thoroughly with a long-handled dipper. Generally speaking, the shorter the time between collection and examination of milk samples the more accurate will be the results. For routine work the attempts should be made to plate within four hours of the time of collection. Too much stress cannot be laid on the importance of keeping the samples properly iced during this interval. They should be kept below 40° F., but care should be taken that they are not frozen.

The standard medium for routine enumeration of bacteria in milk is Standard Beef extract agar<sup>23</sup> adjusted according to Fuller's scale. The reaction is not to be changed if it falls between +0.5 and +1.0 per cent. Milk should always be diluted before plating, for the reason that whole milk produces a turbidity of the agar, and because the bacteria cannot well be dispersed without diluting, and the resulting colonies are so close that they interfere with each other. The milk is diluted in the proportion of 1-10, 1-100, 1-1,000, 1-10,000, 1-100,000 or 1-1,000,000. For certified milk 1-100 dilution should be used. Ordinary potable water, sterilized, may be used for dilutions. The number of bacteria present may be estimated approximately before dilutions are made by direct microscopic examination of a properly prepared sediment. Otherwise it is necessary to make a range of dilutions therefrom, selecting for record the count obtained on that plate which yields between 30 and 300 colonies. A plate containing more or less than these numbers will not give reliable results. Porous, earthenware Petri dish covers are recommended as superior to glass, since they absorb the excess of moisture and thus help to prevent spreaders. Another method of preventing spreaders is to invert the dishes and place in the glass cover of each a strip of sterile filter paper moistened with one large drop of glycerin.

The plating should always be checked by duplicate controls, and a blank plate should be made with each series for control of the sterility of the agar, water, air, Petri dishes, pipettes, and methods. The plates should be incubated at 37° C. for 48 hours, or may be grown at

<sup>23</sup> Esculin bile salt agar, lactose litmus agar, and whey agar may also be used.

21° C. for five days. Only those colonies should be counted which are visible to the naked eye or may be seen readily by a low power lens.<sup>24</sup> The result should always be expressed in round numbers. It is misleading to state that a milk contains 2,140,672 bacteria per cubic centimeter. This gives a false and exaggerated notion of the accuracy of the method. At best the results are only an average approximation. Results should be expressed in accordance with the recommendations of the Commission on Standards of the New York Milk Committee.<sup>25</sup>

The number of bacteria is the best single index we have of the general character of milk.

**The Kinds of Bacteria.**—We still lack satisfactory routine methods for determining the kinds of bacteria found in milk. If the plates are made with gelatin it will give the relative proportion of liquefiers. By the use of Endo's medium or lactose litmus agar the number of acid-producing bacteria may be determined.

To determine the number of proteolytic bacteria in milk place 1 c.c. of sterile skim milk into a Petri dish, then add the proper dilution of milk in question, and finally pour in molten sugar-free agar. Incubate 48 hours, and then wash the surface with a dilute solution of acetic acid. Count the number of colonies surrounded by a clear zone, which is taken to represent proteolysis or breaking down of the protein.<sup>26</sup>

Typhoid bacilli may be isolated on Endo's medium, and diphtheria upon Loeffler's blood serum. Other pathogens require special technic applicable to each case. The number of streptococci in milk may be estimated by the direct examination of stained smears. The chains are more readily counted if the milk is first incubated at 37° C. for 6 or 8 hours. In the estimation of streptococci only the longer chains are considered. The presence of streptococci and an approximation as to their number may also be determined by planting the milk upon the surface of blood agar and studying the fine dewdrop-like colonies.

A few streptococci will be found in most sediments from milk. They are seldom found to any great extent by direct microscopic examination of clean milk. Occasionally a sample will be found crowded with long chains. More often streptococci, if present, are in the form of diplococci or very short chains. The common interpretation is to regard the short chain varieties as probably harmless, while long chains are regarded as more apt to indicate inflammatory reactions. This is a serious mistake. There is no relation between length of chains and pathogenicity.

Ruediger points out that *Streptococcus lacticus* can be differentiated from *Streptococcus pyogenes* by means of blood agar plates. *Strepto-*

<sup>24</sup> Magnifying 2½ diameters.

<sup>25</sup> *Public Health Reports*, Vol. XXVII, 19, May 10, 1912.

<sup>26</sup> Hastings: *Cent. f. Bakt. u. Parasitenk.*, Abt. II, Bd. X, p. 384.

*coccus pyogenes* produces small colonies surrounded by a large zone of hemolysis, whereas *Streptococcus lacticus* produces green or grayish colonies with very little or no hemolysis.

*Streptococcus lacticus* has no sanitary significance, as it is found in nearly all samples of clean, soured, or fresh milk, and very often in the healthy milk ducts. *Streptococcus pyogenes*, on the other hand, seems to occur but rarely in milk, and is indicative of the existence of an inflamed condition of the udder of the cow furnishing the milk.

The Beta type of hemolytic streptococci described by Smith and Brown may be isolated from milk by the method described on page 781.

The presence of *Bacillus Welchii*, or the gas bacillus, may be determined by heating some of the milk to 80° C. for one hour in deep anaërobic tubes and then incubating the sample at 37° C. If the sample contains this microörganism it will show "stormy fermentation" with gas production within 24 hours (sometimes as soon as 6 hours), with coagulation and breaking up of the curd, some of which may be forced above the cream line, and with the development of an odor of butyric acid.

The demonstration of tubercle bacilli in milk depends upon animal experimentation. See page 779.

## MICROSCOPIC EXAMINATION

There are three methods of making a microscopic examination of milk in current use. These are convenient and practical methods of roughly but quickly determining the sanitary quality of milk, based upon its bacterial content.

(1) **The Stewart-Slack Method.**—Two c.c. of milk are placed in a glass tube closed at both ends with a rubber stopper. This is centrifuged for 10 minutes at a speed of from 2,000 to 3,000 revolutions per minute. The sediment upon the rubber stopper of the distal end of the tube is mixed with a drop or two of water and spread upon a slide in a thin, even layer, covering a space of about four square centimeters. This is dried and stained with methylene blue. The microscopic examination reveals the character of the milk as judged from the approximate number of pus cells and presence of streptococci in long chains. It has been found that the number of cocci, bacilli, or chains in the 1/12 oil immersion field, multiplied by 10,000, gives a rough approximation of the number of bacteria in a cubic centimeter of the whole milk.

The results of this method vary considerably with details of individual manipulation, with the speed of the centrifugal machine, with the time allowed for centrifugation, and other factors.

(2) **The Doane-Buckley Method.**—In this method the number of leukocytes are counted in the chamber of the Zeiss blood counter, which contains just 0.0001 c.c. Ten c.c. of milk is centrifuged at 2,000 revolutions per minute for four minutes. The fat is removed with a cotton swab and again centrifuged for one minute. The fat is again carefully removed, for any appreciable amount of fat will interfere with the counting. The supernatant fluid is now pipetted off and two drops of a saturated alcoholic solution of methylene blue are added to the sediment, which is thoroughly mixed and warmed in boiling water for two or three minutes, which favors the staining of the cells. The sediment is now diluted to the 1 c.c. mark with water. Some of this is transferred to the counting chamber and the number of cells counted with a dry lens. The number of cells in the counting chamber multiplied by 1,000 gives the number per cubic centimeter in the milk.

(3) **The Prescott-Breed Method.**—Special pipettes graduated to hold 0.01 c.c. of milk may be obtained for use under this method. After a thorough mixing of the milk, 0.01 c.c. is removed with the pipette and spread uniformly over a square centimeter on an ordinary microscopic slide. It is allowed to dry and is fixed with methyl alcohol, after which the fat is dissolved from it by the use of xylol. The smear is then stained either with methylene blue or preferably with one of the blood stains, the Jenner stain or Wright stain being useful for this purpose. If the staining is so deep as to make the specimen too opaque for proper study, it is slightly decolorized with alcohol, which removes the stain from the general sediment more readily than it does from the bacteria of the tissue cells. The stained smear is studied under a 1/12 inch immersion lens. The draw tube is adjusted so that the field of the microscope covers exactly 15 millimeters, and under these circumstances the number of bacteria present in the 0.01 c.c. is exactly 5,000 times the number found in a microscopic field. The counting of a large number of fields (100 fields) and averaging the results multiplied by this number will, therefore, give approximately the number of cells or bacteria contained in 0.01 c.c. of milk.

## CHEMICAL ANALYSIS OF MILK

**Total Solids.**—The total solids in milk consist chiefly of the fats, sugar, proteins, and inorganic salts. The United States standard requires 12 per cent. of the milk to consist of total solids, 8.5 per cent. of which shall be solids not fat, and 3.25 per cent. fat. In some states the requirement for total solids is as high as 13 per cent., in others 11.5 per cent.

**Determination of Total Solids.**—The total solids may be determined either by:

- (1) The use of Richmond's slide rule.
- (2) The Babcock asbestos method.
- (3) By evaporation and direct weighing.

*Richmond's Slide Rule.*—This is a device by which the total solids may be determined fairly accurately by the use of the formula of Hehner and Richmond. It is necessary to know the correct specific gravity and the amount of fat. From this the total solids is determined by the following formula:

$$T S = \left( \frac{G}{4} \right) + 1.2 F + .14$$

in which T S equals total solids, G the last two units of the specific gravity and any decimal. Thus, if the specific gravity is 1.0295,  $G = 29.5$ . F represents the percentage of fat. In using the slide rule the operation is conducted in two stages. First, the lactometer reading is corrected for temperature. The observed lactometer reading is brought opposite the 60° mark and the correct specific gravity read opposite the observed temperature. Second, the arrow of the slide is set opposite the observed percentage of fat, and the total solids are read off opposite the corrected specific gravity reading on the scale marked "specific gravity." The results obtained by the use of Richmond's slide rule agree quite closely with those obtained by direct weighing.

This formula may also be used to determine the percentage of fat provided the specific gravity and total solids are known.

*The Babcock Asbestos Method.*—The milk is placed upon a filter paper cartridge filled loosely with freshly ignited woolly asbestos, subjected to a temperature of 100° C. until weight is constant, and then cooled and weighed. The gain in weight represents the total solids of the amount of milk taken. The advantage in this method is that the cartridge may then be slipped into the Soxhlet extraction apparatus and used for the determination of fat.

*Weighing.*—About 5 c.c. of milk are weighed in a tared platinum dish, evaporated exactly two hours on a steam bath, the outside wiped dry, and then cooled to constant weight in a desiccator. The weight of the residue represents the total solids of the milk.

*Determination of Ash.*—The platinum dish containing the total solid residue is carefully heated in the flame, avoiding spattering and heating above a dull red glow. When the residue has become white, or nearly so, it is cooled in a desiccator and again weighed; the difference between the final weight and the original weight of the empty dish represents the amount of mineral matter in the amount of milk taken.

The ash is saved for the tests for boron compounds, carbonates, and other non-volatile mineral preservatives.

**Determination of Fats.**—The determination of the quantity of butter fat contained in milk is of considerable economic importance and is included as a routine in all milk laboratories. There are several methods by which the fat in milk may be accurately determined.

(1) *Babcock Method.*—The Babcock method is the most convenient and is sufficiently accurate for ordinary purposes. It cannot be carried out without considerable special apparatus, including a centrifuge, special graduated flasks and pipettes. The method consists in separating the fat by the addition of sulphuric acid. The mixture is centrifugalized so that the fat rises into the neck of the specially graduated flask, and the percentage may be read off directly. The sample should be well mixed by pouring back and forth just before the test. The method is carried out as follows:

In the special graduated flask are mixed:

17.6 c.c. milk.

17.6 c.c. of sulphuric acid (specific gravity 1.82-1.83).

The acid must be run slowly down the side of the flask under the milk and the whole mixed at once, without splashing, by imparting a rotary motion to the contents of the bottle. The mixture is centrifugalized for 5 minutes; boiling water is then added until the liquid rises to the bottom of the neck of the flask, and the centrifugalization is repeated for 3 minutes. Again add boiling water until the top of the column is near but safely under the top of the scale, and centrifugalize a third time for 1 minute. By this time the fat in the neck of the bottle should be clear, yellow, and liquid. The length of the column of fat is considered as extending from the bottom of the line of contact with the liquid below to the top of the meniscus above. The length of the column of fat is measured by means of a pair of dividers, which are first adjusted to the length of the column, then the percentage is read by touching one point of the dividers to the zero mark on the scale, when the upper point will indicate the percentage of fat in the milk. The mixing of sulphuric acid with the milk generates considerable heat, which should be maintained, so that at the time of taking the reading the contents of the bottle register between 55°-60° C. Care should be taken to use none but authoritatively tested and guaranteed bottles. The flasks should be emptied before the fat cools and hardens.

(2) *The Werner-Schmidt Method.*—This method is slower than the Babcock, especially when many samples are to be analyzed, but it can be done with improvised apparatus and readily procurable materials. Ten c.c. of milk are added to 10 c.c. of concentrated hydrochloric acid

in a 50-c.c. test tube, shaken, and boiled until dark brown in color. The mixture is then cooled in water and 30 c.c. of washed ether added, the stopper inserted, and thoroughly agitated. When the two layers have separated the upper layer, containing the ether and dissolved fat, may be withdrawn by means of a pipette, or blown out with the assistance of a double tube, such as is used in wash-bottles, the delivery tube extending into the ether layer almost to the line of demarcation between the ether and the acid-milk mixture. The ether containing the extracted fat is transferred to a weighing flask. The extraction is repeated with several fresh, smaller portions of ether (about 10 c.c.), and the whole of the ether used is collected in the weighed flask. The ether is then distilled off or permitted to evaporate at a low temperature. The residuum of fat is heated to constant weight in an air bath, cooled, and weighed. Since the milk is measured and not weighed, a correction must be made accordingly.

*Example.*—Amount of milk used equals 10 c.c. Specific gravity of sample equals 1.029. Weight of milk used, therefore, equals  $1.029 \times 10$ , which equals 10.29 grams. The weight of the fat found equals 0.386 gram. Percentage of the fat in the original milk is determined from the following equation:

$$10.29 : 0.386 :: 100 : x$$

$$x = 3.75, \text{ or the percentage of fat in the original milk.}$$

(3) *The Soxhlet Extraction Method.*—This is the most accurate method for determining fats in milk and other substances. The principle consists in the complete extraction of all the fat by continuous washing with ether. The only error in this method arises from the fact that substances other than fats are soluble in ether and are included in the weight. This error in milk is negligible. The process requires a coil of thick filter paper free from substances soluble in ether and alcohol, and a Soxhlet extraction apparatus. Instead of the coil of filter paper a specially prepared cartridge of filter paper which fits loosely within the cylinder of the Soxhlet apparatus may be used. When the cartridge is used it is best to plug its open end with absorbent cotton, in order to prevent the escape of fine particles of the contained substance.

A definite weight of milk, about 5 grams, is applied to the coil of filter paper or cartridge, in one of two ways. A small beaker containing the required amount is weighed and the coil is placed in it and kept there until nearly the whole has been absorbed. The coil is then carefully withdrawn and placed, dry edge downward, upon a sheet of glass. The beaker is then weighed again, and the loss in weight, which represents the amount of milk absorbed, is noted. Another method is to

weigh the beaker containing the milk and a small pipette. The necessary amount of milk is then transferred to the coil with the pipette, after which the weight of the beaker and pipette containing the remaining milk is noted. The difference represents the weight of the milk absorbed. The coil or cartridge is then dried in an air bath at 100° C. for an hour or more, when it is ready for insertion into the extractor.

The three separate parts of the Soxhlet extraction apparatus, consisting of the flask, the cylinder, and the condenser, are joined together and mounted upon a water bath or an electrically heated plate. Before the operation is begun the exact weight of the flask must be determined. The ether is then added, and as it volatilizes the vapor passes upward through the side tube into the extractor, and thence to the condenser, where it falls upon the substance to be extracted. As the process continues the condensed liquid accumulates in the cylinder and gradually rises until it reaches the bend of the siphon in the cylinder part of the apparatus. When full the siphon acts and discharges back into the flask, until the entire liquid is returned to its starting point. During its accumulation in the cylinder it dissolves the fats or other ether soluble substances which are carried in solution into the flask. The process is continued until this siphoning action repeats itself again and again as long as is necessary, so that the whole of the extracted matter is finally within the flask. The fat, being non-volatile, remains in the flask while the ether is revolatilized and sent continually on its errand. On the completion of the process the ether is permitted to collect in the cylinder, but before it reaches the level of the siphon the flask is disjoined. The remaining ether is expelled cautiously and the flask with its contents is placed in an air bath maintained at 100° C. and dried to constant weight. The increase in the weight of the flask represents the amount of matter extracted.

*Example.*—The weight of milk absorbed by the filter paper was 5.160 grams. The increase in the weight of the flask was 0.161 gram. The amount of fat present in the sample is then obtained by the following equation:

$$5.16:0.161::100:x$$

$$x = 3.12, \text{ or the percentage of fat in the milk.}$$

**Determination of Milk Sugar.**—The amount of lactose in milk may be determined chemically by the reduction of copper sulphate in Fehling solution, or optically by means of the polariscope.

(1) *Method by Fehling's Solution.*—To 25 grams of milk add 0.5 c.c. of 30 per cent. acetic acid; shake; let stand 3 minutes; then add 100 c.c. of boiling water; again shake; add 25 c.c. of alumina



cream; again shake, and let stand for 10 minutes; filter through a wet pleated paper filter and wash the residue until the washings and filtrate total 250 c.c., representing a dilution of one-tenth of the original milk; this dilutes the sugar content of the liquid to somewhat less than 0.5 per cent. This is then titrated with Fehling's solution in the usual manner, namely: fill a burette with sugar-containing liquid, place 10 c.c. of Fehling's solution (representing 0.067 gram of milk sugar) in a flask, and heat to boiling. Run in the liquid from the burette in small proportions, maintaining the contents of the flask at boiling point until the liquid in the flask loses its original blue color, which marks the end point of the reaction.

Fehling's solution is made up in two solutions: 1. Dissolve 34.639 grams of  $\text{CuSO}_4 \cdot 5\text{H}_2\text{O}$  in distilled water and dilute it to a liter. 2. Dissolve 173 grams of potassium sodium tartrate (Rochelle salt) in distilled water, add 100 c.c. of sodium hydrate solution of 1.393 specific gravity, and dilute the mixture with distilled water to a liter. Equal parts of solution 1 and 2 are mixed in a boiling flask of about 300 c.c. capacity. The amount of copper contained in 10 c.c. of equal parts of solution 1 and 2 requires for its reduction 0.059 gram of dextrose, or 0.067 gram of lactose.

(2) *Polariscope Method*.—The polariscope, the quantities used, and the factors employed in the polariscope method vary with different types of instruments. Perhaps the most satisfactory is the Schmidt and Haenzsch half-shadow type. This possesses the advantage of doing away with the matching of colors, and hence may be used by those who are color-blind, and even with those having normal color vision it gives the most satisfactory results.

To 70.65 grams of milk add an excess (3 c.c.) of an acid nitrate of mercury solution and mix thoroughly by shaking. The acid nitrate of mercury solution is made by adding one part of weight of mercury to two parts of nitric acid, S. G. 1.42, and, after the reaction has ceased, adding an equal volume of distilled water. The object of adding the acid nitrate of mercury to the milk is to remove the albumin and fat in the form of a curd, leaving the sugar as the only optically active constituent of the clear serum. The milk containing the acid is now diluted to 102.5 c.c. with distilled water and again thoroughly mixed. Filter through a dry pleated filter and take the polarimeter reading without delay in a 200-mm. tube. When an excess of acid nitrate of mercury is added to the sugar-containing liquid the latter quickly begins to decompose, with the evolution of gas; on the other hand, an excess must be present in order to obtain a clear, easily filtered liquid.

The percentage of lactose is the product of the factor 0.0209 (this factor is applicable to these conditions only) multiplied by the number of minutes of dextrorotation. The definite directions for this particu-

lar kind of work do not accompany the instrument used. The factor should be determined or confirmed by comparing with lactose solution of known strength. Some polarimeters are graduated directly in sugar percentages instead of degrees and minutes, in which case care must be taken that the graduations correspond to the particular form of sugar under investigation, or, if not, that a suitable correction is made.

**Determination of Proteins.**—It is not usual to estimate the proteins in a sanitary analysis of milk, since different specimens of milk vary but little in this regard, and since there is little inducement for sophistication, as far as the proteins are concerned.

(1) *Method by Difference.*—If we know the weight of total solids in milk and subtract therefrom the weight of the fat, ash, and sugar, the difference will represent the proteins. This method is sufficient for ordinary purposes. To estimate the nature of the various proteins requires special skill in organic analysis.

(2) *Kjeldahl Method.*—The milk is mixed with sulphuric acid (using mercury as a catalyzer) and digested in a flask until it is completely charred and becomes clear again. The residue will then contain all of the nitrogen in the form of ammonium sulphate, which is determined in the usual way. The total nitrogen multiplied by the factor 6.38 gives the total protein. The method is carried out as follows:

*Gunning Modification.*—An accurately weighed amount (about 5 grams) of milk is placed in a 500-c.c. Kjeldahl digestion flask and digested with 10 grams of potassium sulphate and 15 c.c. of concentrated nitrogen-free sulphuric acid. The digestion is carried out over a free flame, using care to heat gradually at first; the process is considered complete when the liquid becomes clear (about 2 hours). The contents of the flask are cooled and 200 c.c. of water and sufficient saturated sodium hydroxid solution to neutralize the acid and to make the solution strongly alkaline are added. The nitrogen, which has been converted into ammonium hydroxid, is now distilled through a block tin tube into a definite amount of standard acid, and the acid titrated back with standard alkali, using cochineal or alizarin as indicator. The amount of nitrogen can be calculated from the results. Total nitrogen multiplied by 6.38 gives total protein.

*Calculation.*—The number of c.c. of N/10 acid multiplied by 0.0014, divided by the weight of the sample of milk times 100 gives the percentage of nitrogen. 1 c.c. of N/10 acid equals 0.0014 gram of N. As the reagents always contain a certain amount of nitrogen the value of a blank determination should always be subtracted from the acid reading.

The percentage of nitrogen multiplied by the factor 6.38 gives the percentage of protein in the sample of milk.

## EXAMPLE:

50.5—No. c.c. of N/10 acid originally in receiving flask.

18.8—No. c.c. of N/10 alkali used in titration.

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31.7

.3—Value from blank determination.

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31.4—Total No. c.c. N/10 acid used.

.0014

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.044—Wt. of nitrogen.

.044

— $\times 100 = .427$ . Percentage of nitrogen.

10.3

.427 $\times 6.38 = 2.72$ . Percentage of protein.

NOTE.—The factor 10.3 in the above formula is the weight of the sample of milk used, i. e., the volume (10 c.c.) times the specific gravity of the milk.

**Water.**—Milk is still frequently sophisticated by the addition of water. A watered milk may be suspected from a low specific gravity, or may be detected unerringly by the index of refraction of the milk serum.

*Refractometer Reading.*—This test depends upon the fact that the salts dissolved in undiluted milk in the concentration in which they exist in the milk serum, as prepared under standard conditions, give a reading of not less than 39 upon the scale of a Zeiss refractometer at a temperature of 17.5° C. Distilled water gives with the same instrument a reading of 15. Milk reading below 39 is certainly watered; below 40 is suspicious.

Refractometer reading is obtained as follows:

The milk serum is prepared by adding 2 c.c. of a 25 per cent. acetic acid (S. G. 1.035) to 100 c.c. of milk at about 20° C. and mixing well. Heat the mixture in a beaker covered with a watch glass to 70° C. Maintain this temperature for 20 minutes. Cool quickly to room temperature by means of cold water, and filter until nearly or quite clear. Do not discard the curd, as it can be used to test for the presence of artificial colors. The refractometer reading is taken with the filtrate at 17.5° C., this temperature being maintained by means of a large body of water at the same temperature surrounding the milk container.

If a refractometer is not at hand practically the same information can be obtained from the milk serum by taking its specific gravity with a Westphal balance or a pycnometer.

The specific gravity of the serum from normal milk is never below 1.027 and only rarely below 1.029. The addition of each 10 per cent. of water lowers the specific gravity by 0.0010 to 0.0035.

**Reaction.**—The acidity of milk is determined by titration with a solution of sodium hydroxid, using phenolphthalein as the indicator.

Take 50 c.c. of milk and add a few drops of alcoholic phenolphthalein solution. From a burette run in 0.1 normal sodium hydroxid solution with constant stirring until the pink color in the milk persists about 15 seconds. The carbon dioxid in the atmosphere fades out the phenolphthalein color by converting the sodium hydroxid into sodium bicarbonate, hence the determination must be made rapidly, and a rather faint but not very permanent pink color marks the end point.

The acidity of milk is usually expressed in terms of lactic acid, although when fresh it is caused by other organic acids. To convert the amount of N/10 sodium hydroxid solution necessary to neutralize the acidity in 50 c.c. of milk into percentages of lactic acid, multiply the number of cubic centimeters of N/10 NaOH by 0.018.

The results of these titrations are recorded in three different ways: (1) In this country the calculations are reduced to terms of lactic acid. Thus, 1 c.c. of N/10 NaOH neutralizes 0.009 gram of lactic acid; (2) in degrees of acidity, by which is meant the number of cubic centimeters of N/10 NaOH required to neutralize 100 c.c. of milk; (3) in German degrees of acidity, meaning the number of cubic centimeters of N/4 NaOH per 100 c.c. of milk. For transposition purposes the following equivalents are given:

1 degree (U. S.) of acidity.....	0.009 per cent. lactic acid
1 degree (German) of acidity...	0.0225 per cent. lactic acid
1 degree (German) of acidity... 2.5°	(U. S.) acidity

Rühm<sup>27</sup> has recommended the following test for detection of beginning acidification in mixed milks of two or more cows: Ten c.c. of 68 per cent. alcohol is added to 10 c.c. of the milk to be tested. If there is immediate coagulation the acidity is above 8°. More advanced acidity may be detected by boiling a small amount of milk for a few moments in a test tube. Coagulation appears if the acidity is above 10°. These are convenient tests that may be applied at the dairy.

The accurate way to determine reaction is to measure the hydrogen ion concentration by means of indicators, or better, by the gas-chain and potentiometer. The pH values of fresh cow's milk range between 6.5 to 6.8; fresh mother's milk varies between 7.1 and 7.6.

Milk has a variable acidity when it coagulates; that is, when it throws its casein out of solution. Milk containing about 0.225 per

<sup>27</sup> Rühm: *Zeitschr. f. Fleisch u. Milch-hyg.*, Vol. XX, 1910.

cent. of acid will coagulate upon heating. This may be prevented by first neutralizing with an alkali, such as sodium carbonate. The amount of acidity in a particular sample of milk is no safe criterion as to whether it will coagulate or not during pasteurization. This can only be determined with certainty by first testing a small portion.

**Specific Gravity.**—The specific gravity of milk is taken either (1) with the lactodensimeter. (2) with the Westphal balance, or (3) upon an ordinary chemical balance, with a pycnometer.

*The Querenne lactodensimeter* is recommended for the determination of the specific gravity. It is made like an ordinary aërometer and divided into degrees which correspond to a specific gravity from 1.014 to 1.040, or only from 1.022 to 1.038, since by the latter division a greater space is gained between the different degrees without unduly lengthening the instrument. From such a lactodensimeter one can easily read off four decimal places.

The milk, the specific gravity of which is to be determined, is well shaken and poured into a high-class cylinder of suitable diameter; the lactodensimeter is dropped in slowly, in order to prevent its bobbing up and down. (The bulb should be free from adhering air bubbles.) The figures on the stem are the second and third decimals of the numbers of the specific gravity, so that 34 is to be read 1.034. For this examination the temperature of the milk must be 15° C. (60° F.); if it is not, the specific gravity of the milk at 15° C. must be calculated from the specific gravity found and from the temperature, for in milk inspection and analysis this is the standard.

*Westphal Balance.*—This instrument is more accurate than the lactometer. It is in equilibrium when the sum of the weights equals the specific gravity of the liquid.

To use this instrument, dry the plummet and balance the arm in the air; then fill the cylinder with the sample. Now place the plummet in the milk and balance the weights. The large weights represent the first decimal place; the second size, the second decimal place; the third size, the third decimal place; and the fourth size, the fourth decimal place. The specific gravity is the sum total, as shown by the notches on the arm of the balance.

EXAMPLE:

	Notch	Value
Largest size weights.....	9	.9
Largest size " .....	1	.1
Second size " .....	3	.03
Third size " .....	2	.002
Fourth size " .....	4	.0004

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1.0324 = Specific Gravity

Correct for temperature by means of the following table:

*Table for correcting the specific gravity of milk according to temperature. (Adapted from the table of Vieth.)*

Specific Gravity	10°	11°	12°	13°	14°	15°	16°	17°	18°	19°	20°
1.027	26.1	26.2	26.4	26.5	26.7	26.9	27.1	27.4	27.5	27.7	28.0
28	27.0	27.2	27.4	27.5	27.7	27.9	28.1	28.4	28.5	28.7	29.0
29	28.0	28.2	28.4	28.5	28.7	28.9	29.1	29.4	29.5	29.8	30.1
30	29.0	29.1	29.3	29.5	29.7	29.9	30.1	30.4	30.5	30.8	31.1
31	29.9	30.1	30.3	30.4	30.6	30.9	31.2	31.4	31.5	31.8	32.2
32	30.9	31.1	31.3	31.4	31.6	31.9	32.2	32.4	32.6	32.9	33.2
33	31.8	32.0	32.3	32.4	32.6	32.9	33.2	33.4	33.6	33.9	34.2

DIRECTIONS: Find the observed specific gravity in the left-hand column. Then in the same line, and under the observed temperature, will be found the corrected reading.

Taking the specific gravity of the whole milk does not of itself detect either watering or skimming, since, if these practices are done artfully, the specific gravity of the milk may remain unaltered. The specific gravity of normal milk serum is about 1.0287.

**Field Tests.**—There are several rough and ready milk tests useful in the field: (1) The Wisconsin curd test, for flavors, odors and dirtiness; (2) the dirt test, for visible dirt; (3) the bacterial count, by microscopic examination; (4) the Farrington quick acid test for reaction; (5) specific gravity; (6) temperature.

**Heated Milk.**—Milk that has been heated above 79° or 80° C. may be detected by the fact that the enzymes are killed. Several methods are used; the most convenient, perhaps, is Dupouy's method. A few drops of a freshly prepared solution of diamidobenzene in water (1-4) and a little hydrogen dioxid are added to 5 c.c. of milk. With raw milk a coloration appears, while with milk that has been heated to 79° C. or over no color is produced. Other tests, such as the Storch method or Arnold's guaiac method, are described below under "Tests for Enzymes."

A test for heated milk has recently been devised by Frost who finds that the leukocytes in raw milk do not stain with methylene blue, whereas these cells in heated milk stain well, especially the nuclei, and are smaller.<sup>28</sup>

Van Slyke has shown that heated milk contains little CO<sub>2</sub>, as compared to unheated samples. Milk from the cow contains 4 to 5 per cent. CO<sub>2</sub>, seldom less than 3.5 per cent. After pasteurization, the amount drops to 2 per cent., and is never over 2.5 per cent.

**Tests for Enzymes, and Their Significance.**—The following tests are those most frequently used:

**Catalase Test.**—Ten c.c. of the milk to be tested is mixed with

<sup>28</sup> J. A. M. A., March 6, 1915, also.

10 c.c. of a 3 per cent. (by volume) hydrogen peroxid. The mixture is placed in a Lobeck tube and the stopper tightly inserted. Then the tube for measuring the liberated oxygen is filled with water and inserted into the perforated stopper, pushing out the small hard rubber button. The mixture of milk and hydrogen peroxid is immersed up to the stopper in a water bath at 37° C. and left there for two hours. The oxygen that is liberated replaces the water in the graduated tube on which the readings are made. Larger quantities of milk (15 c.c.) and less hydrogen peroxid (3 c.c.) give more satisfactory readings for pasteurized milk.

- According to Auzinger, the liberation of much gas by this test occurs (1) with physiologically changed milk, as is the case with colostrum and with milk from old milkers; (2) in the case of pathologically changed milk, as in mastitis and other febrile diseases; or (3) in milk containing a large number of bacteria.

The test for catalase, therefore, is of assistance in detecting old, bacteria-laden, or abnormal milk.

*Reductase Test.*—(1) Schmidt-Muller or Slow Reductase Test.—The reagent is made by adding 195 c.c. of distilled water to 5 c.c. of a saturated alcoholic solution of methylene blue (zinc chlorid double salt). This reagent should be boiled every day before using. The test is made by adding to 20 c.c. of milk in a test tube 1 c.c. of the reagent, mixing, sealing with melted paraffin, and then incubating at 45° C. in a water bath. According to Rühm,<sup>29</sup> fresh milk remains blue for 12 hours or more, and “infected” milk decolorizes in less than one hour. Reductases, according to Rühm, are increased by acid-forming bacteria, but not by alkaline producers. Auzinger,<sup>30</sup> who uses 0.5 c.c. of the reagent in 20 c.c. of milk, states that, on holding the mixture at 38° to 40° C., milk not decolorizing in seven hours contains less than 100,000 bacteria per c.c.; that which decolorizes in 2 to 7 hours contains 100,000 to 300,000; and that which decolorizes in 1/4 to 2 hours contains 300,000 to 20,000,000 bacteria per c.c.

(2) Schardinger or Hastened Reductase Test.—The reagent is made by adding 5 c.c. of 40 formaldehyd, 5 c.c. of saturated alcoholic solution of methylene blue (zinc chlorid double salt) to 190 c.c. of distilled water.

The test is made by adding to 10 c.c. of milk, 2 c.c. of the reagent in a test tube, mixing well, sealing with melted paraffin, and holding at 37° C. in a water bath. By the test, according to Auzinger,<sup>30</sup> good milk reduces the color in 8 to 12 minutes, milk rich in bacteria reduces in 5 minutes or less, and when colostrum is present two or more hours are required.

<sup>29</sup> Rühm: *Zeit. f. Fl. u. Milch-hyg.*, Vol. XX, 1910.

<sup>30</sup> Auzinger: *Ibid.*, Vol. XX, 1910.

To test for heated milk: add 20 c.c. of the milk to 1 c.c. of the reagent; seal with liquid petroleum, and incubate at 45° to 50° C. Raw milk will decolorize this reagent in less than 20 minutes; pasteurized milk will take a longer time.

Of the two reductase tests, according to Schardinger,<sup>31</sup> reduction by the slow method is due to ferments produced by bacteria, while by the hastened method reduction is due to the natural ferments of milk.

The slow reductase test is of assistance in detecting old milk, and the hastened reductase test offers a convenient and reliable method for detecting and testing the efficiency of pasteurization.

*Storch Test.*—To about 5 c.c. of milk in a test tube add a drop of 0.2 per cent. solution of hydrogen peroxid containing 0.1 per cent. sulphuric acid, and 2 drops of a 2 per cent. aqueous solution of paraphenyldiamin hydrochlorid. Mix. A positive reaction consists in the rapid production of a blue or dark-violet color. The paraphenyldiamin hydrochlorid does not keep well and should be recently prepared. If the milk is sour it must first be made alkaline with limewater. Raw milk gives a positive reaction at once; milk that has been heated to boiling gives no reaction.

*Peroxidase Reaction.*—(1) Rothenfusser's Test:<sup>32</sup> Dissolve 1 gram of *p*-phenyldiamin hydrochlorid in 15 c.c. of water. Dissolve 2 grams of crystallized guaiacol in 135 c.c. of 96 per cent. alcohol. Mix the solutions and keep in an amber-colored bottle. To 10 c.c. of milk add 0.5 c.c. of the above reagent and 3 drops of 3 per cent. hydrogen dioxid. A blue-violet coloration is developed in raw milk and if the milk has been heated to a sufficiently high temperature no color is produced. This reaction is scarcely delicate enough to detect commercially pasteurized milk.

(2) The Benzidin Test:<sup>33</sup> Dissolve 4 grams of benzidin in 100 c.c. of 96 per cent. alcohol. To 10 c.c. of milk add 1 c.c. of this reagent, 3 drops of 30 per cent. acetic acid and 2 c.c. of 3 per cent. hydrogen dioxid; a blue coloration is produced with raw milk and none with milk heated to a sufficiently high temperature.

*Bellei Test.*—The test is made by adding to 10 c.c. of milk 3 drops of 1.5 per cent. aqueous solution of ortol and two drops of 3 per cent.  $H_2O_2$ .

### TESTS FOR THE ADULTERATION OF MILK

**Coloring Matter.**—To 150 c.c. of milk, add 5 c.c. of 25 per cent. acetic acid in a large porcelain casserole and curdle over the Bunsen

<sup>31</sup> Schardinger: *Arch. f. Kinderheilk.*, Bd. 58, H. 5-6.

<sup>32</sup> *Milchwirtschl. Zentr.*, VI, 468.

<sup>33</sup> *Z. Nahr. Genussm.*, XVI, 172.



flame with the stirring rod. The curd can nearly always be gathered in one mass which is much the easier method of separation, the whey being simply poured off. If, however, the curds are too finely divided in the whey, the separation is effected by straining through a sieve or collander. All of the annatto or coal tar dye present in the milk treated will be found in the curd, also part of the caramel. The curd pressed free from the adhering fluid is picked apart if necessary and shaken in a tightly corked flask with about 50 c.c. of ether, in which it is allowed to soak for several hours or over night, or until the fat has been extracted and with it the annatto.

If the milk is uncolored or has been colored with annatto, on pouring off the ether the curd should be left perfectly white. If, on the other hand, anilin orange or caramel have been used, after pouring off the ether the curd will be colored more or less deeply, depending on the amount of color employed. In other words, the annatto is extracted by ether, caramel and anilin orange are not.

Ether Extract:	Extracted Curd:	
Evaporate off the ether on the water bath, make the residue alkaline with NaOH and pour on a wet filter. After the solution has passed through, wash off the fat and dry the filter, which, if colored orange, indicates the presence of annatto. Confirm with $\text{SnCl}_2$ which will give a pink color.	1.—If colorless indicates the presence of no foreign coloring matter other than that in the ether extract.	
	2.—If orange or brownish, indicates the presence of anilin orange or caramel. Shake the curd in a test tube with conc. HCl.	
	If the solution gradually turns blue means Caramel. Test whey of original milk and confirm.	If orange and immediately turns pink, it is Anilin-orange.

**Formaldehyd.—HCl Test.**—Commercial HCl (sp. gr. 1.2) containing 2 c.c. of 10 per cent.  $\text{Fe}_2\text{Cl}_6$  per l., is used as a reagent. Add 10 c.c. of this acid reagent to an equal volume of milk in a porcelain casserole, and heat slowly over a free flame nearly to boiling, holding the casserole by the handle and giving it a rotary motion to break up the curd. The presence of formaldehyd is indicated by a violet coloration, varying in amount and depth with the amount of preservative present. By this test, formaldehyd can be detected readily in as high dilution as one part in 250,000 parts of milk.

**$\text{Na}_2\text{CO}_3$  and the Carbonates.**—For 0.1 per cent. or more, take 10 c.c. of milk and mix with an equal volume of alcohol. To this add a few

drops of a 1 per cent. solution of rosolic acid. A rose red color proves the presence of carbonates, while pure milk gives a brownish-yellow color.

The addition of acid to the residue or ash, if it causes an effervescence, proves the presence of carbonates.

**Benzoic Acid.**—Shake 5 c.c. of HCl with 50 c.c. of milk in a flask until it is well curdled. Add 150 c.c. of ether, cork the flask tightly and shake well. Extract the emulsion which forms by means of the centrifuge or extract the curdled milk by gently shaking with successive portions of ether, avoiding forming an emulsion. A volume of ether largely in excess of that of the curdled milk has been found to be less apt to emulsionize. Transfer the ether extract to a funnel and extract the benzoic acid from the fat by shaking out with dilute  $\text{NH}_4\text{OH}$  which takes out the former as ammonium benzoate. Evaporate the ammonia solution over the water bath until all free ammonia has volatilized, but before getting to dryness add a few drops of the  $\text{Fe}_2\text{Cl}_6$  reagent. The characteristic flesh-colored precipitate indicates benzoic acid. Care should be taken not to add the  $\text{Fe}_2\text{Cl}_6$  until all the ammonia has been driven off, as otherwise a precipitate of  $\text{Fe}_2(\text{OH})_6$  is formed.

**Salicylic Acid.**—The procedure is the same as for benzoic acid, except that the addition of  $\text{Fe}_2\text{Cl}_6$  gives a violet color.

**Boric Acid and the Borates.**—To 100 g. of the milk sample, add 1 or 2 g. of NaOH and evaporate to dryness on the water bath. Char the residue thoroughly and boil with 20 c.c. of water, adding HCl drop by drop until all but the carbon is dissolved, and then add 1 c.c. in excess. Moisten a piece of delicate turmeric paper in the solution. If borax or boric acid is present, the paper on drying will acquire a peculiar red color which is changed to a dark blue-green by  $\text{NH}_4\text{OH}$ , but is restored by acid.

**Simple Modification:** In a porcelain dish, mix 1 drop of milk, 2 drops of conc. HCl, and 2 drops of sat. tr. of turmeric. Dry in the water bath, cool and add 1 drop of  $\text{NH}_4\text{OH}$  by means of a glass rod. A slaty blue color is produced if borax is present.

**Cane Sugar.**—1. Boil 5 to 10 c.c. of the sample with about 0.1 g. of resorcin and a few drops of HCl for a few minutes. A rose red color shows the presence of cane sugar. Or:

2. Mix in the test tube, 10 c.c. of the suspected milk with 0.5 g. of powdered ammonium molybdate. Ten c.c. of milk of a known purity or 10 c.c. of a 6 per cent. lactose solution are treated in a similar way for comparison. Both tubes are placed in the water bath and the temperature gradually raised to  $80^\circ \text{C}$ . An intense blue color shows the presence of cane sugar. If the temperature is raised to boiling, the pure milk or the sugar solution may turn a blue color.

**Starch.**—A small quantity of milk is heated in a test tube to boiling,

cooled, and a drop of Lugol's solution is added. Blue discoloration shows the presence of starch.

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## CHAPTER III

### ANIMAL FOODS: MEAT, FISH, EGGS, ETC.

#### MEAT

The universal consumption of fresh meat as a daily article of diet by civilized man is of more recent origin than is generally supposed. McCulloch<sup>1</sup> states that "so late as 1763 the slaughter of bullocks for the supply of the public markets was a thing wholly unknown, even in Glasgow, though the city then had a population of 30,000." In the past decade or two the consumption of meat has increased enormously, especially in the United States and England, owing to the development of efficient refrigerator processes, canning, and improved facilities of transportation. The annual per capita consumption of meat has almost doubled during the past half century.<sup>2</sup>

*Per capita and proportional consumption of dressed meat in United States, United Kingdom, Germany, and France*

[The Twenty-eighth Annual Report of the Bureau of Animal Industry, 1911]

Kind of Meat	United States (1909)		United Kingdom (Average, 1906-1908)		Germany (1909)*		France (1904)	
	<i>Pounds</i>	<i>Per Cent.</i>	<i>Pounds</i>	<i>Per Cent.</i>	<i>Pounds</i>	<i>Per Cent.</i>	<i>Pounds</i>	<i>Per Cent.</i>
Beef .....	80	47	56	47	36	32	37	46
Veal .....	7½	4	4	3	7½	7	8	10
Mutton and lamb .....	6½	4	26	22	2½	2	9	11
Pork (including lard)...	78	45	33	28	67	59	26	33
Total ...	172	100	119	100	113	100	80	100

\* The farm slaughter in Germany is for 1907.

**Structure and Composition of Meats.**—Meat is composed of muscular fibers, and the structures intimately associated with them, such as connective tissue, blood vessels, nerves, lymphatic vessels, and more or less adipose tissue.

The toughness of meat is due to the thickness of the walls of the muscle tubes and excess of connective tissue which binds them together,

<sup>1</sup> "Statistical Account of the British Empire," Vol. II, p. 502.

<sup>2</sup> Thompson: "Practical Dietetics."

hence the flesh of young domesticated animals is usually more tender than that of old or wild animals.

The flavor of meat varies with the animal's age, its food, breed, and condition when killed. The meat of male animals is usually more highly flavored than that of females. The flesh of service boars and of sexually mature buck goats is so highly flavored as to be unfit for food.

The muscle tissue of an animal consists of highly specialized tissue, whose chief function is to produce mechanical work through contraction. It is in addition a storage organ in which glycogen, a form of starch, and also fats are stored as reserve foods. It contains but little of cellular structures in the sense that the glandular organs, such as the liver, kidney, pancreas, etc., do. Chemical analysis shows the muscle to consist, aside from the reserve foodstuffs, principally of water, protein and salts. The glandular organs yield a high content of nucleic acid, while the muscle tissue yields but little in proportion to its weight. The inorganic content of the muscle tissue resembles that of the seed of the plant, rather than the leaf, both in amount and in relative proportions among the elements (McCollum).

Meat contains albuminoids and gelatinoids; the latter through action of hot water or steam are converted into gelatin. In addition meat contains the following nitrogenous substances: syntonin, myosin, muscle albumin, serum albumin, and numerous extractives, such as creatin, creatinin, xanthin, hypoxanthin, lactic acid; and small quantities of inosite and glycogen.

Meat at once after slaughter has an alkaline reaction, is tough, and possesses a sweetish and rather unpleasant flavor. Rigor mortis soon sets in, accompanied by the following changes: the reaction of the meat turns acid, owing to the development of sarcolactic acid; the connective tissue and fibers are softened as the result of autolytic enzymes and also as a result of bacterial action. While the meat becomes more tender, it also develops pleasant flavors. It is, therefore, not advisable to use meat at once after slaughter, but it should be allowed to hang two or three weeks under adequate refrigeration. It is important during this time to preserve the meat from contamination with pathogenic microorganisms and to retard the growth of the saprophytes.

**Nutritive Value of Meat.**—The nutritive value of meat depends mainly upon the presence of proteins and fats. Nitrogenous extractive matters, such as creatin, xanthin, etc., sometimes called meat bases, are formed by cleavage of the proteins, but are of little value as foods. These nitrogenous extractives are present in about the same amount in both red and white meats, with the single exception of venison, which contains the smallest amount.

Corresponding with the specialized function and the peculiarities in composition of muscle, we find that the dietary properties of meat are

comparable with the seed rather than the leaf of plants; in fact, muscle tissue differs markedly from the seed in only one respect when considered as a foodstuff, namely, in the quality of its proteins. The proteins of meat are complete, those of seeds incomplete. Both meats and seeds are poor in inorganic salts, which are necessary in the diet. Both muscle and seeds are relatively poor in "fat-soluble A" as compared with such foods as milk, egg yolk, and the leaves of plants. Meat is an admirable source of protein of good quality, but it is not an economical food. It is appetizing, satisfying and stimulating. The condimental value of meat is very high. A very common dietetic error is to eat too much meat.

Carnivora maintain a good state of nutrition because they suck blood from the large veins of the neck and their second choice is the liver and other glandular organs. Muscle tissue is only eaten after these have been consumed. Calcium is obtained through gnawing off the softer parts of the extremities of the bones.

*Beef extracts* are nothing more or less than a soup or soup stock specially prepared from beef. They first became generally known through the researches of Liebig, and are now an important article in commerce. The composition of the ordinary beef extract of commerce contains from 15 to 20 per cent. of moisture, from 17 to 23 per cent. ash, and from 50 to 60 per cent. of meat bases. These meat bases are the soluble nitrogenous contents of meat. They contain only a trace of soluble albumin, albumoses, and peptone. The chief meat bases which form the principal part of the substance are creatin, creatinin, xanthin, carnin, and carnic acid. It is, therefore, evident that meat extracts contain little nutritive matter, although this, being in a state of solution, is probably more readily absorbed than a similar amount of other nutritives in the form of ordinary meat. Wiley properly points out that the claim made by manufacturers that one pound of extract contains the nutritive properties of many pounds of meat is misleading. Such a statement is absurd upon its face, and should not be allowed to go unchallenged. These extracts may be useful as stimulants or as condiments, or as a means of speedily introducing a soluble nutriment in the case of disease, where it is extremely important that even small amounts of nutritious material should enter the body.

A distinction should be made between beef extract and beef juice. *Beef juice* is obtained by strong pressure and is concentrated *in vacuo* to the proper consistence, or it may be freshly prepared in the household. Beef juice contains much more albuminous nutrient material than beef extract, provided it is not coagulated by heat and separated out.

**Sources of Meat.**—The principal source of meat is from cattle, sheep, and swine. In many places the flesh of horses, dogs, and cats is eaten. In Germany horses and dogs are slaughtered and regularly inspected

for human food. The meat of these animals is also used in other countries that have long been flesh hungry. There is no sanitary objection to the use of such meat. Horse meat, when eaten in ignorance of its true character, makes no unpleasant impression. In Paris, Vienna, and other cities large quantities of horses, mules, and donkeys are slaughtered for food. It was formerly difficult to distinguish horse meat, but the meat of any species can now be readily diagnosed by means of the specific precipitins. For this test see page 589.

The flesh of fish is ordinarily not classed as meat, but it has the same muscular structure, and similar chemical composition and nutritive value (page 839). The different kinds of meat may be detected by physical, microscopical, chemical, or biological tests. Ordinarily meats from different animals may be distinguished by their odor or taste. Microscopically the fibers resemble each other so closely that this test is not to be relied upon. Meat varies somewhat in chemical composition from different species, from different animals of the same species, and even from different muscles in the same animal. The principal difference in the chemical composition of meats from animals of different species consists in the glycogen and fat content. Thus, horse meat contains considerably more glycogen than beef. The glycogen test, however, is not reliable because it may be changed as a result of bacterial action.

The fats of different animals have different physical and chemical characteristics. The fats crystallize in different forms and have different melting points; also the fatty acids derived therefrom. A careful examination of the fat, therefore, will lead to an approximate degree of knowledge concerning the character of the flesh from which it has been derived. For instance, lard and beef fat are easily distinguished from each other.

**The Recognition of Spoiled Meat.**<sup>3</sup>—The recognition of spoiled meat that is also injurious to health is a very difficult task. Meat that is decomposed, putrid, or offensive, and thus objectionable to the senses, needs no further condemnation. The most serious infections and poisons in meat, however, do not, as a rule, affect its appearance, odor, or taste. Infections with *B. enteritidis* or other bacilli in this group do not alter the appearance of the meat. Certain putrefactive changes brought about by bacterial action, which give the high or gamy taste so much prized by epicures, appear not to be injurious. Dogs and other carnivora prefer putrid flesh.

Meat inspectors are usually instructed to condemn meat that has not a red, fresh appearance, especially if it has become brownish or greenish. The meat is to be condemned if, upon pressure, much fluid of abnormal color or of alkaline reaction exudes; if the fat is not yellow

<sup>3</sup>See "Meat Industry and Meat Inspection," Leighton and Douglas.

and firm, especially if soft and gelatinous; if the marrow of the femur is not firm and rose-colored and has become soft and brownish. Spoiled meat under the microscope shows obscurity of the cross striations of the muscle fibers and numerous bacteria. For a further discussion of this subject see Meat Inspection, and also the various diseases which render meat unsuitable or injurious as food.

**Prevention.**—The prevention of infections and poisoning from meat and meat products depends, first of all, upon the health of the animal, next upon the mode of death, and finally upon the methods of butchering, preserving and handling the flesh. Careful attention to every detail is necessary all along the line. Cleanliness approaching surgical methods on the part of the butcher during the preparation, transportation, and handling of the meat is called for. A careful system of meat inspection is a sanitary safeguard. Thorough cooking is the most important protection we have against infection.

Meat should not be eaten raw, even where there is a carefully conducted inspection by trained experts. Individual cysticerci (tapeworm larvae) are very easily overlooked, and one is enough to bring forth a tapeworm. It is also not possible to examine all hogs, particularly those slaughtered in country districts, for trichina, and even where this is done with care the method does not afford complete protection. It is again emphasized that some of the more serious bacterial infections do not alter the color, taste, or appearance of the meat in any way. Raw meat does not have a higher nutritive value than cooked meat, but may be more easily digested.

Special measures of prevention will be discussed under each infection.

**Meat Preservatives.**—The regulations of the U. S. Department of Agriculture permit the addition to meat or meat food products of the following substances: common salt, sugar, wood smoke, vinegar, pure spices, saltpeter, and benzoate of soda, which must be declared on the label. Only such coloring matters as may be designated by the Secretary of Agriculture may be used.

The adulterants most commonly used in meats are saltpeter, boracic acid, borax, sulphite of soda, and benzoic acid (page 741).

### MEAT INSPECTION \*

The purpose of meat inspection is to eliminate diseased or otherwise bad meat from the food supply; to see that the preparation of meats and meat products is cleanly; to guard against the use of harm-

\*Collateral reading: Edlemann, "Meat Hygiene." Translated by Mohler and Eichhorn, Lea & Febiger, 1911. Ostertag, "Handbuch der Fleischbeschau," Stuttgart, 8th Edition, 1914.



ful dyes, preservatives, chemicals, or other deleterious ingredients; to prevent the use of false and misleading names or statements on labels: in short, to protect the health and the rights of the consumer. Sanitary and economic principles are the underlying factors in sound food inspection service. The necessity for this inspection is accentuated by the fact that the producer and consumer are often separated by great distances, and further there are often several middlemen between the two. A good system of food inspection is doubly necessary in the case of meat and milk, because of all foods they are most apt to carry infections and are so readily decomposable.

An efficient meat inspection system is not only of advantage to man, but is the means of detecting and preventing disease among cattle, sheep, and swine. A sharp outlook at the slaughter house will discover the first appearance of rinderpest, foot-and-mouth disease, Texas fever, or other epizootic, which may then be quickly traced to its origin and nipped in the bud. Foci of herd diseases, such as tuberculosis, actinomycosis, and hog cholera may thus be located. A meat inspection service is therefore of great economic importance and an effective agency in eradicating dangerous diseases from the food herds of the country.

The border line between health and disease is ill-defined. It is doubtful whether any animal slaughtered for food is wholly sound. Parasitic infections among the lower animals are exceedingly common. Anyone may convince himself of this fact by a visit to a slaughter house, for there he will see that many hogs have a handful of round worms in the intestinal tract; most animals have one or more species of intestinal worms, such as hookworms, tapeworms, and many protozoa, but, fortunately, these are for the most part not dangerous to man. Almost every hog or beef that is killed contains *Sarcosporidia*, small parasites that inhabit the muscles of these animals; they are harmless to man. Meat inspection aims to eliminate those diseases which are injurious to man and those diseases and conditions which render the meat of inferior quality or otherwise unfit for use. In establishing correct principles to guide a meat inspection service sentiment must give way to science. The killing of animals and dressing of the carcasses is not a kid-glove business. It involves more or less blood and dirt. In our country much good meat has been condemned and destroyed according to law as a result of supersensitiveness. As meat becomes scarcer and prices higher, this waste will be checked by closer adherence to a sound application of pathology.

The practices of meat inspection vary in different countries, depending upon the local conditions. Thus, in some countries, which have long had a scarcity of meat, and the people are, therefore, flesh hungry, much meat is passed for food that would here be condemned. In countries where meat is not very abundant it is even necessary for the

officials to keep a sharp watch to prevent the people from eating meat known to be injurious. In America the attitude is very different, for we have a repugnance even against meat known to contain a harmless parasite. The need of conservation, especially since the World War, has placed our meat inspection service on a more practical basis, without sacrificing good standards.

The Federal Meat Inspection System depends for its authority upon the interstate and foreign commerce clause of the Constitution of the United States, and this inspection is therefore limited to the products of establishments that are engaged in interstate or foreign commerce. The Federal Government is powerless to exercise any supervision over an establishment, the meat of which is slaughtered, prepared, sold and consumed entirely within a single state. It is therefore the duty of each state or municipality to supplement the Federal Inspection Service with an efficient local inspection system to cover the intra-state supply.

A meat inspection service should have for its object first of all the protection of the consumer against diseased or other injurious qualities contained in the meat. This should be accomplished with as little waste of food products as practicable, and, finally, the meat should be honestly labeled so that the consumer may know just what he is buying.

**The Abattoir.**—So long as animals are permitted to be slaughtered in any barn or cellar it is impossible to exercise a proper control over meat and meat products, and conditions which endanger the public health will prevail. The first essential of a good meat inspection service is to concentrate all slaughtering in large central sanitary abattoirs. This simplifies the inspection and sanitary control, and is a needed measure to protect the consumer. In Germany and England public abattoirs have been established which belong to the city. These structures are built thoroughly of brick and concrete and are well protected against rats. They are situated near a railroad, so as to facilitate transportation, and are so constructed that they may be kept clean. Each person who wishes to slaughter must obtain a permit and pay rent. In the entire city of Paris there are only three slaughter houses. The erection and maintenance of well controlled, modern slaughter houses is one of the needs of our country, especially in the smaller towns, and until this reform is accomplished we shall never have a satisfactory solution of the meat problem.

An abattoir must be especially well constructed and kept clean. The same may be said of the trucks, drays, and all objects that come in contact with the meat. Slaughtering and butchering involves more or less blood and dirt, hence the necessity of frequent and repeated cleaning. The water-closets, toilet rooms, and dressing rooms should be entirely separated from the departments in which the carcasses are dressed or meat products handled or prepared. Attention must be paid to

eliminate all sources of odor that may contaminate the meat, and every effort must be made to keep out flies and other vermin, especially rats and mice. Dogs should not be allowed around slaughter houses on account of the danger of spreading the echinococcus and other parasites. The feeding of hogs on the uncooked refuse of slaughter houses should not be permitted.

The employees themselves must be cleanly and should wear clean outer clothes that may be readily laundered. The federal regulations even prescribe that employees shall pay particular attention to the cleanliness of their boots and shoes. It is just as important to wash the hands before beginning work, and to be particular after each visit to the toilet in the slaughter house or butcher shops, as it is in the milk industry. Persons with tuberculosis or other communicable disease should not be permitted in any department of the work where the meat or meat products are handled or prepared in any way. It is important that butchers who handle a diseased carcass should thoroughly cleanse their hands of all grease and then immerse them in a good disinfecting solution. Butchers' implements used on diseased carcasses should be sterilized in boiling water or strong carbolic acid or formalin solution and thoroughly cleansed before they are again used. The federal meat inspectors are required to furnish their own implements for their own dissection or examination of diseased carcasses or unsound parts. The precautions required in an abattoir and butcher shop are based on the same principles as those in a surgical clinic. Meat that falls upon the floor or otherwise becomes soiled is required to be removed and condemned. Inflation by air from the mouth should not be permitted, inflation by mechanical means is also prohibited by the Department of Agriculture. Only good, clean, and wholesome water and ice should be used in the preparation of the carcasses, and the wagons and cars and all surfaces with which the meat comes in contact should be kept clean and in good sanitary condition. There is no objection to the use of the skin and hoofs of animals condemned on account of tuberculosis and other diseases (except anthrax) communicable to man, provided they are disinfected. Each skin and hide must be immersed for not less than five minutes in a 5 per cent. solution of liquor cresolis compositis or a 5 per cent. solution of carbolic acid or a 1-1,000 solution of bichlorid of mercury.

Every complete abattoir must be provided with a retaining room or place, a condemned room, and a tank room. The retaining room or place is set apart for the final inspection of all carcasses and parts which the inspector desires to examine more carefully at his leisure. The retaining room must be large enough to have carcasses hang separately, furnished with abundant light, and provided with sanitary tables and other necessary apparatus. The condemned room must be securely rat-proof and be under the lock and seal of the inspector. The object of

this room is to contain all carcasses and parts of carcasses until they can be tanked or disposed of in accordance with instructions.

All condemned carcasses or parts of carcasses are tanked under special requirements in an official abattoir. Tanking consists in exposing the carcasses to steam under a pressure of not less than 40 pounds, having a temperature of 288° F., and maintained not less than six hours. This effectively renders the contents of the tank unfit for food purposes. In the absence of tanking facilities the condemned meat may be slashed with a knife and then denatured with crude carbolic acid, kerosene, or other agent, when it may be removed to some other establishment having proper tanking facilities.

**Qualifications of a Meat Inspector.**—A corps of thoroughly trained meat inspectors is one of the most important links in the chain of an efficient meat inspection system. A meat inspector should be a qualified veterinarian having special experience and training for his specialty. He must know the anatomy of the various food-producing animals, especially cattle, horses, swine, sheep, and also fowl, and must be acquainted with the normal parts of each. He must be able to distinguish between the various organs of the various species, so that he cannot be imposed upon by those who would like to substitute one for another. He must know how to examine animals during life, in order to determine whether they are healthy. He must know the character of all the infectious diseases which are likely to pass through the district where he is situated. The government recognizes that it requires a high degree of skill to conduct this work, and it has, therefore, placed the meat inspection service under the Civil Service, and, further, will admit veterinarians only if graduates of recognized veterinary colleges. In addition they are required to pass a Civil Service examination.<sup>5</sup>

**The Freibank or Three-Class Meat System.**—In Germany and certain other European countries meats are divided into three classes, viz., a first class, including meats which are passed for unrestricted trade; a second class, or *Freibank* meats, which are allowed on the market under certain restrictions; and a third class, meats which are condemned and thus excluded from the food supply.

The federal meat inspection system of our country has been a two-class meat system, that is, meats coming to inspection are either passed for unrestricted trade or they are condemned and thus excluded from use as a food. However, a third class was recognized during the World War, and the amount of such meat passed after it is sterilized by steam now carries us well towards the three-class system.

The following carcasses or parts of carcasses may be rendered into

<sup>5</sup> There is also a large force of "Lay Inspectors" experienced in curing, canning, packing and otherwise preparing of meats and experienced in the inspection of products.

lard or tallow or passed for food after sterilization, provided the disease is moderate and limited, and then only after the lesions and surrounding parts are removed and condemned: *Cysticercus bovis* (beef tape worm); *cysticercus cellulosae* in hogs; *cysticercus ovis* in sheep; caseous lymphadenitis; tuberculosis; hog cholera and swine plague; icterus, if not the result of infection or intoxication and provided discoloration disappears on chilling; advanced pregnancy showing signs of parturition, also carcasses showing signs of having given birth to young within 10 days, and in which there is no evidence of septic infection. (See Bureau Animal Industry Order 211.) Any of the above must be plainly labeled to show that the product is second-class grade or quality. The carcass or the part, as well as the can or container, must be plainly and conspicuously labeled "PREPARED FROM MEAT PASSED FOR STERILIZATION."

The system of the German *Freibank* and the compulsory declaration of the condition of inferior meats are very old. The municipal laws of Augsburg as long ago as 1276 prescribed that inferior meat could not be sold without giving notice as to its quality. In 1404 the municipal laws of Wimpfen provided that the *Freibank* (from the German *frei*, free, here in the sense of unconnected or separate, and *bank*, a counter or stall) should be situated three paces away from the regular counters. The *Freibank* is, therefore, a counter which is free or separate from the counters on which the first class meats are sold. The term "*Finnenbank*" is sometimes used for these special meat stalls because measly meat or "*finneges Fleisch*" especially is sold at these places. This system of the *Freibank* has been extended quite generally in Germany and is rapidly extending in France, Belgium, Italy, and other European countries. Meat from tuberculous animals, from animals containing cysticerci (the larval stage of tapeworms), trichinous meat, and meat that would otherwise be injurious if eaten raw, but is entirely safe as far as these infections are concerned when thoroughly cooked, is first sterilized by steam before it is placed upon the *Freibank*. It has been the more or less general experience that the introduction of the *Freibank* system has at first been met with by prejudice from various sides, but it is also the experience that this prejudice gradually wears off, and that in some places the demand for this meat becomes greater than the supply. In any event, no large quantity of such meat should be sold to any one purchaser, so as to prevent its being used to any great extent in boarding houses and restaurants.

**Emergency Slaughter.**—In Germany the system known as emergency slaughter or *Nothschlachtung* has developed to large proportions. Animals that are sick or injured are killed, examined, and, if suitable for food, are labeled, inspected, and passed. In this way much valuable foodstuff is saved that would otherwise be lost. It is said that over

1 per cent. of the animals killed for food in Germany come under this emergency rule. The meat of animals killed under the emergency laws is so labeled and sold as second quality. There is also a certain amount of what may be termed emergency slaughter going on in the local uninspected slaughter houses of America, but it is not countenanced by law, and is, therefore, done in secrecy. Since 1914 emergency slaughter has been permitted under our Federal Meat Inspection Service, subject, however, to carefully stated restrictions.

**Methods of Slaughter.**—In slaughtering, the principal indications are: (1) a sudden and painless death; (2) an immediate withdrawal of the blood; (3) removal of intestines and hair or hide; (4) immediate cooling. Animals should be kept without food for at least 12 hours before slaughter. Sheep and hogs are usually hung by the hind feet and the large vessels of the neck dexterously cut with a sharp knife and with a single motion of the hand. Cattle are usually first stunned by a blow upon the head, then hung up by the hind legs and bled.

The Jewish method of slaughtering is regarded by many as superior to any other. It consists in cutting all the large vessels of the neck with one cut of a long, keen knife. The method is part of a ritual which includes an inspection of the animal and its organs for evidence of disease, according to the Mosaic laws. This is the oldest system of meat inspection. According to Dembo<sup>6</sup> it is the most rational from a hygienic standpoint, since the animal is bled rapidly and completely, and the convulsive movements cause the meat to be more tender and of more attractive appearance. Rigor mortis comes on more quickly, and the meat is, therefore, more quickly available for use, and also will keep several days longer than ordinarily.

A process of slaughtering originating in Denmark appears to have borne the test of trial in a very satisfactory manner, and recommends itself for adoption in the tropics, where meats decompose with exceeding rapidity. The animal is shot in the forehead and killed, or stunned, and as it falls an incision is made over the heart and the ventricle is opened for two purposes: to allow the blood to escape and to admit of the injection of a solution of salt through the blood vessels by the aid of a powerful syringe. The process requires but a few minutes, and the carcass may be cut up at once.

The common methods of killing fowl intended for the market are either by bleeding, by dislocation of the neck, or by chopping off the head. When the neck is stretched and dislocated the skin remains unbroken and no bruised effect is produced, but most of the blood in the body drains into the neck and remains there. In killing a fowl by bleeding the common procedure is to string it up by the legs with the head

<sup>6</sup> *Deutsche Vierteljahresschrift für öffentliche Gesundheitspflege*, XXVI, p. 688.

hanging downward. The operator then gives it a sharp blow with a stick on the back of the head, and when he has stunned it by this means he inserts a sharp knife into the roof of the mouth, penetrating the brain. He also severs the large vessels of the throat by rotating the knife, and the bird rapidly bleeds to death.

**The United States Meat Inspection Law.**—The Federal Meat Inspection Law, approved June 30, 1906, provides for the inspection of cattle, sheep, goats, and swine, the meats or meat food products, which are to enter into interstate or export trade. It is administered by the Bureau of Animal Industry under the direction of the Secretary of Agriculture. It should be remembered that the Federal Meat Inspection Law applies only to meat and meat products sold in interstate commerce or for export trade, and does not apply to meats butchered, dressed, and sold within the state. In accordance with our dual form of government, the inspection of meat that is slaughtered, dressed, and sold within the borders of a single state is left entirely to the authority of that state. It is not until some of this meat passes the state line that it enters interstate traffic and comes under the provisions of the federal law. Some of the states have passed laws similar to the federal law to protect their own citizens. In this way a more or less uniform method of meat inspection is gradually extending throughout the country.

The Federal Meat Inspection Law provides for inspection of animals before and after they are slaughtered; also inspection of all the meat and products processed, prepared or stored in the plant. It exercises supervision and control in respect to the kinds of preservatives used and over the marking and labeling of products, including the special marking of carcasses and meats which are held for further inspection, and of those condemned. Custody is maintained of all condemned carcasses and products, and their destruction supervised. Regulations for the maintenance of sanitary condition throughout the plant and for the cleanly handling of meats and products are prescribed and enforced. The regulations prescribe an inspection substantially the same for meats which are imported.<sup>7</sup>

**Ante-mortem Inspection.**—A careful ante-mortem examination or at least an inspection of all cattle, sheep, swine, goats, etc., about to be slaughtered should be made by a competent veterinarian. Any animal showing symptoms of or suspected of being infected with a disease or condition which would probably cause its condemnation when slaughtered should be set aside. These animals should then be slaughtered separately in a place provided for this special purpose. If necessary the temperature of the animal may be taken in the ante-mortem examination, although due allowance must be made for rise in temperature due

<sup>7</sup> Nevertheless an immense amount of meat slaughtered, shipped, sold and consumed wholly within a single state comes under Federal inspection.

to excitement and undue exertion, especially in hogs. Animals commonly termed "downers" or crippled animals are set aside and slaughtered separately.

**Post-mortem Inspection.**—The post-mortem inspection is nothing more or less than a well-conducted autopsy. The head, tongue, tail, thymus gland, and all viscera, and also the blood and all parts used in the preparation of food and medicinal products should be retained in such a manner as to preserve their identity until the post-mortem examination is completed. It is, of course, impracticable to formulate rules to cover all conditions and diseases, and much must, therefore, be left to the judgment, experience, and training of the veterinary inspector in charge. Carcasses or parts of carcasses with the following diseases or conditions are condemned, depending upon circumstances: anthrax, pyemia and septicemia, vaccinia, rabies, tetanus, malignant epizootic catarrh, hog cholera and swine plague, actinomycosis, caseous lymphadenitis, tuberculosis, Texas fever, parasitic icterus, hematuria, mange or scab, trichinosis, tapeworms, infections that may cause meat poisoning, icterus, uremia, and sexual odor, urticaria, melanosis, tumors, bruises, abscesses, liver flukes, and other parasites, emaciation from anemia, immaturity, milk fever, and railroad sickness. A few of these diseases deserve brief mention.

**Tuberculosis.**—Tuberculosis is exceedingly common in cattle and is becoming more and more prevalent among hogs. A preponderating percentage of all carcasses condemned as unfit for food is so condemned on account of tuberculosis. Thus, under Federal meat inspection, 40,792 cattle, or 0.372 per cent., and 59,740 swine, or 0.168 per cent., were condemned on account of tuberculosis in the fiscal year 1918. In the same year 10,586 cattle and 88,915 swine affected with localized or limited tuberculosis were passed for sterilization after removal of all affected parts. Tuberculosis is important, not alone because so many food animals are infected with it, but because it presents a peculiarly difficult problem for the meat inspector. The fundamental thought in determining whether to pass or condemn meat of a tuberculous animal is that it should not contain tubercle bacilli, and should not be impregnated with toxic substances of tuberculosis or associated with septic infection. If the lesions are localized and not numerous, if there is no evidence of distribution of tubercle bacilli throughout the blood, and if the animals are well nourished and in good condition, there is no reason to suspect that the flesh is unwholesome, and it is permitted to be used after the removal of the infected portions. Just when tuberculosis should be considered localized or generalized, from the standpoint of meat inspection, is frequently a difficult question to determine. Fortunately, the danger from this source is not very great, as tuberculosis of muscle is exceedingly rare, and the further safeguard of cooking is



sufficient to kill the tubercle bacilli, provided the meat is thoroughly cooked throughout. The relation of bovine tuberculosis to human tuberculosis has been discussed on page 166.

Tuberculosis of cattle shows itself in four primary lesions: (1) the retropharyngeal lymph nodes, (2) the lungs and associated lymph nodes, (3) the mesenteric lymph nodes, and (4) the liver. From the retropharyngeal nodes the process extends to the cervical lymph nodes and also to the anterior mediastinal lymph nodes. When this group of glands alone is infected the disease may be considered as localized. From the mesenteric lymph nodes the infection frequently reaches the peritoneum, and from the bronchial lymph nodes the pleura. The newly formed growth in the peritoneal or pleural cavities may be enormous in amount. It is often suspended from the omentum in great grape-like masses (*Perlsucht*), or the intestines may be plastered with tubercles. In these cases the animal otherwise may be in good condition; that is, the disease is still outside the vital organs and the tubercle bacilli have not invaded the blood stream. In Germany it is permitted to cut off such growth and allow the meat to go into consumption. In our country the meat of such animals is rejected.

For practical purposes it is necessary to formulate definite rules for the guidance of the veterinary inspector, and this is done with minute particularity in the regulations of the Bureau of Animal Industry in the case of tuberculosis. In general, if the tuberculous lesions are limited to a single part or organ of the body without evidence of recent invasion of tubercle bacilli into the general circulation, the diseased parts are removed and the remainder of the carcass is passed for use. If the animal suffered from fever before it was killed or is cachectic, anemic, and emaciated, or if the lesions are generalized, especially if they exist in two or more body cavities, or if the lesions are found in the muscles, intermuscular tissues, bones, or joints, or if the lesions are multiple, acute, and actively progressive, the carcass is condemned. Carcasses which reveal lesions more severe or more numerous than those described for carcasses to be passed, but not so severe or numerous as the lesions described for carcasses to be condemned, may be rendered into lard or tallow or otherwise sterilized in accordance with the regulations, when the distribution of lesions is such that all parts containing tuberculous lesions can be removed.

*Anthrax*.—All carcasses showing lesions of anthrax, regardless of the extent of the disease, are condemned and immediately incinerated. This includes the hide, hoofs, horns, viscera, fat, blood, and all portions of the animal. The killing bed upon which the animal was slaughtered must then be disinfected with a 10 per cent. solution of formalin, and all knives, saws, and other instruments that have come in contact with the infection must be boiled or otherwise disinfected.

*Hog Cholera and Swine Plague.*—Carcasses showing well-marked and progressive lesions of these diseases in any organ or tissue are condemned. If the lesions are slight and limited they may be passed for sterilization. Man is not susceptible to hog cholera.

*Actinomycosis.*—If the animal is in a well-nourished condition and the disease has not extended from a primary area of infection in the head, the head, including the tongue, is condemned and the remaining part of the carcass may be used, but if the disease is generalized the entire carcass is considered unfit for human use and condemned.

*Tapeworm Cysts.*—Carcasses of animals affected with tapeworm cysts, known as *Cysticercus bovis*, are condemned if the infestation is excessive or if the meat is watery or discolored. Carcasses showing a slight infestation may be passed for food after removal and condemnation of the cysts, provided the carcasses are then held in cold storage or pickle for not less than 21 days; the time in storage may be reduced to 6 days if the temperature does not exceed 15° F. Calves under 6 weeks old are not subject to *Cysticercus bovis*. As an alternative to retention in cold storage or pickle, such carcasses may be passed for sterilization.

Carcasses or parts of carcasses found infected with hydatid cysts (*echinococcus*) may be passed after condemnation of the infected part or organ.

*Septic and Pyemic Conditions.*—All carcasses of animals so infected that consumption of the meat or meat food products thereof may give rise to meat poisoning should be condemned. For the information of the inspector the following conditions are specified: (1) acute inflammation of the lungs, pleura, peritoneum, pericardium, or meninges; (2) septicemia or pyemia, whether puerperal or traumatic or without any evident cause; (3) severe hemorrhagic or gangrenous enteritis or gastritis; (4) acute diffuse metritis or mammitis; (5) polyarthrititis; (6) phlebitis of the umbilical veins; (7) traumatic pericarditis; (8) any other inflammation, abscess, or suppurating sore if associated with acute nephritis, fatty and degenerated liver, swollen soft spleen, marked pulmonary hyperemia, general swelling of the lymphatic glands, and diffuse redness of the skin, either singly or in combination.

It is required that, immediately after the slaughter of any animal so diseased as to require its condemnation, the premises and implements used must be thoroughly disinfected. The part of any carcass coming in contact with the carcass of any diseased animal or with the place where such animal was slaughtered, or with the implements used in the slaughter, before thorough disinfection has been accomplished, should also be condemned.

*Meat poisoning* is not a poisoning at all, but an acute infection, caused in the majority of cases by *B. enteritidis* or closely allied bacillus

*Diseases and conditions for which condemnations were made on post-mortem inspection, fiscal year 1917*

Report of the Chief of the Bureau of Animal Industry, Annual Report, Dept. of Agriculture, 1918\*

Cause of condemnation	Cattle		Calves		Sheep		Goats		Swine	
	Car-casses	Parts	Car-casses	Parts	Car-casses	Parts	Car-casses	Parts	Car-casses	Parts
Actinomycosis.....	391	114,571	21	1,578	.....	1	.....	.....	3	14
Adenitis.....	.....	1	.....	.....	1	13	.....	.....	.....	.....
Adhesions.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Arthritis.....	.....	21	.....	4	.....	14	.....	.....	.....	13
Asphyxia.....	7	.....	6	.....	23	.....	.....	.....	861	.....
Atrophy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Blackleg.....	35	.....	13	.....	.....	.....	.....	.....	.....	.....
Bone diseases.....	7	1	4	.....	2	.....	1	.....	43	3
Caseous lymphadenitis	.....	.....	.....	.....	1,566	.....	31	.....	.....	.....
Cellulitis.....	.....	.....	.....	.....	.....	.....	.....	.....	2	174
Congestion.....	18	.....	1	.....	9	.....	.....	.....	24	.....
Contamination.....	4	1,433	2	34	1	19	.....	.....	217	1,666
Cysticercus.....	306	794	36	8	110	8	.....	.....	435	7
Dropsical diseases.....	25	.....	3	.....	18	.....	.....	.....	58	.....
Emaciation.....	12,492	.....	2,041	.....	4,979	.....	297	.....	544	.....
Exhaustion.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Frozen.....	.....	.....	.....	.....	.....	.....	.....	.....	7	1
Gangrene.....	75	.....	16	.....	5	.....	.....	.....	25	.....
Hemorrhagic septi-	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
cemia.....	106	.....	.....	.....	.....	.....	.....	.....	1,037	.....
Hernia.....	7	.....	1	.....	3	.....	1	.....	22	.....
Hog cholera.....	.....	.....	.....	.....	.....	.....	.....	.....	20,967	.....
Hydronephrosis.....	.....	.....	.....	.....	.....	.....	.....	.....	12	.....
Icterus.....	40	.....	57	.....	762	.....	8	.....	2,109	.....
Immaturity.....	.....	.....	1,749	.....	.....	.....	4	.....	4	.....
Inflammation.....	.....	9	.....	.....	.....	.....	.....	.....	.....	.....
Injuries, bruises, etc...	2,950	775	402	96	278	130	10	.....	698	5,973
Leukemia.....	437	2	14	.....	11	.....	.....	.....	128	.....
Melanosis.....	31	12	16	3	9	.....	.....	.....	57	.....
Moribund.....	14	.....	5	.....	18	.....	.....	.....	41	.....
Necrobacillosis.....	19	.....	10	.....	4	.....	.....	.....	3	1
Necrosis.....	2	688	2	.....	1	.....	.....	.....	.....	2
Parasitic diseases.....	5	8	1	.....	8	1	.....	.....	122	.....
Phlebitis.....	.....	.....	131	.....	.....	.....	.....	.....	.....	.....
Pneumonia, peritonitis,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
metritis, enteritis,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
pleurisy, etc.....	6,575	.....	1,678	.....	4,000	.....	45	.....	15,363	.....
Pregnancy and recent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
parturition.....	47	.....	.....	.....	23	.....	6	.....	24	.....
Septicemia, pyemia,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
uremia.....	2,529	.....	879	.....	638	.....	6	.....	8,773	.....
Serous infiltration.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Sexual odor.....	.....	.....	.....	.....	.....	.....	8	.....	588	.....
Skin diseases.....	.....	.....	1	.....	.....	.....	.....	.....	14	.....
Texas fever.....	510	.....	503	.....	.....	.....	.....	.....	.....	.....
Tuberculosis.....	40,792	58,209	477	362	.....	.....	1	.....	59,740	332,834
Tumors and abscesses.....	732	2,415	52	210	98	37	2	.....	1,158	6,311
Total.....	68,156	178,940	8,109	2,308	12,564	227	419	1	113,079	347,006

\* Regulations of the Bureau of Animal Industry, Department of Agriculture. A Condensed Epitome of the Principles and Practice of Meat Inspection.

EDLEMANN: "Meat Hygiene." Translated by Mohler and Eichhorn, Lea & Febiger, 1911; 4th edition, 1919.

OSTERTAG: "Handbuch der Fleischschau." Stuttgart, 8th Edition, 1914.

in the colon-typhoid group. The subject is fully discussed on page 692.

The food an animal eats produces distinctive odors or tastes in its flesh. Poisonous substances ingested by an animal may be deposited in its tissues in amounts sufficient to be poisonous to man. Chickens may be accustomed to strychnin in such large amounts that this method is used in the south to kill the hawks that prey upon them.

*Partridge poisoning*, which was apparently quite common in the first

half of the eighteenth century, was probably due to mountain laurel (*Kalmia latifolia*), which is eaten by grouse in the winter time. The poisonous principle is known as andromedotoxin, and Chestnut was able to show that partridges may eat enough of the laurel with impunity to themselves to render their flesh poisonous.

**Miscellaneous.**—In addition to the infections noted, the following diseases are sometimes transferred from the flesh or organs of lower animals, or by contact with the lower animals in various ways: tuberculosis, anthrax, glanders, rabies, actinomycosis, foot-and-mouth disease, cowpox, ringworm, and various pyogenic and septic infections.

Meat may occasionally be injurious to health from a variety of miscellaneous causes. Thus, an animal that has died of arsenic or other poisonous substance may contain sufficient of the poison in the tissues to affect the person who eats part of the flesh.

The belief that sickness in man can follow the consumption of the flesh or milk of animals which have previously fed upon poisonous plants is not unfounded. Chestnut<sup>8</sup> states that as much as three grains per liter of formic acid may be present in honey, and that poisons from various plants have been isolated from honey. Pammel<sup>9</sup> furthermore states that garlic, chicory, cabbage or turnips, when eaten by cows, impart a bad taste to the milk and cites instances of poisoning in man and animal due to ingestion of the milk from animals which had eaten *colchicum*, *mandrake*, and the death camas (*Zygadenus venenosus*).

### ANIMAL PARASITES

**Trichinosis.**—*Trichinella spiralis*, formerly *Trichina spiralis*, commonly known as trichina, is a round worm which passes its entire life cycle in man, rat, or hog. Many other animals, such as mice, foxes, guinea-pigs, rabbits, cats, dogs, etc., are susceptible. This parasite differs from many other animal parasites in affecting several genera and in passing its entire life cycle in each host. Trichinosis is rare in animals which do not eat meat.

Trichiniasis (usually called trichinosis) is not a mere medical curiosity. It is a common and important disease, readily preventable. The average mortality is about half that of typhoid fever, in some epidemics, however, rising to 16 or even 30 per cent., as in the Hedersleben epidemic<sup>10</sup> in 1865. The parasites are found in from 0.5 to 2 per cent. of all necropsy subjects.<sup>11</sup> About 1 to 2 per cent. of American swine and a larger per cent. of American rats are infected.

<sup>8</sup> *Science*, XV, 1902, 1016.

<sup>9</sup> *Manual of Poisonous Plants*, Vol. I, p. 65.

<sup>10</sup> Cited by Stäubli, *Trichinosis*, Wiesbaden, 1909, p. 16.

<sup>11</sup> Williams found evidence of infection in 5.3 per cent. of 505 consecutive autopsies in Buffalo, N. Y.

The larvae are imbedded in the muscles. When the trichinous meat is taken the capsules are dissolved in the stomach, the larvae set free; the freed larvae enter the intestine, where they find conditions favorable, and where in about two days they grow into the full mature worm. The female produces upward of five hundred young, and as she is partially imbedded in the wall of the intestine is able to deposit her embryos directly in the lymph spaces in the intestinal mucosa. The embryos get into the blood stream and are thus distributed to the muscles. They may be found in large numbers in the circulating blood, between the eighth and twenty-fifth days after infection. After settling down in the muscles, the young parasites increase rapidly in size, reaching a length of about 1 mm., assume their characteristic spiral form, and become encysted, the formation of the cyst beginning about a month after infection. The adult worms usually disappear from the intestines in 5 or 6 weeks, or even sooner if the patient has diarrhea. Calcification of the capsules surrounding the encysted larvae in the muscles may begin as early as six months after infection. The parasites may remain alive for many years in calcified capsules, but sooner or later if the host remains alive the parasites die or are absorbed or themselves become calcified.

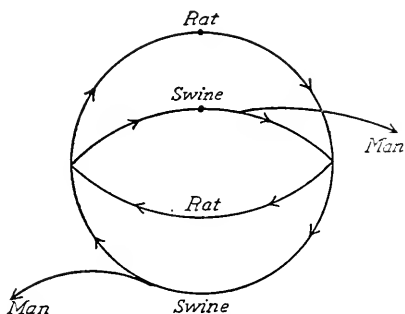


FIG. 82.—*TRICHINELLA SPIRALIS*.  
Entire Life Cycle in Each Host.

Some authorities consider rats to be the normal or common host of *Trichinella spiralis*, others believe that the hog is the only important reservoir of the parasite, and that in the absence of hogs the parasite would be unable to perpetuate itself among rats. It is a well known fact that rats about slaughter houses and butcher shops are commonly infested with trichinae, and though it is questionable to what extent rats are responsible for the spread of infection to hogs, the possibility of their importance in this respect cannot be disregarded. Clearly important sources of infection for hogs are the carcasses of dead hogs, offal from slaughter houses, and refuse or garbage containing pork scraps. (Infection through feces has never been proved, and it is quite unusual if it ever occurs.) Man receives the infection by eating trichinous pork (occasionally dog, cat, or bear meat). The country slaughter houses, where hogs are fed on human feces and the offal of slaughtered animals and where rats abound, are the most important factors in the propagation of the infection.

Not all persons who eat trichinous flesh have the disease. A limited

number of the embryos do not cause noticeable symptoms. The number of encysted larvae that may be present in severe infestations is very large. As many as 1,200 have been counted in a piece of muscle weighing 1 gram, which would make about 500,000 in a pound. The number of encysted larvae present in the bodies of persons who have died from trichinosis has been estimated, in various cases, at from 5,000,000 to 100,000,000. The severity of the disease depends upon the number of live embryos swallowed. In man the disease is well characterized in two stages: (1) gastro-intestinal, (2) general infection. The symptoms of the second stage are fever,<sup>12</sup> intense pain in the muscles caused by the migration of the parasites, edema, and leukocytosis. The count of the white cells may reach 30,000 with distinct eosinophilia. One attack of trichinosis does not confer an immunity. Schwartz<sup>13</sup> has shown that experimental animals infected and harboring trichinae in their muscles are not immune to further infection when fed trichinous meat.

The recognition of trichinosis as a distinct infection is recent (1860). The parasite was named by Richard Owen (1835) and was long regarded as harmless and as a curiosity. The infection was mistaken for typhoid fever, rheumatism, acute miliary tuberculosis, and other diseases of common occurrence. The particular case which finally revealed the parasite as being capable of harm was that of a young woman admitted to the hospital at Dresden suffering from a disease diagnosed as typhoid fever. The patient had agonizing pains in the muscles, and the autopsy revealed the parasite imbedded in vast numbers in the muscular fibers. Leidy in 1846 had announced the discovery of trichinae in pork and in the present case an investigation included the examination of some pork of which the patient had eaten four days before the first symptoms appeared, with the result that the same parasites were found. Since then many local outbreaks have been described, more particularly in Germany, where the custom prevails of eating raw or underdone pork, especially in sausage.

As an indication of the prevalence of trichinae it may be noted that microscopists of the U. S. Department of Agriculture found living trichinae in 115,812 hogs out of 8,257,928 examined during the period 1898-1906, or 1.41 per cent., from which it would appear that from 1 to 2 per cent. of the hogs in this country are trichinous. The disease in man is probably more prevalent than the figures of the clinicians indicate. Careful search at autopsy showed that many persons have been infected but have recovered. Thus, Williams,<sup>14</sup> of Buffalo, examined 505 cadavers (largely from almshouses and insane hospitals so his material cannot be considered to represent a fair average of the population)

<sup>12</sup> *Trichinella spiralis* is the only metazoic parasite that, infecting man, causes fever with constancy.

<sup>13</sup> *J. A. M. A.*, Sept. 15, 1917.

<sup>14</sup> *Journal Medical Research*, July, 1901, VI, No. 1, p. 64.

and found the parasites present in 27, or 5.34 per cent. Osler states that about one-half to two per cent. of all bodies at autopsy contain trichinae.

*Prevention.*—The disease is practically never recognized in swine during life. The protection rendered by the inspection of meat is quite unsatisfactory. This inspection consists in compressing small fragments of the muscle (diaphragm, tongue, etc.) between two glass plates, which are then examined with a low power of the microscope for the encysted larvae. That this examination is not an entirely satisfactory safeguard, even in cases where it is done with care and precision, is shown by the fact that in Germany, for example, the disease is still very common. Of the 6,329 cases of trichinosis occurring in Germany between 1881 and 1898, over 32 per cent. (2,042 cases) were traced by Stiles to meat which had been inspected and passed as free from trichinae. The microscopic inspection of every carcass for trichina is expensive and open to several practical sources of error. It, therefore, gives a false sense of security and is impractical in country slaughter houses.

Our federal meat inspection regulations no longer require a microscopic examination of pork for trichina. Until recently all the pork dressed for export was examined by the microscopic method, but this has also been discontinued.

The U. S. Bureau of Animal Industry issues the following warning:

"No method of inspection has yet been devised by which the presence or absence of trichinae in pork can be determined with certainty, and the Government meat inspection does not include inspection for this parasite. All persons are accordingly warned not to eat pork, or sausage containing pork, whether it has been officially inspected or not, until after it has been properly cooked.

"A temperature of about 160° F. kills the parasite, therefore pork when properly cooked may be eaten without danger of infection. Fresh pork should be cooked until it becomes white and is no longer red in color in all portions of the piece, at the center as well as near the surface. Dry-salt pork, pickled pork, and smoked pork previously salted or pickled, provided the curing is thorough, are practically safe so far as trichinosis is concerned, but as the thoroughness of the curing is not always certain, such meat should also be cooked before it is eaten."

The trichinae are not particularly resistant. The thermal death point of trichina larvae is 55° C.<sup>15</sup> As a factor of safety, the Bureau of Animal Industry requires 137° F. (58.33° C.) as the minimum temperature to which pork and products containing pork are required to be heated when cooked in establishments operating under Federal

<sup>15</sup> Ransom and Schwartz: *Journ. Agric. Research*, XVII, 5, Aug. 15, 1919. Ransom, B. H., Schwartz, B., and Raffensberger, H. B.: Effects of Pork-Curing Processes on Trichinae. *Bull. No. 880, U. S. Dept. of Agriculture*, Sept. 10, 1920.

meat inspection. The requirement refers to the temperature actually reached in the interior of the meat (pages 695 and 750).

*Trichina* larvae die in less than 20 days at a temperature not higher than 5° F. Ransom<sup>16</sup> disproved the notion formerly held that the larvae of *Trichinella spiralis* are very resistant to cold. He recommends that meat should be refrigerated at a temperature not higher than 5° F. for not less than 20 days, a period which allows a probable margin of safety of 10 days. Whether temperatures higher than 5° F. may be safely employed by lengthening the period of refrigeration, remains to be determined. It is, therefore, evident that refrigeration and time are better safeguards than microscopic examination, although there are

various practical difficulties to a universal refrigeration of pork at the low temperature required to kill trichinae. The combination of refrigeration and thorough cooking would protect man against trichinosis.

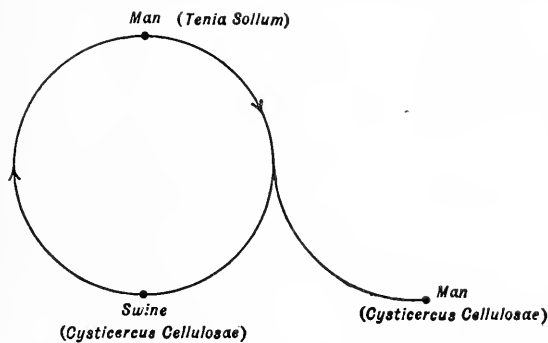


FIG. 83.—*TAENIA SOLIUM*, THE PORK OR MEASLY TAPEWORM.

Note that man may infect himself.

The rat and the hog should be regarded as the common reservoir of trichinae;

a persistent warfare should be made against rats in slaughter houses, butcher shops, markets, and places where hogs are kept (see page 328). Hogs should not be fed uncooked offal from slaughter houses, and on the farms should not be allowed to eat the carcasses of dead hogs.

**The Pork or Measly Tapeworm (*Taenia Solium*).**—*Taenia solium* passes the larval stage of its life history in the flesh of pork. These encysted larvae are known as bladder worms or *Cysticercus cellulosae*; they are commonly called pork measles. Man eats these encysted larvae which develop into adult tapeworms in the intestinal tract.

Infection with this tapeworm may be particularly dangerous, because the cysticerci may occur in man as well as in the hog. When the cysticerci develop in important parts, such as the eye, brain, etc., death or serious consequences may ensue. The infection with this particular tapeworm is fortunately rare in the United States and Canada, but is more frequently met with in the old world. The adult tapeworm occurs only in man; the larva is found especially in hogs and occasionally in

<sup>16</sup> *Science*, New York, January 30, 1914, Vol. XXXIX, p. 181, and *The Journal of Agricultural Research*, Vol. V, No. 18, January 31, 1916.



man. This parasite is smaller than the beef tapeworm. The head is armed with a double row of hooks, with which it maintains its hold to the mucous membrane. Each link contains a uterus with lateral branches, and the genital pore is marginal and irregularly alternate.

The source of infection in man is practically always the larvae in undercooked or raw pork. Occasionally the cysticerci develop in man; in this case, the infection is contracted from another person through the eggs in the feces. Auto-infection also occurs. Hogs become infected from eating human feces containing the eggs, or from food and drink contaminated with them. To build a privy over the pig pen, as one sometimes sees in the country, means the formation of an endless chain in the biology of this worm.

*Taenia solium* produces less anemia than the fish tapeworm (*Dibothriocephalus latus*), but may be dangerous because of cysticercus formation in man. This is the only tapeworm in which this occurs. A person infected with *Taenia solium* may reinfect himself through dirty finger nails, unwashed hands, or other uncleanly habits, and it is also comparatively easy to infect others through the feces.

In prevention one must first consider the disposal of feces. Hogs heavily infected should be destroyed; those having a light infection may be thoroughly cooked and the meat eaten. As the larvae of *Taenia solium* appear to be more tenacious of life than those of *Taenia saginata* and survive longer after the death of their host, the holding of meat for a period of 21 days in refrigeration or in brine as practiced in the case of beef slightly infested with *Taenia saginata* larvae is a method that cannot be utilized for destroying vitality of the larvae of *Taenia solium* in pork.

**Taenia Saginata.**—*Taenia saginata*, also called *T. mediocanellata*, occurs only in cattle and man. The tapeworm is rather common in our country, but is not dangerous, like *Taenia solium*, though at times it produces a certain degree of anemia and other symptoms. It is often difficult to expel, despite the fact that it has no hooks. In geographical distribution it is cosmopolitan. The adult worm occurs in man; the larva is found imbedded in beef and is known as the *Cysticercus bovis*. The uterus has 15 to 35 slender dichotomous branches on each side. The genital pore is marginal and irregularly alternate.

Ransom<sup>17</sup> concludes that if measly beef carcasses are exposed 6 days to a temperature not exceeding 15° F. the parasites die. Ostertag,<sup>18</sup> also Ransom, have found that cysticerci from beef carcasses held in cold storage or in pickle for 21 days are no longer viable.

Man becomes infected by eating raw or underdone beef. The larvae are most frequently detected in the heart, diaphragm, and muscles of

<sup>17</sup> *Jour. of Parasitology*, Sept. 1, 1914, No. 1.

<sup>18</sup> *Zeitschr. f. Fleisch. u. Milchhyg.*, v. 7, pp. 127-132, 1897.

mastication, but occur throughout the voluntary musculature. Cattle become infected through the eggs passed in human feces, which contaminate their food or water.

*Prevention.*—The prevention depends first upon proper disposal of human excrement and an efficient system of meat inspection. The cysticerci die in three weeks after killing, hence meat that has been preserved 21 days may be regarded as safe. Proper cooking and thorough salting also kill the larvae of this tapeworm.

**Echinococcus Disease.**<sup>19</sup>—The larvae of a cestode, *Taenia echinococcus*, frequently infests man. The larvae are hydatids of a minute tapeworm of the dog. The adult worm in the intestinal tract of the dog is not

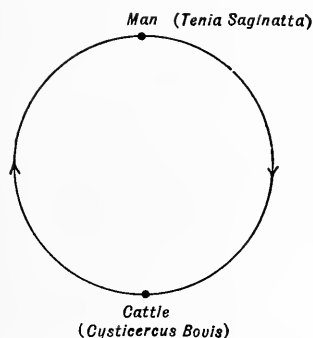


FIG. 84.—BEEF TAPEWORM.

more than four or five millimeters long and consists of three or four segments of which the terminal one alone is mature. The head is small and provided with four sucking disks, and a rostellum with a double row of hooklets. The terminal or mature segment contains about 5,000 eggs. The eggs are passed in the feces and then infest various animals, particularly the hog and ox, more rarely the horse and sheep. The egg hatches in the digestive tube, liberating an embryo which pierces the mucosa and lodges in

the various tissues and organs of the body, where it develops into the larval or cystic stage (hydatids).

The disease prevails especially in those countries where man is brought in close contact with the dog, but more especially when, as in Australia, the dogs are used to herd sheep. The dog gets the larvae from the sheep. In the dog the tapeworm reaches maturity in the intestinal canal, and the eggs are passed in the feces to infect sheep, man, and other animals. In this country *Taenia echinococcus* is rarely found in the dog, but it is not a very rare parasite, as its cystic stage is rather frequently encountered in the liver of hogs by Federal meat inspectors. The larva imbeds itself in the tissues and there develops a cyst—the hydatid cyst. This may occur in the liver, lungs, abdominal organs, nervous system, in fact in almost any part of the body. The cysts grow in size as the larvae multiply, forming daughter cysts and grand-daughter cysts.

The first essential in prophylaxis is to protect the dog against infection. This resolves itself into a good system of meat inspection, sanitary slaughter houses, proper disposal of offal, and the keeping of dogs

<sup>19</sup> Echinococcus disease is not contracted by man from meat—but is conveniently considered in this chapter with the other tapeworms.

away from slaughter houses, butcher shops, rendering plants, and the like. If offal is used as food for dogs, hogs and other animals it should first be thoroughly boiled.

The eggs of the worm reach the mouth of man directly and indirectly from the dog in various ways—through drinking water, through food soiled with dog feces, through dirty hands. Dogs lick their anal region and also lick fecal matter, and hence may directly transmit the eggs to man through licking and fondling. In an infested region, drinking water should be boiled; likewise all vegetables. Fruits and berries, especially those from near the ground, should be thoroughly washed before being eaten. Sheep and other herbivora become infected from dogs in ways entirely similar to those of man, and the principle of prophylaxis is the same.

The number of dogs should be diminished, especially stray dogs, which show a high percentage of infection. The control of the number of dogs and their habits would also help with the rabies problem. The better management of slaughter houses would not only help control echinococcus disease, but also trichinosis through rats.

## FISH

In nutritive properties, there is little difference between the muscle of fish and that of beef. In other words, fish is meat although ordinarily not so regarded. Drummond<sup>20</sup> found that the coagulable proteins of muscle tissue of the cod, herring and canned salmon have a nutritive value as high as those derived from beef; in fact, many fish contain considerable quantities of fat distributed throughout their muscle tissue, and thus probably serve as a valuable source of the "unknown dietary factor"—"fat-soluble A." The herring and also cod liver oil are rich in this vitamin. Fish resembles "meat" in that both are poor in "water-soluble B." There is, then, no essential difference in nutritive value between fish and the flesh of food mammals.

Fish poisoning or ichthyotoxismus is most frequent in Russia, Japan, and the West Indies, and other seacoast countries in which fish forms a large part of the diet. It occurs especially in warm countries.

**Physiological Fish Poisoning.**—Some fish are always poisonous, that is, normally contain a substance toxic to man; usually the poison is developed only during the spawning season. Various species of the *tetrodon* and *diodon*, which includes the puffers, balloon fish and globe fish, frequently cause serious and fatal poisoning in Japan. The most poisonous is perhaps the fugu. In Tokio alone 680 fatal cases out of 933 were reported occurring in 1885-1892 from the so-called "fugu." In China

<sup>20</sup> *Journ. Physiol.*, 52, 95, 1918.

and Japan such fish are sometimes taken for suicidal purposes. The active principle in fugu poisoning resembles curara. The poison is found mainly in the head, liver and ovaries, and called "fugin." It is not destroyed by boiling. Its chemical nature has not been determined. The symptoms produced are: dyspnea, cyanosis, dilatation of the pupils, relaxation of the sphincters, paralysis of speech, dizziness, salivation, and vomiting. Death may result in one or two hours.

Few fish containing physiological poisons are found outside of the tropics. Some fish, such as shad and smelts, are preferred during spawning season. However, during spawning season the roe of different members of the sturgeon family, of the pike, and the barbel have been said to cause pronounced and even fatal intoxication; the symptoms resemble those of gastro-enteritis. Anchovy belassa and the melite of the Indian Ocean are both said to be poisonous, the former causing death when only small amounts are taken, the latter causing violent vomiting. The Greenland shark causes an intoxication in dogs similar to that caused by alcohol. A certain degree of tolerance can be produced by feeding graded amounts. The roe of the European barbel produces the so-called "barbel cholera," while the roe of the pike is said to be poisonous during the spawning season. The toxic symptoms are said by Pozzi-Escot to occur in not less than 24 hours after ingestion. The smooth puffer (*Lagocephalus levigatus*) is considered by fishermen to be the most poisonous of the fishes of Brazil. Very little is known concerning the nature of physiological fish poisons.

**Bacterial Poisons.**—Bacterial poisoning from fish occurs. The fish may be diseased, or when caught may be healthy, but the bacteria gain access and grow throughout the meat as the result of contamination or imperfect preservation. Bacterial diseases among fish are rather common and often occur as epizootics. In almost all the reported instances of injurious action resulting from bacteria the fish has been eaten raw. Bacteria may form poisonous substances in fish closely resembling botulism. Fish caught by the gills in nets die slowly and decompose rapidly. They are of inferior flavor and value and are more liable to be injurious than fish taken from the water and killed at once; under such circumstances they remain firm and retain their flavor longer than those that die slowly. In some parts of the world live fish in tanks are offered for sale in the markets. This procedure cannot be commended from a sanitary standpoint, for the tanks are apt to become dirty and the fish liable to sicken and die slowly, so that the object of purveying only live, fresh, and wholesome fish is largely defeated. It is well known that fish decompose readily and should, therefore, be handled in a cleanly manner and used as fresh as possible. When refrigerated the temperature should be low (page 731).

"Fish poisoning" is doubtless sometimes due to a toxin produced

by *Bacillus botulinus*, or a similar anaërobe. Konstansoff<sup>21</sup> isolated an anaërobic organism from fish which had caused poisoning, and which he called *B. ichthyismi*. This organism produced a strong toxin which affects chiefly the nervous system. When administered to white mice per os, subcutaneously, intravenously or intraperitoneally, it gives rise to the same symptoms and produces the same pathologic lesions as result from ingestion of the poisonous fish. This organism is quite similar to *B. botulinus*, but Konstansoff concludes, after a careful comparison of the two organisms, that *B. ichthyismi* is a distinct entity. The symptoms caused in mice are diminution of secretions and excretions, dilation of the pupils, ophthalmoplegia, clonic and tonic muscular spasms, retention of urine and feces, and motor paralysis, which spreads gradually over the entire body, death resulting from respiratory paralysis. The heart is resistant to the action of the poison, being only slightly decreased in rate. There is, therefore, marked similarity between botulism and this form of ichthyotoxismus. Poisoning from fish contaminated with *B. enteritidis* or one of the closely allied members of the colon-typhoid group is very seldom recorded. Hypersensitiveness to fish, in the sense of anaphylaxis, is rather common.

**The Fish Tapeworm.**—The principal animal parasite conveyed through fish is the tapeworm, *Dibothriocephalus latus*, which infects man wherever fresh fish forms a large part of the diet. The larval stage or plerocercoid is found in the muscles and organs of various fresh water fish, particularly pike, perch, and several members of the salmon family, and when partaken of by man develops into the adult tapeworm in the intestines. The adult worm is also found in cats and dogs that feed upon fish.

The fish tapeworm produces a severe anemia resembling pernicious anemia. The head of the *Dibothriocephalus latus* is armed with hooks and attaches itself to the mucous membrane of the bowels. Faust and Tallqvist have shown that the anemia is due to an hemolytic action caused by oleic acid found in the head of the fish tapeworm. Each link of the fish tapeworm has a rosette-shaped uterus in the median line and a special uterine pore from which eggs are constantly discharged

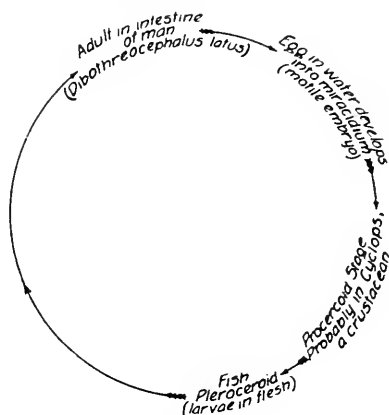


FIG. 85.—*DIBOTHRIOCEPHALUS LATUS*, THE FISH TAPEWORM.  
Produces serious anemia.

<sup>21</sup> *Vestnik Obshtshestvennoy Hygieny*, 1915, 51, 1, p. 766.

and may readily be found in the feces. It is through the pollution of the streams with sewage containing the eggs that the fish become infected, but the larvae that hatch from the eggs, however, first have to pass through a procercoid stage in small crustacea (Cyclops), and the infected crustacea is then ingested by the fish.

The prevention of infestation with the fish tapeworm consists in proper disposal of feces, so as to prevent the contamination of fresh water streams, and the proper cooking of fish.

*Paragonimus westermanii*, a fluke (distome) common in Japan and other countries, produces very serious lesions in the lungs, clinically resembling tuberculosis. The parasite is contracted through fresh water crabs.<sup>22</sup>

## SHELLFISH

Shellfish include mollusks, as oysters, clams, mussels, and crustaceans, as lobsters, crabs, and shrimp. The conditions which render such food injurious are much the same as those discussed in connection with fish. Shellfish may be diseased when taken from the water, but little is known of the diseases of shellfish that influence men. Shellfish may be perfectly good and wholesome when fresh, but may become contaminated and poisonous on keeping, especially if not kept cold. Shellfish have a bad reputation, whereas it is very seldom that they are responsible for illness. Hypersusceptibility of these foods is rather common, but in this case the trouble is not with the food, but with the person who eats it.

On being transferred to fresh, clean water they may lose these injurious characteristics. Man has made shellfish a danger to himself by polluting the water in which they live. It is claimed by some observers that 6 days, by others that 16 days, in clean water are sufficient for mollusks to purge themselves of typhoid infection.

It is now well known that oysters, and doubtless other mollusks, while in polluted water, may take up large numbers of different kinds of bacteria, and that these remain alive and virulent for a long time. Herdman and Boyce found 17,000 colonies from an oyster obtained from the neighborhood of a drain pipe. Ordinarily oysters from open waters contain less than 100 colonies. Oysters contain fewer bacteria during the winter months (December to March), when they probably hibernate. Oysters placed in polluted waters may retain the typhoid bacillus as long as 14 days after they become infected. Klein found typhoid to persist in oysters from 2 to 3 weeks. At times the oysters clean themselves in a week; this is facilitated by clear, clean, running water. Recently, it has been shown that oysters may be purified in 24

<sup>22</sup>Nakagawa, *Jour. Parasitology*, 1916, II, 3, p. 111.

hours by adding bleach to the water in which they are floated. Phelps found that two days was sufficient to cleanse the oysters.<sup>23</sup> The process by which the oyster rids itself of bacteria is perhaps both mechanical and biological.

Gorham<sup>24</sup> has shown that during cold weather (40° to 45° F.) oysters rest or hibernate; the ciliary movement ceases, and feeding does not occur; and the oysters become practically free from sewage organisms even when lying in sewage-polluted beds.

Oysters reflect the bacteriology of the water in which they live and grow. The bacteria are found both in the oyster and in the oyster liquid. Oysters from clean water contain few bacteria and no *B. coli*; oysters from polluted water contain many bacteria and numerous *B. coli*. The number of *B. coli* is expressed by a "score" in accordance with the method of the American Public Health Association,<sup>25</sup> as follows:

The presence of *B. coli* in each oyster of five examined is given the following values, which represent the reciprocals of the greatest dilutions in which the test for *B. coli* is positive:

If present in 1 c.c. but not in 0.1 c.c., the value of 1.

If present in 0.1 cc., but not in 0.01 c.c., the value of 10.

If present in 0.01 c.c., but not in 0.001 c.c., the value of 100, etc.

The addition of these values for five oysters would give the total numerical value for the sample and this figure would be the score for *B. coli*.

Oysters scoring less than 50 are usually passed as satisfactory, whereas those scoring over 140 are regarded as polluted by sanitary authorities.

Both typhoid and cholera have been convincingly traced to infected oysters. The oysters may become infected where they grow or during the process of "fattening" or "floating," which consists in soaking them in fresh water for the purpose of making them more plump and increasing their size. In the language of the fishermen, this is called "floating," "plumping," "drinking," or "laying out." On account of the difference in osmotic pressure the water enters the cells of the oysters and certain mineral salts pass out. While the oyster increases in size and weight it is at the expense of the natural salt, mostly sodium chlorid, which the oyster contains. Floating is practiced by the majority of oyster growers, partly from necessity, for purchasers do not seem to realize that an oyster in its natural condition is never very thick and has a slightly greenish color.

It may be stated, as a general rule, that oysters and other shell-

<sup>23</sup> *Public Health Reports*, July 14, 1916; also, Carmelia, *ibid.*, XXXVI, 16, April 22, 1921.

<sup>24</sup> Gorham, F. P.: *Am. Jour. Pub. Health*, 1912, II, 24.

<sup>25</sup> *Am. Jour. of Public Health*, II, 1912, 34.

fish should not be used when taken from water which, upon bacteriological examination, would render it unfit if used for drinking purposes.

**Outbreaks of Typhoid Fever Traced to Oysters.**—At Middletown, Connecticut, Professor Conn<sup>26</sup> showed that the outbreak of typhoid fever at Wesleyan University during 1894 was due to raw oysters eaten at fraternity banquets.

The increased prevalence of typhoid fever in Atlantic City, N. J., during the summer and autumn of 1902 was traced by Pennington<sup>27</sup> and others to the use of oysters and clams floated in Penrose Canal, which was highly polluted with sewage.

Dr. Bulstrode<sup>28</sup> during 1902 reported 21 cases of typhoid fever and 118 cases of gastro-enteritis from a total number of 267 guests who had eaten raw oysters at the mayoralty banquets at Winchester and Southampton, England, on November 10th of that year. The oysters in question were imported from France and "laid down" or floated for a few days in sewage-polluted "drinking" grounds at Emsworth. One patient who developed a fatal case of typhoid ate only one infected oyster, while others ate only two or three of these oysters.

During the period from 1894 to 1902, inclusive, Dr. Newsholme, of Brighton, England, investigated 241 cases of typhoid fever which he ascribed to eating infected shellfish.<sup>29</sup>

During the year 1902, Thresh and Wood<sup>30</sup> reported in the county of Essex, England, 4 cases of typhoid fever and 21 cases of illness due to eating Portuguese oysters sold on August 14 and 21 of that year.

Soper,<sup>31</sup> 1905, showed that 21 out of 31 cases of typhoid fever at Lawrence, Long Island, N. Y., could be traced to eating oysters and clams which had been floated or grown in Jamaica Bay, near Inwood, Long Island.

Netter<sup>32</sup> reported 33 cases of typhoid fever due to eating oysters from Cette in 1907. The cases were very virulent in character, 7 of the 33 resulting fatally.

Stiles<sup>33</sup> investigated an outbreak following the Minisink banquet, held at Goshen, N. Y., on October 5, 1911, and showed conclusively that the "Rockaway" oysters served on that occasion were responsible. There were 17 well-defined cases of typhoid fever, with one death, and 83 cases of gastro-enteritis (diarrhea) traced directly to eating "Rock-

<sup>26</sup> Conn. State Board of Health Report, 1894, pp. 243-264.

<sup>27</sup> *Philadelphia Medical Journal*, Nov. 1, 1902, pp. 634-635.

<sup>28</sup> Local Government Board, England. 32nd Ann. Report, 1902-3. Supl. App. A, pp. 129-189.

<sup>29</sup> *Brit. Med. Journal*, Aug. 8, 1903, 2: 295-297.

<sup>30</sup> *The Lancet*, Dec. 6, 1902, 2: 1567-1569.

<sup>31</sup> *Med. News*, Feb. 11, 1905, 86: 241-253.

<sup>32</sup> *The Lancet*, Feb. 23, 1907, 1: 551.

<sup>33</sup> U. S. Dept. of Agriculture, Bureau of Chemistry, Bulletin No. 156, Sept. 21, 1912.



away" oysters from Jamaica Bay, floated at Indian Creek, near Canarsie, Long Island, N. Y.

Fuller <sup>34</sup> reviewed the literature on this subject which covered more than 20 separate outbreaks due to infected shellfish up to 1904.

In Great Britain more than in other European countries, shellfish transmission of typhoid fever is regarded as quite frequent. In 1896, Newsholme, then health officer in Brighton, published careful studies showing that 30 per cent. of the typhoid infections occurring in that city were due to oysters and other shellfish. For Belfast, the investigations of Mair showed that the extensive increase of typhoid fever from 1897 to 1909 was due in a large measure to infection from cockles gathered along a shore not far from the main sewer outlet (page 124).

The prevention of typhoid and similar infections through oysters, clams, and other shellfish consists in regulating the location of the beds and in transferring doubtful oysters to a clean situation in clear sea water until the bacteria have perished or have been washed away. How long this may take is somewhat doubtful; perhaps a week, or, better, 16 days, should be allowed. "Floating" in water of doubtful character should be prohibited. Thorough cooking will kill all these non-spore-bearing bacteria.

**Mussel Poisoning.**—*Mytilus edulis*, the common mussel, is a source of poisoning in England and on the Continent. Mussel poisoning is a comparatively rare occurrence. Savage <sup>35</sup> has summarized the cases reported in Great Britain, finding that from 1827 to 1909 there were 61 cases, 8 of which were fatal—a case mortality of 13 per cent. Figures for the Continent and America do not seem to be available, but in all probability they do not exceed those of Great Britain.

The cause of "mussel poisoning" is not known. It is highly probable that the trouble comes from bacteria of intestinal origin, for all the mussels which have caused illness have invariably come from sewage polluted waters.

Three clinical types have been described: (1) An erythematous type, which is doubtless anaphylactic and not an instance of actual "poisoning"; (2) a gastro-enteric or intestinal type; (3) a paralytic type. The difference in the last two types of poisoning is one of degree, the symptoms apparently varying with the virulence and amount of the poison and the susceptibility of the individual.

The chief symptoms observed <sup>36</sup> have been referable to the central nervous system, suggestive of a powerful neurotoxin such as found in

<sup>34</sup> U. S. Bureau of Fisheries Rept., 1904, pp. 189-238.

<sup>35</sup> Rep. to the Loc. Govt. Bd. on Public Health and Medical Subjects, No. 77, 1913, p. 5.

<sup>36</sup> Savage, *ibid.*; Osler: "Principles and Practice of Medicine," 1918, p. 409; Thesen: *Arch. f. Exp. Path. u. Pharmak.*, Bd. XLVII, Hefte 5 u. 6; Rolfe: *Lancet*, Aug. 27, 1904.

botulism and possibly in ichthyotoxismus. The onset of symptoms usually comes shortly after ingestion of the mussels, but is sometimes delayed 18 to 24 hours. The common symptoms of food poisoning—nausea, vomiting, abdominal pain and diarrhea—are usually present, though they may not always be. Giddiness, vertigo, a tingling prickly sensation in the hands and feet, a sense of constriction and dryness of the mouth and throat, difficulty in speaking and swallowing, a feeling of numbness about the mouth, gradually spreading to the arms, and great muscular weakness are reported. There is usually no fever. The pupils are dilated; but react to light. There may be mental excitement very similar to that of the early stages of alcoholic intoxication. The heart is not involved, the pulse is full and bounding, but usually rapid. Dyspnea, difficult breathing, swelling of the face, lack of muscular coördination and muscular spasms may be present. Sudden syncope is not uncommon and usually immediately precedes death. Death may occur in 1 or 2 hours accompanied by all the symptoms of collapse.

The paralytic type suggests curare. This is less frequent and more dangerous than the gastro-enteric types. It may be compared with botulism, but differs in rapidity of onset, the nature of the symptoms, and in the fact that boiling does not destroy the poison. Death has occurred in 15 minutes after eating boiled mussels. A notable example of mussel poisoning occurred at Wilhelmshaven in 1885. A large number of dock laborers and their families were poisoned shortly after eating cooked mussels; three died. The mussels were examined by Brieger and Salkowski, who isolated several basic substances or "ptomains," one of which, mytilotoxin, was poisonous to animals, causing similar symptoms.

*Mytilotoxin* ( $C_6H_{15}NO_2$ ) is said to produce the same symptoms in animals which result from "mussel poisoning" in man. Novy considers this a true instance of a heat-resisting alkaloidal-like poison or ptomain in a sense analogous to mushroom poisoning. Cats and dogs eating poisonous mussels are said to suffer with symptoms similar to those seen in man, namely, paralysis, coma, and death. Rabbits have been poisoned by giving them the water in which the mussels have been cooked.

Thesen<sup>37</sup> isolated from mussels taken from the harbor of Christiania a toxic substance which resembles mytilotoxin in some ways. He has, however, not been able to convince himself that the two substances are identical. He believes that the poisonous quality of the mussels is not the result of bacterial action or of pathological metabolic processes within the mussel, but rather is due to the absorption of poisonous substances from the water. He bases his belief upon the fact that clean mussels when placed in clean water to which has been added curare,

<sup>37</sup> *Arch. f. Exp. Path. u. Pharmak.*, Bd. XLVII, Hefte 5 u. 6.

strychnin or an extract from poisonous mussels, acquire the poisonous quality of the water.

Savage is impressed with the incompleteness of our knowledge concerning mussel poisoning and concludes that:<sup>38</sup>

"Many explanations have been advanced to account for the causation of mussel poisoning. These are carefully reviewed by Bulstrode in his report (1894-95) to the Local Government Board on 'Oyster Culture in Relation to Disease.' The earlier views ascribing the pathogenic properties to copper poisoning, star-fish spawn, mussels eaten during the spawning season, mussels eaten in a stale or dead condition, may be dismissed as untrue or inadequate as explanations generally applicable although metallic poisoning cannot be excluded as a possible cause of illness in individual cases or even in small outbreaks.

"The rapidity of onset and (when fatal) rapidly fatal result make it evident that the symptoms are due to a chemical poison, while the peculiar symptoms differentiate this type from the ordinary food poisoning outbreaks.

"The most probable view is that mussels become poisonous from the production in them of chemical poisons elaborated by the vital activity of bacteria derived from their sewage-contaminated surroundings, but we are ignorant of the special bacteria concerned, the conditions which cause the production of these poisons, and whether the toxic properties are due to mytilotoxin or to some other bacterial poisons.

"Very few outbreaks appear to have been reported in recent years, but it is desirable that the whole subject should be reinvestigated by modern methods."

The prevention of mussel poisoning, on the basis of present information, rests primarily upon the prevention of sewage pollution of waters in which the mussels grow. Cooking does not seem to render them safe. Rolfe<sup>39</sup> reports two cases, one of which was fatal, from mussels which had been carefully washed and then thoroughly cooked in several changes of water. Poisonous mussels<sup>40</sup> are said to produce a sweetish, nauseating, bouillon odor. They are less pigmented and their shells are more easily broken than those of non-poisonous mussels. Their livers are larger and more mellow. The water in which they are boiled appears bluish, while that of healthy mussels is light in color. The meat of poisonous mussels is yellow, that of healthy mussels, whitish. Healthy mussels produce almost no change in alcohol, but the poisonous mussels cause the appearance of a deep golden yellow color. In spite of these differences between healthy and poisonous mussels, there seems to be

<sup>38</sup> "Food Poisoning and Food Infections," Cambridge, England, 1920, pp. 132-33.

<sup>39</sup> *Lancet*, Aug. 27, 1904.

<sup>40</sup> Edlemann, Mohler, and Eichhorn: "Meat Hygiene," Lea & Febiger, 1911, p. 350.

no ready means by which the consumer can tell whether or not the mussels are toxic.

Of interest in connection with mussel poisoning is the so-called *snail poisoning*, which has come to be associated with a certain marine snail (*Murex uradatus*). It is not known whether this snail, which is sometimes used for food, contains, under certain conditions, a substance which is poisonous to man, whether pathogenic bacteria are present, or whether preformed bacterial toxins are the cause of the symptoms in man.

### “BOB-VEAL”

“Bob-veal” is the flesh of immature calves, that is, animals less than two or three weeks old. “Bob-veal” is objectionable only from humanitarian and esthetic grounds, not from a health standpoint. The prejudice against “bob-veal” is illogical. The meat is flabby, edematous, soft. The connective tissue is gelatinous and is present in greater quantity than in mature animals. The fat is reddish-gray and soapy, the meat less nutritious in value, as it contains a large proportion of water. The digestibility of the protein of “bob-veal” is the same as market veal, namely, 93 per cent. On account of its moist and soft condition “bob-veal” has a greater tendency to spoil than the flesh of mature animals. Young calves are highly susceptible to a number of infections, particularly diarrheal diseases and infections which enter through the navel. Trouble, however, has seldom been traced to “bob-veal.”

Ostertag states: “Putrefactive and pathogenic microbes find ready media for luxuriant growth in ‘bob-veal’ carcasses. In Switzerland 27 persons became ill from eating veal of a calf five days old, which had yellow water in the joints; one patient died.”

Bollinger recites: “At Berminstorf 8 people died from eating veal from a calf four days old. At Morselle, Belgium, 80 people became sick from eating veal of two calves with diarrhea.”

It is a well-known fact that calves under three weeks old have umbilical wounds which are liable to become infected. All young animals are subject to such infections, since nature is left to effect the healing of the wound. The weight of the calf is often taken as an indication of its age. Thus a calf weighing 40 pounds or more is considered mature, but the weight is a poor index of age. The condition of the umbilical wound usually tells the tale. There are no sanitary objections to the use of “bob-veal”; infections may be guarded against by care, inspection and finally by thorough cooking.

## EGGS

Perhaps no article of diet of animal origin is more commonly eaten in all countries and served in a greater variety of ways than eggs. Eggs are used in nearly every household in some form or other. It has been calculated that on an average they furnish 3 per cent. of the total food, 5.9 per cent. of the total protein, and 4.3 per cent. of the total fat used per man per day. When we speak of eggs we ordinarily mean hen's eggs, but the eggs of ducks, geese, and guinea fowls are used to a greater or less extent; more rarely turkey's eggs and sometimes those of wild birds. Plover eggs are prized in England and Germany, while in this country the eggs of sea birds, such as gulls, terns, herons, and murre, have long been gathered for food. Other eggs besides those of birds are sometimes eaten. Turtle's eggs are highly prized in most countries where they are abundant. The eggs of the terrapin are usually served with the flesh in some of the ways of preparing it for the table. Fish eggs, especially those of the sturgeon, are preserved in salt under the name of caviar. Shad roe is also a familiar example of the use of fish eggs as food. The eggs of alligators, lizards, serpents, and some insects are eaten by races who lack the prejudices of western nations.

Very large quantities of eggs are now broken out, mixed, frozen, or dried. These products are largely employed by bakers and others who use eggs in quantities.

Hen's eggs vary considerably in size and appearance. The shell constitutes about 11 per cent., the yolk 32 per cent., and the white 57 per cent. of the total weight of the egg. The egg-shell consists mainly of carbonate of lime, and when freshly laid is covered by a mucous coating. The egg-white consists of 86.2 per cent. of water, 12.3 per cent. nitrogenous matter, 0.2 per cent. fat, and 0.06 per cent. ash. The yolk consists of 49.5 per cent. water, 15.7 per cent. nitrogenous matter, 33.3 per cent. fat, and 1.1 per cent. ash.<sup>41</sup> These are averages; different eggs vary somewhat in composition from each other. It is noteworthy that eggs contain practically no carbohydrates.

**Nutritive Value.**—The egg contains all the chemical complexes necessary for the formation of the chick during incubation. Eggs therefore furnish everything needed for the nutrition of a mammal. The egg is indeed a complete food, but not one which produces the optimum results when employed as the sole source of nutriment. Aside from the calcium content of the white and yolk of the egg, which is much lower than that of milk, the contents of the egg resemble milk in a general way in nutritional value. The high content of milk sugar in the latter,

<sup>41</sup> Pennington: "A Chemical and Bacteriological Study of Fresh Eggs," *Jour. Biol. Chem.*, Vol. VII, No. 2, Jan., 1910, p. 110.

and the almost complete absence of carbohydrate from the egg, cause them to differ considerably in the physiological results which they produce on animals when each is fed as the sole source of nutriment. Egg, when fed alone, encourages much more than milk the development of putrefactive organisms in the alimentary tract. The shell of the egg consists principally of calcium carbonate, and during incubation this is to some extent dissolved and absorbed for the formation of the chick. When eggs serve as human food the shells are discarded. These are distinct differences in the chemical natures of the constituents of eggs as contrasted with milk. The principal protein of egg yolk, like that of milk, contains phosphorus, but the fats of milk are phosphorus free, whereas phosphorized fats (that is, lecithins) are very abundant in egg fats. There is an abundance of lactose in milk, whereas the egg contains but a trace of sugar. These differences have little, if any significance. The yolk is especially rich in both the "fat-soluble A" and "water-soluble B." (McCollum.)

**Classification.**—In addition to fresh and refrigerated, eggs are classified in the trade as "rots," "spots," "checks," "ringers," "chickens," "dirty shells," "heated," or "incubated," etc. Eggs are assorted by inspection and candling. Candling consists in holding them before a bright light; the egg is translucent and the movable yolk may clearly be discerned, as well as the air space which is always at the larger end. A practiced eye quickly detects eggs that are not first quality. Rotten eggs are distinguished as "red rots" and "black rots," depending upon the kind of putrefaction. By "spots" are understood eggs that contain opaque spots under the light. These spots usually consist of local growths of mold that have penetrated a crack in the shell, although they may be due to coccidia, embryos, or foreign bodies. "Checked" eggs are those which have slight cracks or nicks in the shell. "Ringers" contain small embryos of about two days' growth, which are flat, disk-like, and reddish in appearance. "Chickens" contain embryos of larger growth. Eggs with dirty shells are undesirable more from esthetic than other reasons. The dirt usually consists of hen excrement. A "heated" egg is a shrunken egg, that is, an egg that has been exposed to the summer temperature for several days. Some water is lost by evaporation through the porous shell, the air sac on the end has increased considerably in volume, and in many instances the embryo is partly developed; therefore, heated eggs are also known as incubated eggs. Many of the eggs gathered during the hot months of summer, especially in July and August, belong to this category. These eggs are much less desirable than the spring and fall layings. Eggs are also graded as to size, the very small eggs being undesirable, commanding a lower figure in the market. Further, eggs are classified as strong- or weak-bodied, depending upon how they "stand up" when broken out.

**Bacteria in Eggs.**—Eggs as they come from the hen frequently contain bacteria, worms, gravel, blood clots, and foreign bodies of various kinds. Practically all eggs contain bacteria, although numerous observers report occasionally that an egg is sterile. As a rule, these observations are based upon planting a small part of the egg. If the entire egg is planted a growth is almost invariably obtained. Thus, in eighteen freshly laid eggs which I examined every one of them contained bacteria in the yolk; two of them contained *B. coli*. Curiously enough, there are practically always more bacteria in the yolk than in the white; the white contains some bactericidal property, probably similar to that possessed by fresh blood. The bacteria doubtless gain entrance to the egg while in the oviduct. Pernot<sup>42</sup> examined the eggs from over the size of a pea to the perfect egg and found bacteria at every stage. It is well known that the bacteria may also get into an egg through the shell, as it is porous and permeable. When the shell is moist and dirty the chances of growth and mold piercing it are increased. Eggs laid in the summer time (July and August) contain many more bacteria than those laid in the spring, fall, and colder months. It is well known that summer eggs do not keep as well as winter and spring eggs.

**Eggs and Disease.**—Of all foods, so far as known, eggs are less liable to convey disease or contain harmful properties than any other single food of animal origin. The literature is singularly free of instances of sickness attributed to eggs. There is no known infection of the hen transmissible to man through its egg. Eggs do not agree with some people, who have an "idiosyncrasy," so that a very small quantity will bring on symptoms resembling anaphylaxis. This condition is doubtless an instance of specific hypersusceptibility to egg protein. There are several cases on record in which this hypersusceptibility has been cured by the administration of pills or candy containing at first infinitesimal amounts of egg-white, gradually increasing the amount. The entire treatment should extend over a period of months. In this way an "immunity" may be established in man precisely analogous to the desensitization which may be established by repeated injections of an alien protein into guinea-pigs.

## PLANT FOODS

Man is still a parasite living on the plant kingdom. The vegetable world furnishes us our chief source of energy. The animals which furnish food to man function as expensive converters of the energy of plants into a form directly available for our uses. A cow eats a liberal

<sup>42</sup> "Investigation of the Mortality of Incubator Chicks," *Bull.* 103, Oregon Agr. College Exp. Station.

plant ration daily during several years before the nutrient products which she furnishes are ready for the market.

For purposes of nutrition, plant foods are classified as seeds; roots and tubers; and leafy vegetables. Each class has distinct dietetic qualities.

### *THE NUTRITIVE VALUE OF PLANTS*

**Seeds.**—Seeds are storage organs and can be classed together so far as their food value is concerned. The proteins of seeds are incomplete, because they contain only a few of the 17 or 18 amino-acids necessary to rebuild human protein. Seeds are also poor in mineral elements, especially calcium, sodium, and chlorin. McCollum examined wheat, corn, rice, oats, barley, rye, Kaffir corn, millet seed, flaxseed, pea, and both navy and soy beans. All, with the exception of millet seed, were below the optimum in their content of the dietary factor “fat-soluble A.” Seeds are also deficient in “water-soluble B” and in antiscorbutic properties. When seeds alone are used as the sole source of nutriment, it is not possible to secure appreciable growth in young animals.

**The Leaf.**—The leaf is very different from seeds, roots and tubers from a dietary standpoint. The leaf of the plant is very rich in cells, and in most cases contains but little reserve food material. It is the synthetic laboratory of the plant. It builds up proteins, starch, sugars and fats, through the action of chlorophyl and sunlight upon  $\text{CO}_2$ , which is absorbed from the air, together with water and mineral salts which are absorbed from the soil through the roots. The surfaces of the leaf are a mosaic of living cells. They contain all the chemical complexes which are necessary for the nutrition of the animal cells, and are qualitatively complete foods. The freer a leaf is from the function of a storage tissue, the more intensified will be its leaf properties as a food. The fleshy leaves tend to have in some degree the dietary properties of the seed, and stand intermediate between leaves which are thin, and dry easily, and the seed in this respect. In general, leaves are analogous to cellular organs of animals, such as liver, pancreas and kidneys, in dietary properties.

The dry leaf usually contains from three to five times as much total ash constituents as does the seed, and is always especially rich in calcium, sodium, and chlorin, in which the seed is poor. It follows, therefore, that the leaf supplements the inorganic deficiencies of the seed. The leaf, in most cases, contains much more of the dietary essential, “fat-soluble A,” than is found in any seed, so that combinations of leaf and seed prove more satisfactory for the nutrition of an animal than do mixtures of seeds alone. The leaf as well as the seed contains protein and amino-acids, which result from the digestion of proteins. The amount varies from 8 per cent. of protein ( $\text{nitrogen} \times 6.38$ ) in such



fleshy leaves as the cabbage, after drying, to more than 15 per cent. in the dry alfalfa or clover leaf. The seeds vary in their content of protein from about 10 to 25 per cent. The leaf proteins appear, from the data available, to supplement and enhance in some degree the value of the seed proteins with which they are combined. The leaf supplements, therefore, all the nutritive deficiencies of the seed, but not necessarily in a highly satisfactory manner.<sup>43</sup>

Peoples who have employed the leaf of the plant as their sole protective food are characterized by small stature, relatively short span of life, high infant mortality, and by contended adherence to the employment of the simple mechanical inventions of their forefathers. Contrast with Milk, page 753.

**Tubers.**—After the seeds, the tubers of certain plants constitute one of the most important classes of energy-yielding foods. The potato and sweet potato are by far the most important representatives in this group in Europe and America, but several other kinds of tubers are widely used as human food in the Orient.

**Roots.**—Roots are tubers; like the tubers, there is a cellular layer at the periphery, and the interior is loaded with reserve foodstuffs. Feeding tests have shown that the properties of the beet resemble those of the seed and tuber rather than those of the leaf. The fleshy roots and the potato and the sweet potato have an inorganic content which resembles that of the seed in a general way.

**Fruits.**—The chief uses of fruits in the diet depend upon their salt content, their laxative properties, and their antiscorbutic value. Fruits do not rank high as sources of energy to the body; that is, their caloric values are rather low in comparison with most of the common food products. Fruits are almost without exception devoid of fats and are poor in protein. They are good sources of mineral salts. Some of them contain carbohydrate, such as the sugars in the orange and the banana. They all have a high percentage of water. The citrus fruits are rich in organic acids. They are highly palatable and exert a favorable influence on the excretory processes of the kidneys and the intestine. Many of them are rich in "water-soluble B" and antiscorbutic vitamins. The liberal use of fruits in the diet should be encouraged.

**Carbohydrate Food Preparations.**—Carbohydrate foods, such as flour, sugar, starches, and most cereal preparations, are rich as sources of energy, but poor in vitamins.

## HOW PLANTS MAY INJURE HEALTH

**Poisonous Plants.**—Many plants contain a physiological poison, such, for example, as aconite, strychnin, ricin, abrin, muscarin, and a long list

<sup>43</sup> McCollum, E. V.: "The Newer Knowledge of Nutrition," The Macmillan Co., 1918.

of other substances normally present. According to Chestnut,<sup>44</sup> there are about 500 species of plants in North America which are said to be poisonous. Most of these are rare specimens, and never eaten by man; some are poisonous only during certain seasons of the year; others are poisonous only when introduced parenterally into the human body; still others, such as the poison ivy, are injurious only to susceptible individuals, while many of them are known to be poisonous only to domestic animals. Of these latter, the larkspur (*Delphinium*), the water hemlock (*Cicuta maculata*), the lupines, the laurels, and the death camus (*Zygadenus*) are prominent examples.

Chestnut estimates that in the United States there are only about 30 species of plants which have been associated with poisoning in man, and furthermore most of such cases must be considered as extremely rare accidents. Instances of such accidents have been recorded by Jordan,<sup>45</sup> who cites the mistaking of the American false hellebore (*Veratrum viride*) for the marsh-marigold; the use of the fruit of the Kentucky coffee tree (*Gymnocladus dioica*) in mistake for that of the honey locust; the use of daffodil bulbs for food; the substitution of the mountain laurel (*Kalmia latifolia*) for wintergreen, and the mistaking of the water hemlock (*Cicuta maculata*) for other edible roots. Jordan feels that poisoning from the latter cause is probably more frequent than supposed, saying that in one year, in New Jersey alone, ten cases, two of which were fatal, occurred. Ford<sup>46</sup> reports accidental poisoning in man following ingestion of the tutu plant, one of the *Eoriariae*, found chiefly in New Zealand. Roberto and Jelmoni<sup>47</sup> record an instance of poisoning following the ingestion of the berries of *Taxis baccata*, the European yew tree. Guerrero, de la Paz and Guerrero<sup>48</sup> report cases of poisoning from the use of a decoction of "Sanki," the fruit of *Illicium religiosum*, Siebold; they call attention to the great similarity between *Illicium religiosum* and *Illicium anisatum*, which, they say, is extensively used by the Filipinos as a stimulant, stomachic and carminative. The manuals on poisonous plants cite many other instances of accidental poisoning, due to the substitution, usually by children and the ignorant, of poisonous plants for similar food plants.

There is a great variation in the toxicity of plants, and tropical plants are more often poisonous than those of cooler climates, as is the case with fish, insects, snakes, and other animals.

*Mineral substances* in plants rarely cause poisoning. Lead, in grass, has been shown to be the cause of symptoms of lead poisoning in cows, and plants manured with superphosphates which contain arsenic may

<sup>44</sup> *Science*, XV, 1902, 1916.

<sup>45</sup> "Food Poisoning," Univ. of Chicago Press, 1917, p. 4.

<sup>46</sup> *Journ. Pharm. and Exp. Ther.*, II, No. 1, Aug., 1910.

<sup>47</sup> *Chem. Zentr.*, 1916, I, 1088; *Chem. Abst.*, II, 20, 1917, p. 2829.

<sup>48</sup> *Philippine Jour. Sci.*, Sept., 1916, XI, p. 203.

absorb enough arsenic to cause sickness.<sup>49</sup> Similarly, there is possibility of poisoning due to the use of insecticidal sprays, washes and powders, on vegetables and fruits. See page 279.

*Acids* are of more common occurrence. Prussic acid occurs free in some plants, as a glucosid in some others, especially in those of the rose and apple family. The bitter cassava (*Manihot utilissima*), from which ordinary tapioca is derived, contains prussic acid in considerable amount, and cannot be eaten in the fresh state. The prussic acid is dissipated by heat. Cases of poisoning due to this cause are not known.

Oxalic acid is quite common in many plants, and illustrative of its poisonous qualities is the outbreak of so-called "ptomain poisoning" reported in New York,<sup>50</sup> which was shown to be due to soup prepared from "Schav" or "Szhav" leaves, more commonly known as sour grass—a species of sorrel. Two grains of oxalic acid were found in each ounce of the leaves, and four grains in each ounce of the stems of this plant. The soup which was eaten contained about ten grains of oxalic acid per pint. Robb<sup>51</sup> reports a fatal case of oxalic acid poisoning due to eating fried rhubarb leaves. Marked exhaustion, hemoptysis, early cardiac failure, and greatly delayed coagulation time of the blood were the prominent symptoms observed in this case. The oxalic acid content (as oxalates) of the stalks of rhubarb varies from 1.5 per cent. to 40 per cent.,<sup>52</sup> but there seems to be no figure available for the amount in the leaves. Arbenz<sup>53</sup> found that rhubarb contains 3.2 grams of oxalic acid per kilogram. Many other foods contain oxalic acid, but in harmless amounts. The poisonous qualities of the loco weed (*Astragalus mollissimus*), common to the western states, have been attributed to an acid present in the plant, called by some "loco" acid.

*Oils*.—Some of the common vegetable *oils*, such as the oils of chamomile, cloves, cinnamon, sassafras, etc., may be poisonous in excessive amounts. Chestnut<sup>54</sup> cites an instance of the death of a child following the ingestion of two nutmegs, while Jordan<sup>55</sup> calls attention to an outbreak of sickness in Germany in 1911 due to the inclusion of maratti-oil (from the tropical plant *Hydrocarpus*) in a commercial substitute.

**Carotinemia.**<sup>56</sup>—A diet rich in carotin, which is the coloring matter contained in carrots, spinach, egg yolk, and oranges, may produce a yellow discoloration of the skin, which resembles jaundice, except

<sup>49</sup> *Science*, XV, 1902, p. 1016.

<sup>50</sup> *Weekly Bull.*, N. Y. C. Dept. of Health, Sept. 16, 1916.

<sup>51</sup> *J. A. M. A.*, Vol. LXXIII, No. 8, Aug. 23, 1919, p. 627.

<sup>52</sup> U. S. Dispensatory.

<sup>53</sup> *Chem. Abst.*, 1917, II, p. 2374.

<sup>54</sup> *Science*, XV, 1902, p. 1016.

<sup>55</sup> "Food Poisoning," Chicago Univ. Press, 1917, p. 16.

<sup>56</sup> Hess, A. F., and Kyers, V. C.: Carotinemia: A New Clinical Picture. *J. A. M. A.*, Dec. 6, 1919, LXXIII, 1743.

that the sclera are not involved. The carotin and xanthophyll pigments derived from food are the sources of the coloring matters of milk fats and body fats, of egg yolk, of the corpus luteum, nerve cells, and other structures.<sup>57</sup>

**Parasites.**—Certain vegetables, such as lettuce, celery, water cress, radishes, and similar plants, eaten raw may convey typhoid fever, cholera, dysentery, both amebic and bacillary, the eggs and larvae of animal parasites, and other agents of infection. This usually occurs from the use of night-soil as fertilizer, or from infected water from a foul source.

All vegetables which are eaten raw should be washed thoroughly beforehand, otherwise they may be contaminated with manure and other impurities or the excrement of domestic animals which have been roaming in the garden. The larvae of worms have been transmitted to man in this manner.

A fungus developing in rye is responsible for ergotism. Molds and smuts which grow on plants used by man for food may give rise to serious difficulty due largely to mechanical obstruction, although there is some reason to believe that poisonous substances may be formed, for example, the sulphocyanic acid formed by *Aspergillus niger*.<sup>58</sup> Ernst<sup>59</sup> reports a case of mucor infection, suggestive of pulmonary tuberculosis, in which the source of the mucor was probably corn.

**Toxins.**—Bacteria growing in plants may develop toxins. Botulism is the only known example in this category. This poison may form in beans, corn, peas, asparagus, beets, olives, and a variety of other plant foods containing protein.

**Susceptibility, Idiosyncrasy, Anaphylaxis.**—A number of plant foods, such as strawberries, tomatoes, oatmeal, etc., cause urticarial eruptions and other manifestations of anaphylaxis in susceptible individuals. Hay fever is another instance of hypersusceptibility, brought on by the pollen of various plants. These conditions are discussed under the chapter on Anaphylaxis, page 593.

**Rhus Poisoning.**—Rhus poisoning, also known as *Rhus dermatitis*, or *Dermatitis venenata*, is caused by an irritating resinous substance in the sap of numerous plants. The various plants which may provoke such irritation in susceptible subjects are at least 60 or 70 in number. The most common and best known of this group belong to the genus *Rhus*. *Rhus toxicodendron*, or poison ivy, is distinguished from other suspected creepers of a similar appearance by its possession of three leaflets instead of five. *Rhus diversiloba*, or poison oak, which grows especially

<sup>57</sup> Palmer, L. S., and Eckles, C. H., *Jour. Biol. Chem.*, XVII, 191, 211, 223, 237, 245, March, 1914; also Palmer, L. S.: *Ibid.*, XXIII, 261, Nov., 1915; XXVII, 27, Oct., 1916.

<sup>58</sup> *Science*, XV, 1902, p. 1016.

<sup>59</sup> *Journ. Med. Research*, Nov., 1918, XXXIX, No. 2, p. 143.

in the western part of the United States, is a shrub or small tree. *Rhus venenata*, known as poison sumac, poison dogwood, and poison elder, is a shrub or small tree, growing in swampy places in the United States and Canada as well as in Japan.

Of the six varieties of the rhus family that grow wild in Japan, *Rhus toxicodendron* and *Rhus vermicifera* are the most injurious. Among the plants which less frequently cause dermatitis are the nettle (*Urtica dioica*), the primrose (*Primula obconica*), cowhage (*Macuna pruriens*), smartweed (*Polygonum punctatum*), balm of Gilead (*Podophyllum. Balsamum gileadense*), oleander (*Nerium Oleander*), and rue (*Ruta*).

The part of these plants to be feared is the resinous sap. This sticky sap, exuding from all parts of an injured plant, when it comes in contact with the skin, causes intense irritation, which is characterized by its acute character, frequently beginning between the fingers, associated with swelling, and often large vesicles and blebs, the exudate from which is non-toxic. The dermatitis occurs in sharply defined patches, elongated streaks, and other irregular shapes, corresponding with the original area of contact. It does not follow the nerve trunks. It seldom attacks the scalp or the inside of the hands. The original areas of contact are most affected and the parts of the skin to which the poison has been conveyed from the original sites of contact are usually less severely affected. Together with the local lesions, there is a leukocytosis and constitutional disturbances, such as fever, coated tongue, loss of appetite, constipation, and a trace of albumin in the urine.<sup>60</sup> The attack may subside in from four to six days, depending on the amount of the irritant and the sensitiveness of the skin. Idiosyncrasy plays an important part. Persons affected are believed to be more susceptible.

It is now quite certain that the toxic principle in *Rhus* poisoning is not volatile, as was once supposed; in other words, contact is necessary, although not actual contact with the plant itself, for the sap may be carried indirectly by clothing, tools, insects, smoke, etc., to the skin of persons far from the actual neighborhood of the plant, thus explaining those mysterious "recurrent" cases of *rhus* poisoning. Sap thus carried loses its toxic properties by oxidation, the loss being more rapid at body temperature and moist atmosphere.

Japanese lacquered ware when new has caused a dermatitis in a large number of people. The sap of the lacquer tree produces typical *rhus* poisoning. Susceptible individuals may be affected by passing under a lacquer tree, or by simply going by a lacquer-ware shop. This does not mean that the poison is volatile, for in such instances the sap is transferred in some mechanical way.

<sup>60</sup> McNair, J. B.: "The Transmission of *Rhus* Poison from Plant to Person," *Jour. Infect. Dis.*, 1916, XIX, 429; "The Pathology of Dermatitis Venenata from *Rhus Diversiloba*," *ibid.*, 1916, XIX.

McNair<sup>61</sup> has shown that smoke from the heated leaves of poison oak causes dermatitis if blown on the wrist. If, however, the smoke is filtered through glass wool, it is no longer irritating, showing that the smoke is only a mechanical carrier of the poison, thus confirming the oft-repeated observation that poisoning may result from exposure to smoke of camp fires, etc. The exact nature of the chemical substance is not known, but it is now clear that it is non-volatile and resinous in nature, and that it is absent from the pollen and plant hairs. The toxic substances in the several plants are identical or very closely related. Pfaff<sup>62</sup> isolated a fixed oil, *toxicodendrol*, of which 1/1,000 milligram in two drops of oil will set up localized edema and vesication.

The dermatitis may sometimes be averted, even after handling these plants, by the free use of an alkaline soap and water, or alcohol, containing a little dissolved sodium hydroxid. The poison is soluble in alcohol and alkalies. Gasoline may also be used. An aqueous solution of sodium bicarbonate is less effective. The application must be prompt and thorough or else it will only tend to spread the irritating poison.

### POISONING FROM PLANT FOODS

**Ergotism.**—Ergotism is a form of food poisoning brought on by prolonged use of meal made from grain contaminated with the *Claviceps purpurea*. The fungus develops in the flowers of rye and other grains. The chief source of the poisoning in man is from rye, in which case the fungus may entirely replace the grain. Ergotism is practically unknown in this country, but in Europe it is still occasionally met with, although not to the same extent as in former times. From ergot Kobert was able to isolate three poisonous substances, sphacelinic acid, cornutin, and ergotin. Sphacelinic acid is a non-nitrogenous, unstable body and is believed to be the active agent in contracting the blood vessels. Cornutin is also an active alkaloid and produces vasomotor contraction. According to Novy, more recent investigations have made it probable that there are other substances present which constitute the real toxic agent. Thus, Jacoby obtained a non-nitrogenous resin sphacelotoxin and Barger, parahydroxyphenylethylamin, which they regard as the specific poisons. It is now believed that histamin is the most important constituent of ergot, for in minute doses it produces tonic contraction of the uterus.<sup>63</sup>

The intoxication may have an acute or chronic course, and in either

<sup>61</sup> McNair, J. B.: *Jour. Am. Chem. Soc.*, 1916, XXXVIII, 1417.

<sup>62</sup> *Jour. Exp. Med.*, 1897, II, p. 181.

<sup>63</sup> Barger and Dale: *Jour. of Physiol.*, XL, 38, 1910; Kutscher: *Centralbl. f. Physiol.*, XXIV, 163, 1910; Ackermann and Kutscher: *Ztschr. f. Biol.*, LIV, 387, 1910.

type the symptoms may be nervous or convulsive, or else they may be trophic or gangrenous in character.

The presence of the sclerotium may be suspected from the color of the meal, which is grayer than usual and often shows violet-colored specks. The addition of potassium hydroxid with heat produces an odor of trimethylamin resulting from the breaking up of the grain containing chinolin. Further, the grain contains a dye which is soluble in alcohol or ether. To 10 grams of the meal add 10 c.c. of ether and 20 drops of dilute sulphuric acid. Shake well and filter after half an hour. Then add several drops of a saturated solution of sodium bicarbonate, which dissolves out all the coloring matter.

**Lathyrism.**—Lathyrism or vetch poisoning is a rather rare condition met with in some parts of Europe, notably Austria and Italy, in northern Africa, and in India. The vetch seed is ground in the form of meal and used as a partial substitute for that of wheat. The seed is popularly known as chick-pea. The vetch seeds are obtained chiefly from *Lathyrus sativus* and *Lathyrus cicera*. The eating of bread prepared from meal containing the seeds of the lathyrus is followed by sudden and severe pains in the lumbar region, girdle sensation, motor paralysis of the lower extremities, tremor, and fever. The nature of the poison is not known, but it is probably of the nature of a toxalbumose, of which ricin and abrin, the poisons of the castor bean and the jequirity bean respectively, are well-known examples.

**Favism.**—Favism (*fava*, bean) is the name applied to a disease which has been reported only in Italy. It is attributed to the use of beans as food, or even just smelling the blossoms of the bean plants. Pammel<sup>64</sup> cites instances of individuals who cannot inhale the odor of morphin, turpentine, tobacco, the flowers of the common bird cherry, the haw or the tuberose, without becoming ill. Gasbarrini<sup>65</sup> quotes the work of Germeti and concludes with him that the disease is the result of an acute, toxic hemolysis. It is said to occur only where beans are cultivated on a large scale, and then usually only during the spring of the year. Of 1211 cases which were studied by Fermi in Sardinia, 752 were ascribed to ingestion of the beans, and 459 to inhalation of the odor or pollen of the bean plants. The onset of symptoms occurs a day or so after ingestion or from 2 to 6 hours following inhalation. It is distinguished by acute, febrile anemia with jaundice and hemoglobinuria, but there may also be abdominal pain, nausea, vomiting and diarrhea. Fermi noted an hereditary tendency in about 20 per cent. of his cases, which in some instances could be traced through several generations. This hereditary predisposition to the disease is said not to become apparent in some cases until adult life. It is also stated that in some

<sup>64</sup> *Manual of Poisonous Plants*, Part I, 1910, p. 7.

<sup>65</sup> *Polislinico*, Nov. 14, 1915; abstr. *J. A. M. A.*, 1915, p. 2234.

instances one exposure seems to confer a permanent immunity but others suffer at each exposure. The cause of the disease is unknown. Bacterial activity and fungi have been held responsible but no proof of either hypothesis has been brought forward. The reported seasonal prevalence, the incidence following inhalation of the bean pollen, the hereditary predisposition, and the possible immunity following one attack are suggestive of sensitization and anaphylactic reaction.

**Mushroom Poisoning.**—The ill effects from eating mushrooms are usually due to mistaking the poisonous for the edible species, and in America this is usually done by children, immigrants or the ignorant.

The number of species of poisonous mushrooms which are capable of causing death is not very great, perhaps 20 or 30. *Amanita* and *volvaria* are the most poisonous genera, and are the ones usually involved in the fatal accidents.

Ford<sup>66</sup> estimates that from 12 to 15 deaths occur annually in the United States from *Amanita* poisoning. In September, 1911, in the vicinity of New York, following heavy rains, 22 deaths were reported. Jordan<sup>67</sup> believes that mushroom poisoning is probably increasing in this country due to an increasing use of mushrooms for food, and also due to increased immigration from countries where mushrooms are more commonly eaten than here.

*Amanita phalloides* and *Amanita muscaria* are exceedingly poisonous, dangerous and seductive species, responsible for most of the deaths from toadstool eating. *Amanita phalloides*, because of its white color, is mistaken for the common mushroom. *Agaricus campestris*. *Agaricus campestris* does not grow in the woods, neither has it white gills, nor white spores, nor a volva at the base of the stem. No dependence, however, should be placed upon color, size, shape or general appearance. It requires a trained mycologist to distinguish one species from another.<sup>68</sup>

The first historic instance of mushroom poisoning occurred in the family of the Greek poet, Euripides, who lost, in one day, wife, daughter and two sons. Among others whose lives have been sacrificed through ignorance may be mentioned Pope Clement VII, the Emperor Jovia, Emperor Charles VI, Berronill of Naples, the widow of Tsar Alexis, and the Princess of Conti. Poisonous fungi have figured prominently in many of the accidental and craftily malicious tragedies of history.

Poisonous mushrooms contain at least four classes of poison: (1) a "toxin" represented by amanitotoxin;<sup>69</sup> (2) muscarin, an alkaloidal-like substance, resembling pilocarpin; (3) a hemolytic poison; and (4) a number of poisons more or less ill defined, such as the Pilcz-toxin of

<sup>66</sup> *Journ. Inf. Dis.*, III, 2, Apr., 1906, p. 191.

<sup>67</sup> "Food Poisoning," Chicago Univ. Press, 1917, p. 18.

<sup>68</sup> The subject has been discussed since 1886 in the *Bulletin de la Société Mycologique de France*.

<sup>69</sup> Wm. H. Ford: *Jour. Exp. Med.*, May 26, 1906, VIII, 3, p. 437.



Harmsen. These poisons do not all occur in any one species, but are found singly and in various combinations in the different genera and species.

*Amanita phalloides*, the "white or deadly amanita," is the cause of the greatest number of cases of mushroom poisoning, if we include in this group *A. verna*, *A. bulbosa*, *A. alba*, *A. virescens*, *A. mappa*, and many other species known by various names in different localities. Fatal poisoning takes place when the fungi are eaten raw or cooked. Two or three deadly amanitas are sufficient to cause profound illness with fatal outcome in an adult. Plowright reports the death of a child of twelve from eating a third of the pileus of a small raw plant.

In 1891 Kobert isolated from *Amanita phalloides* a substance having a powerful hemolytic action which he called *phallin*. For some time it was believed that phallin was the essential poison of *Amanita phalloides*, but Ford<sup>70</sup> showed that there is another substance present which is much more toxic, and to which most of the symptoms can probably be traced. This is supported by the fact that boiling *Amanita phalloides* mushrooms destroys its hemolytic power, but fails to neutralize its toxic action. This substance Ford has called "Amanitotoxin" and states that it has no hemolytic action, but rather produces hemorrhage and causes necrosis and fatty degeneration of the parenchymatous organs. He also succeeded in producing an antihemolysin which completely neutralizes the blood-laking properties of phallin. Clark, Marshall and Rountree<sup>71</sup> found that in cases of *Amanita phalloides* poisoning, the pathological lesions consist chiefly of central necrosis of the liver, epithelial necrosis of the kidney, acute enteritis and colitis, the kidneys being the seat of the most marked changes. They conclude that nervous and mental changes observed are probably uremic in character, and not due to some peculiar "neurotoxin."

The symptoms of poisoning by *Amanita phalloides* usually do not develop for from 6 to 15 hours after ingestion, the onset being marked by very sudden, severe abdominal pain, intense thirst, nausea, retching, vomiting and very profuse water evacuations, sometimes containing blood and mucus. A state of collapse may soon develop. There is usually a rapid loss of strength and flesh, and the patient develops a peculiar yellow color. The pupils are usually contracted; the breath is quite fetid and the mucous membranes dry and glazed, and there may be bleeding from the gums. Visual disturbances leading to confusion, delirium and convulsions may develop, but convulsions are usually due to a mixed intoxication, which in turn is due to *Amanita muscaria* being mixed with *Amanita phalloides*. After 3 or 4 days in children, and usually 6 or 8 in adults, the patients sink into a profound

<sup>70</sup> *Journ. Inf. Dis.*, III, 2, Apr., 1906, p. 191.

<sup>71</sup> *J. A. M. A.*, LXIV, 1915, p. 1230.

coma from which they do not often awake. Ford<sup>72</sup> states that the case fatality rate of *Amanita phalloides* poisoning is from 60 to 100 per cent. The danger is much less in the case of *Amanita muscaria*.

*Muscarin* is the active poisonous principle of *Amanita muscaria* (*Agaricus muscarius*, "fly" amanita). Muscarin  $(\text{CH}_3)_3\text{NOH}.\text{CH}_2\text{OH}$  is a syrupy, alkaloidal-like substance obtainable in crystallizable form as a hydrochlorid. It was first isolated by Schmiedeberg and Koppe in 1869. Chemically it evidently is an ammonia substitution compound and is classed with the ammonia bases. It may be prepared synthetically by the oxidation of cholin.

The physiological action of muscarin resembles pilocarpin very closely. It stimulates the myoneural junctions between the nerves and epithelial cells. Atropin is an almost perfect physiological antidote for muscarin, paralyzing the myoneural junctions, and is used with more or less success in mushroom poisoning.

The symptoms of muscarin poisoning come on quickly, often within 15 minutes after eating the mushroom (*Amanita muscaria*). They consist of salivation, excessive perspiration, a flow of tears, nausea, retching and vomiting, pain in the abdomen, and violent movement of the intestines, causing profuse watery evacuations. The pulse is sometimes quickened, sometimes very slow and irregular. The pupil is contracted, respiration often quickened, and dyspneic. Dizziness and confusion of ideas are often complained of, but mental symptoms are not so conspicuous as those from the peripheral organs. Mental symptoms, such as hallucinations, delirium and convulsions are attributed to the Pilez-toxin of Harmsen. Eventually the respiration becomes slower, great muscular weakness supervenes, but consciousness remains more or less clear until the breathing ceases.

The peasants of the Caucasus prepare an intoxicating beverage from *A. muscaria* which produces wildly riotous drunkenness. Death from muscarin orgies is not uncommon in this part of Russia. Similar species in Northeastern Asia are also used as an intoxicant. The poison is excreted in the urine which is sometimes later consumed for its intoxicating effect. It is probable that a sort of tolerance to muscarin is developed among the habitual users of the muscaria decoction.

The alkaloid is soluble in water and poisoning may be prevented by soaking the mushrooms in water slightly acidulated with vinegar before they are cooked.

*Hemolysin*.—Kobert in 1891 obtained a hemolytic substance by alcoholic precipitation from *A. phalloides*. This substance he named *phal-lin*; it is an extremely complicated substance, having the nature of a glucose; that is, it contains sugar in its molecule. It is not always present in *A. phalloides* and is probably not an essential poison in this

<sup>72</sup> *Journ. Inf. Dis.*, III, 2, Apr., 1906, p. 191.

mushroom, for its activity is destroyed at 70° C. and also by the action of the gastric juice. A high grade immunity can be established in animals to the hemolytic substance. Ford obtained an anti-hemolysin which completely neutralizes the blood-laking properties of this poison.

The hemolysin probably plays a small rôle, if any, in human intoxication. *A. rubescens*, considered by the majority of mycologists to be an edible mushroom, contains a powerful hemolysin. On the other hand, a hemolytic poison is found in *Helvella* or *Gyromytra esculenta* which occurs rarely in this country. The active principle is helvellic acid (Boehm and Külz) which produces in dogs all the signs of hemolytic intoxication similar to those sometimes found in man.

Morner gives eight pages of references to mushroom poisoning.<sup>73</sup>

**Potato Poisoning.**—Outbreaks of poisoning attributed to potatoes have occurred largely among troops. Schmiedeberg<sup>74</sup> reports outbreaks involving 357, 90, 125 and 101 men, respectively, and Pfuhl<sup>75</sup> records an outbreak involving 56 soldiers. In all cases, the outbreaks were attributed to potatoes, sometimes new, sometimes old sprouting ones, and sometimes potato salad.

The onset of symptoms occurs usually only a few hours after eating the potatoes. Symptoms reported have been headache, abdominal pains,\* nausea, vomiting, diarrhea, prostration, dizziness, drowsiness, and slight delirium. Fever has usually been absent. In some cases, dilatation of the pupils is reported. The symptoms only very rarely become threatening and practically all the victims recover rapidly.

These cases were long regarded as solanin poisoning,\* but it is now plain that this does not account for most outbreaks, some of which at least are bacterial in origin.

*Solanin* ( $C_{42}H_{75}O_{15}N_4$ ) is a glucosidal alkaloid closely resembling the saponins in reaction, and found in many species of *Solanum*, such as *S. nigrum* (black nightshade), *S. dulcamara* (bitter sweet), and *S. tuberosum* (potato). The solanin content is highest in the potato peel, decreasing towards the center of the potato. It has also been held to occur chiefly in immature, sprouting or diseased potato parts which ordinarily are discarded before cooking.

Toxicologic tests on man have demonstrated that 0.2 gram of isolated solanin may provoke untoward symptoms. Seldom would that amount occur in the quantity of potatoes which an adult might consume in the course of a day. Owing to variations in purity, it is not possible to state how much solanin would be necessary to cause poisoning.

<sup>73</sup> *Upsala Lakarefornings Forkandlengar*, Jan. 20, 1914, XXIV, Nos. 1 and 2.

<sup>74</sup> *Arch. f. Exp. Path. u. Pharm.*, Vol. XXXVI, 1895.

<sup>75</sup> *Deutsch. med. Wochenschr.*, 1899.

Meyer<sup>76</sup> showed that the solanin content of potatoes varied with the season, ranging from 0.04 gram per kilo during the winter to 0.116 gram during the summer. In vigorously sprouting and diseased potatoes, he found as much as 1.34 grams of solanin per kilo. Wintgen<sup>77</sup> also found a fluctuating solanin content in sound potatoes (0.017 to 0.08 gram per kilo), but the quantity was always small. Even in sprouted potatoes, he observed no increase in the solanin content, provided the sprouts were carefully removed. He was unable to find an increased amount in diseased potatoes. Wintgen was also unable to confirm the statement of Weil<sup>78</sup> that the solanin in potatoes was increased by the activity of two organisms (*bacterium solaniferum non-colorabile* and *bacterium solaniferum colorabile*). Harris and Cockburn,<sup>79</sup> in an outbreak in Glasgow involving 61 people, showed that the incriminated potatoes contained 0.41 gram per kilo of solanin, an amount which they interpret as being five or six times the normal content.

Rothe<sup>80</sup> studied a recent outbreak in Leipzig. The symptoms were abdominal pain, vomiting and diarrhea. An analysis of the same lot of tubers disclosed 0.43 gram of solanin per kilogram, which is about ten times the quantity found ordinarily in potatoes. The conclusion is drawn that the possibility of solanin poisoning must be reckoned with, especially when potatoes prematurely harvested are used as food.

It now appears probable that most instances of potato poisoning are not due to solanin, but are bacterial infections. Thus, Diendonno<sup>81</sup> reports an outbreak of poisoning attributed to potato salad, in which the solanin content was only 0.021 gram per kilo. The symptoms were identical with those usually attributed to potato poisoning. *Bacillus proteus* was present in considerable numbers in the potato salad, and when grown on sterile potato medium, a highly poisonous culture was obtained which was fatal to mice in twenty-four hours. In most of the reported cases, the potatoes were prepared at least several hours before they were eaten, and had been left in places favorable to bacterial infection. Potatoes make an excellent nutrient culture medium. Typhoid, paratyphoid, *B. enteritidis* and many other pathogenic microorganisms grow well on potato.

<sup>76</sup> *Arch. f. Exp. Path. u. Pharm.*, Vol. XXXVI, 1895.

<sup>77</sup> *Zeitschr. für Untersuchung der Nahrungs und Genussmittel*, Vol. XII, 1906.

<sup>78</sup> *Arch. f. Hyg.*, Vol. XXXVIII, 1900.

<sup>79</sup> *Analyst*, 43, 133, 7, 1918; *Chem. Abst.*, Vol. XII, No. 13, p. 1403.

<sup>80</sup> *Deutsch. f. Hyg.*, 88, 1, 1919.

<sup>81</sup> *Deutsch. militärzth. Zeitschr.*, 1904.

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## SECTION VI

### AIR

#### CHAPTER I

#### COMPOSITION OF THE AIR

The air constitutes a gaseous ocean in which we live; it consists of a vast volume of gases at least one hundred miles high.<sup>1</sup> Ordinarily we speak of this gaseous envelope of the earth as the *atmosphere*, and the water resting upon the surface of the earth as the *aquasphere*, while the solid structure of the earth is called the *petrosphere*. Between the atmosphere on the one hand and the petrosphere and aquasphere on the other hand is the region of most abundant life, and this is spoken of as the *virosphere*.

The importance of fresh air was almost completely ignored in practical life until recently—thanks to the tuberculosis propaganda. While recent studies have shown that the air is not to be feared as a frequent medium for conveying specific infections, it has been demonstrated that an abundant supply of fresh air is necessary to perfect well-being. Statistical studies seem to prove that, of the predisposing causes to sickness which are usually in action, impurities of the air are perhaps the most important. This has been stated over and over again in the case of horses, cattle, and dogs, as well as of men confined in badly ventilated barracks, jails, and other places.

Many other factors are now known to be a greater menace to health than the “bad” air of crowded places; sanitarians, however, have come to regard an abundant supply of pure fresh air, well conditioned, as one of the real essentials for health and maximum efficiency. Many of the ill effects attributed to bad air are really due to crowding. Crowding forces the occupants into close personal contact and thus favors the spread of infections. It is a well recognized principle in military hygiene that in a crowded barracks, with good or bad air, there will be an excessive amount of pneumonia, sore throats, colds and other inflammatory affections of the upper respiratory passages—which at times become epidemic.

<sup>1</sup>Forty-five or fifty miles is its practical limit, and anything beyond that distance is in an extremely tenuous state.

While fresh air is so necessary to perfect well-being, nevertheless some people get along with surprisingly little, and that often vitiated. Many people sleep huddled up, with their faces completely covered as though they would suffocate. In Holland many people sleep in an arrangement not unlike a closet, and yet retain rugged health. Dogs, sheep, and animals sleep huddled up, with their faces completely covered, sometimes in caves or dens where the air must be very bad. It is evident that the factor of safety must be very large, also that the question of habit plays a conspicuous rôle, for persons accustomed to good fresh air are rendered truly miserable when confined to a close, stuffy room.

The two chief functions of the air that are especially concerned with health are (1) interchange of gases in respiration, and (2) regulation of bodily temperature. Further, it should be remembered that the combustion of the food we eat depends upon the oxygen of the air we breathe, and that digestion and metabolism are stimulated and improved by an abundant supply of fresh air or rendered sluggish and retarded by prolonged exposure to vitiated air.

The atmosphere is now known to contain the following gases in the following approximate proportions measured at 0° C. and at 760 mm. pressure:

	Volumes Per Cent.	Weight Per Cent.
Oxygen .....	20.93	23.2
Nitrogen .....	78.10	76.8
Carbon dioxide.....	0.03	
Argon .....	0.94	
Helium, krypton, neon, xenon, hydrogen, hydrogen peroxid, ammonia, ozone.....	traces	

"Pure" air, in addition, contains water vapor in varying amounts, dust, radioactive substances, etc.

The air is a mixture of gases and not a chemical compound. The proofs of this are manifold: (1) the gases do not exist in the air in the proportion of their combining weights or any multiple of them; (2) on mixing the gases in atmospheric proportions there is no heat evolved; (3) the composition of air within limits is variable; (4) when water dissolves air it dissolves each gas according to its partial pressure and its own proper coefficient of solubility. Thus, air contains more nitrogen than oxygen, but, oxygen being more soluble, water takes up 1.87 parts of oxygen to 1 part of nitrogen.

Jean Mayow in 1669 first proved that air was not an element, but a mixture of gases, and later Lavoisier discovered the two gases which about 100 years afterwards were separated by Priestley and Sheele.

The composition of the air shows wonderful uniformity all over the earth's surface wherever examined. This is due to the enormous amount



of atmosphere and the mixing influences of air currents. However, in confined spaces where the air is not in motion, especially where decomposition of organic matter is taking place or where active combustion is going on, or in the presence of animal life, the composition of the air varies considerably.

The difference in composition between inspired and expired air, expressed as volumes per cent. at 0° C. and 760 mm., is as follows:

	O	N	CO <sub>2</sub>
Inspired air.....	20.93	79.04	.03
Expired air.....	16.	79.	5.0

The expired air is also warmer, is increased in volume, and contains more moisture, but fewer particles, such as dust and bacteria. Under normal conditions of quiet respiration the expired breath contains no bacteria.

## OXYGEN

About one-fifth (20.94 per cent. by volume, 23.2 per cent. by weight) of the atmosphere consists of oxygen, which in many respects is its most important element. Slight differences are noted; thus, the air of towns contains somewhat less (20.87 per cent. by volume) than in mid-ocean. The slight differences that have been noted in the percentage of oxygen are of no special importance. It may drop to 15 per cent. or may rise to 50 per cent. or even higher without any very apparent alteration in the vital functions. An atmosphere containing only 11 to 12 per cent. of oxygen becomes dangerous, and 7.2 per cent. results in death. In submarines, 16 per cent. is the signal to replenish oxygen from the tank. A candle goes out at 16 per cent., and an acetylene flame at 12½ per cent.

Haldene<sup>2</sup> and his collaborators have shown that oxygen deficiency (anoxemia) increases the rate of respiration, whereas accumulating carbon dioxid increases the depth of respiration without essentially altering the rate. On the other hand, long exposures to an atmosphere containing a great excess of oxygen may act as an irritant. Karsner and Ash<sup>3</sup> found that rabbits show little effect when exposed for eleven days to an atmosphere containing oxygen between 60 and 70 per cent., but above this point irritation of the lungs and pneumonia supervene.

The amount of oxygen absorbed depends rather upon the needs of the body than upon the amount in the air. About 5 per cent. of the oxygen in the air is removed by respiration.

Alveolar air normally contains about 16 per cent. of oxygen, and

<sup>2</sup> *Journ. Physiol.*, 32, 225, 1905; also 52, 420, 1919.

<sup>3</sup> *Journ. Lab. and Clin. Med.*, 11, No. 4, Jan., 1917.

the red blood cells, as they leave the lungs, are practically saturated with it. The amount taken up on their next trip through the lungs depends on how much they have given up to the tissues in the meantime, not upon how much is available for their use. The normal 16 per cent. of oxygen in the alveolar air is automatically maintained by the action of the  $\text{CO}_2$  on the respiratory center, but on account of the chemical affinity of the hemoglobin for oxygen the blood cells may still take practically their full capacity of oxygen when it is reduced to 12 per cent. or less in the alveolar air. In other words, a large excess of oxygen is constantly maintained in the air of the lungs. While it is one of the chief functions of respiration to supply oxygen to the body, neither a surplus nor a deficiency of it in the air, unless the alteration is extreme, has any effect on the respiratory movements. Breathing will not be lessened nor more oxygen taken up because more of it is supplied to the lungs; nor will the oxidation processes in the body be affected in any way, unless other influences are simultaneously brought into play. Indeed, Hender-son reminds us that it is necessary to go only a short distance up into the mountains to come under an atmospheric pressure such as to reduce the oxygen supply considerably. Yet mountain air is especially healthful. Except in extreme conditions the amount of oxygen in the closest halls crowded with people practically never falls below 20 per cent. The amount of oxygen in the air apparently has little or nothing to do with the stimulating or depressing properties of the atmosphere breathed in ordinary life.

The constant percentage of oxygen is due in part to the enormous amount of it. Flüggé estimates that at the present rate at which the oxygen is used by respiration and combustion it would take eighteen thousand years to reduce it by one per cent., even if not replaced by vegetation. The lungs, of course, at no time after the first breath contain air with the full percentage of oxygen. This is owing to the fact that the lungs do not completely empty themselves, and the residual air remaining in the lungs accumulates carbon dioxid and loses oxygen.

Oxygen is the element in the air that sustains all life. It is absorbed by the lungs, passes into the blood, combines loosely with the hemoglobin of the red blood corpuscles, and is thus carried to all the tissues and cells of the body. Oxygen in combination with the hemoglobin forms an unstable compound—oxyhemoglobin—which gives the bright red color to arterial blood. The oxygen bound with the hemoglobin in arterial blood consists of from 22 to 25 per cent. of the volume of the blood. The amount of oxygen absorbed varies with the age, condition of health, and activity. According to Professor Foster, the average person inhales in 24 hours about 34 pounds of air, which corresponds to a little over 7 pounds of oxygen. As the lungs absorb about

one-fourth of the oxygen inhaled, it appears that the average amount of oxygen absorbed daily is nearly two pounds. Oxygen also exists in its gaseous form in blood, saliva, bile, urine, and other fluids of the body, but only in minute amounts.

The amount of oxygen in the air may readily be measured in the Petterson-Palmquist or Haldane apparatus. The oxygen is absorbed by 10 per cent. pyrogallie acid in a saturated solution of KOH (sp. gr. 1.058); the difference in volume before and after absorption represents the amount of oxygen (pages 878-880).

Determinations of the amount of oxygen of the atmosphere have no particular hygienic significance.

## NITROGEN

The nitrogen in the air may be regarded as a diluent, and as inert so far as its direct action upon man is concerned. There is no appreciable difference in the amount of nitrogen contained in inspired and expired air. Nitrogen does not "dilute" the oxygen, and thus regulate respiration in the same way that it controls the rate of combustion of substances in the air. Nitrogen is of more direct importance to plants, as certain genera are able to fix some of the atmospheric nitrogen through the action of bacteria, as *B. radicola*, in the root nodules of legumes. While nitrogen in the atmosphere seems to be an indifferent element and has no hygienic significance, it is a constant and important constituent of all protein matter. The amount of nitrogen dissolved as a gas in the blood and body juices increases proportionately with the pressure (P. Bert), and may lead to gas emboli, as in caisson disease.

## ARGON

Argon, discovered in 1894 by Lord Rayleigh and Professor Ramsey, is quite inert chemically; that is, it has not been made to combine with any other element. It comprises from 0.75 to 1 per cent. of the atmosphere. Argon has not been demonstrated in the body; it is apparently indifferent, and, so far as our present knowledge goes, has no hygienic significance.

## OZONE

Ozone, described by Schönbein in 1840, is rarely found in the air in greater proportions than mere traces, but it is so potent chemically that even small quantities may be of importance. At Montsouris, after years of observation, the largest quantity of ozone found in outside air

was 1 part in 700,000. Ozone may be regarded as a normal constituent, though by no means constant in air. It is generally absent in the air of large towns and cities, and almost never present in the air of inhabited rooms. It is most abundant at sea and near woods.

Atmospheric ozone is formed in nature during electric discharges, by the oxidation of phosphorescent substances; and perhaps by the respiration of plants; also by friction of large masses of water, such as the sea against the air.

Ozone consists of three atoms of oxygen instead of two, compressed into a molecule, thus:  $3 \text{O}_2 = 2 \text{O}_3$ . It is one of the most powerful oxidizing agents known, and in small amounts is exceedingly irritating; in large amounts it is fatal to life. Ozone is one of our most active bleaching agents, and in proper concentration is one of the most potent germicides known, and is used to sterilize water, to disinfect bandages, and for other purposes.

It requires at least 13 parts of ozone per million in the atmosphere to influence bacteria. Such large proportions are never present under natural conditions. Comparatively small amounts are irritating to the respiratory mucous membrane. Thus, Hill and Flack<sup>4</sup> have studied the action of pure ozone (free of contaminating oxids of nitrogen), and find it irritating in the proportion of one part per million. Exposure for two hours to a concentration of 15 to 20 parts per million endangers life. Hill and Flack conclude that there is no harm in breathing weak concentrations of ozone, such as can scarcely be perceived by a keen sense of smell.

Bohr and Maar found that any considerable concentration (even less than 1 part per million) diminishes the oxygen intake and the carbon dioxid output. The symptoms produced by exposure to ozone in addition to irritation of the mucosa, are headache, restlessness, drowsiness, depression and coma.

Since ozone in concentration of one part per million parts of air is certainly injurious, and since this amount of ozone will not destroy odors nor kill bacteria, nor purify organic matter, it has no hygienic value and should not be used as a substitute for room ventilation or to purify air in offices, schools, and other occupied spaces.

Ohlmüller<sup>5</sup> demonstrated that ozone in considerable strength was incapable of killing dry bacteria within the time limits of his tests. Jordan and Carlson<sup>6</sup> and also Konrich<sup>7</sup> found that ozone ranging from

<sup>4</sup> *Proceed. Royal Society*, London, B, 1911, LXXXIV, 404.

<sup>5</sup> "Ueber die Einwirkung des Ozons auf Bakterien." *Arb. a. d. k. Gesundheits-amte*, 1893, VIII, 229.

<sup>6</sup> Jordan, E. O., and Carlson, A. J.: "Ozone: Its Bactericidal, Physiologic and Deodorizing Action," *J. A. M. A.*, Sept. 27, 1913, LXI, No. 13, Part 1, p. 1007.

<sup>7</sup> Konrich: "Zur Verwendung der Ozons in der Lüftung," *Ztschr. f. Hyg.*, 1913, LXXIII, 443.

3 to 4.6 parts per million exerts no surely germicidal action, and that the alleged effects of ozone on the ordinary air bacteria, if it occurs at all, is slight and irregular even when amounts of ozone far beyond the limit of human physiologic tolerance are employed.

Human beings are injuriously affected by amounts of ozone far less than are necessary to produce even a slight bactericidal effect. Ozone, therefore, has no place in practical disinfection of occupied places.

The exaggerated claims of the deodorizing properties of ozone are not justified. Ozone masks disagreeable odors without destroying them. In this way ozonizing machines can conceal faults in ventilation while not correcting them. These conclusions have been reached by Jordan and Carlson, Erlandsen and Schwarz, Hill and Flack, and Konrich, Sawyer, and others. The New York State Commission on Ventilation found that ozone failed to destroy body odors in the recirculated air of a school.

Recently ozonizers have been placed upon the market for the purpose of purifying the air of rooms: these must not be regarded as substitutes for ventilation. Not only may the ozone itself be harmful, but the higher oxids of nitrogen may be formed when the electric current acts upon moist air. Ozone is a poison rather than a purifier.\* See also pages 1129 and 1404.

The *tests* for ozone depend upon the fact that it oxidizes the color of tincture of guaiac, causing it to turn blue. It also acts upon potassium iodid, which turns starch a blue color due to the presence of free iodin:  $2\text{KI} + \text{H}_2\text{O} + \text{O} = 2\text{KOH} + \text{I}_2$ .

*Method* for determining the amount of ozone in air is that recommended by Baumert modified by Hill and Flack.<sup>9</sup>

Ten liters of ozonized air are drawn through a bottle containing 50 c.c. of 1 per cent. solution of potassium iodid acidified by 5 c.c. of 10 per cent. solution of sulphuric acid; 1 c.c. of 1 per cent. solution of boiled starch added, and titrated with hyposulphite solution. The hyposulphite solution is made up to contain 0.222 gm. per liter, so that 1 c.c. of the solution represents 1 part of ozone per million parts of air when 10-liter air samples are used.

## HYDROGEN PEROXID ( $\text{H}_2\text{O}_2$ )

Hydrogen peroxid may be found in appreciable traces in rain and snow. One liter of rain or snow water contains about 0.182 mg. of

\* Sawyer, W. A., Beckwith, Helen L., and Skofield, Esther M.: "The Alleged Purification of Air by the Ozone Machine," *J. A. M. A.*, Sept. 27, 1913, LXI, 13, p. 1013.

<sup>9</sup>Hill and Flack: *Proc. Roy. Soc.*, 1911, LXXXII, 404; *Jour. Roy. Soc. Arts*, 1912, LX, 344.

hydrogen peroxid. This higher oxid gives many of the reactions of ozone, being a very active oxidizing agent, and care must be exercised not to confuse them.

### AMMONIA

The ammonia in the air comes largely from the decomposition of organic matter. It is produced in sufficient quantities in a manure heap to be perceptible to the senses. Ammonia may be regarded as one of the normal constituents of the atmosphere, as it is constantly present in slight traces; it varies in distribution, more being found in the lower stratum of air near the soil. It exists both in the free state and also combined as nitrate and carbonate. Daily analysis of the air at the observatory at Montsouris for five years gave, as a mean for ammonia, 2.2 mg. per 100 cu. m. There is less after rain, because it is absorbed by the water during its passage through the atmosphere.

Albuminoid ammonia, according to Angus Smith, is a measure of the sewage of the air; that is, the amount of organic impurities, both living and dead.

### MINERAL ACIDS

The atmosphere at times contains nitric, sulphuric, and other acids. These are derived from electric discharges, but mainly from the combustion of coal and from industrial processes. Sulphuric acid or sulphates in the air, according to Angus Smith, is a measure of manufacturing activity and also of decomposition. In other words, it is part of the oxidized and, therefore, purified sewage of the air. Traces of sulphuric and sulphurous acids exist in the air. The sulphates and sulphites are usually present as ammonia salts. These substances are usually present in such small amounts that they are appreciable only when washed into rain or snow. A liter of rain water may contain from 0.7 to 2.99 mg. of sulphuric acid. More of this acid is found in the air about industrial centers than in the air over country or sea. The sulphuric acid in the air comes mainly from the sulphur in coal.

### CARBON DIOXID

Carbon dioxide ( $\text{CO}_2$ ) is a very important constituent of the atmosphere. The amount of this gas in the air is relatively small—normally about 0.03 per cent., usually expressed as 3 parts in 10,000. When we consider the great bulk of the atmosphere the total amount of carbon dioxide is very great. It is estimated that there is more carbon in the

form of carbon dioxide in the air than there is in all other forms on the earth. Formerly the amount of carbon dioxide in the air was stated as 4 parts in 10,000, but repeated analyses with improved methods have shown that the correct amount is 3 parts or slightly more.<sup>10</sup> There is apt to be more carbon dioxide in the air just above the soil than at a height of 8 or 10 feet. This is not because the carbon dioxide is heavy and settles, but because the soil air usually contains more of this gas. Air collected at great heights by balloons has just the same percentage of  $\text{CO}_2$  as air at sea level. The air over the sea contains somewhat less than air over the land. Carbon dioxide in the air comes from the oxidation of organic matter, from respiration, from fermentation, from chemical action in the soil, and from mineral springs. The exhaled breath contains about 5 per cent. of  $\text{CO}_2$ .

Even a small alteration in the percentage of carbon dioxide, either up or down, would throw out of adjustment a long-established balance, and this would alter the climate of the earth and might cause the death of all living beings. The carbon dioxide in the air is the source from which green plants with the assistance of sunlight obtain their carbon, and is thus indirectly the source of the carbon in the bodies of animals. The normal variations in the carbon dioxide of air in the open are too small to be of sanitary importance, and it is only when stagnant or inclosed air is polluted by combustion and respiration that we find accumulations which may have a bearing upon health. In narrow courts and in smoky air the free atmosphere may contain 0.7 to 0.8 per cent. In moving picture theaters the  $\text{CO}_2$  may rise to 42 and even 72 parts in 10,000. Workshops may contain from 32 to 53 parts of carbon dioxide per 10,000, and breweries as much as 5 per cent and more. Its significance varies with its source. Enormous volumes of carbon dioxide are constantly being poured into the atmosphere. Manchester adds 8,000,000 cubic meters of  $\text{CO}_2$  a day from the chimneys of industrial establishments. Even then the air of the city averages only 0.0385 per cent.  $\text{CO}_2$ , while the air of the country averages 0.0318 per cent.—a very slight difference. It is estimated that from all sources 500,000,000 tons are discharged annually into the atmosphere. The reason that the carbon dioxide does not accumulate and increase is that it is constantly removed, especially by growing vegetation. Plants absorb enormous amounts under the influence of light and chlorophyl to build carbohydrates. It has been estimated that an acre of tree land withdraws in one season about  $4\frac{1}{2}$  tons of  $\text{CO}_2$ . Much of the gas is also absorbed by water, which at ordinary temperatures takes up its own volume. The ocean acts as a great regulator to keep the amount of  $\text{CO}_2$  in the air constant.

<sup>10</sup> Average of many analyses by F. G. Benedict is 0.031. *Carnegie Publications No. 166*, 1912.

The amount of carbon dioxide produced by respiration varies with the vitality, size, and activity of the individual. During violent exercise almost ten times as much carbon dioxide may be discharged as during sleep. On the average a man discharges about 0.6 of a cubic foot of carbon dioxide per hour and a woman about 0.4 of a cubic foot. During ordinary activity a man produces, in round numbers, one cubic foot per hour. An ordinary gas jet burns about 6 cubic feet of gas per hour and produces about 3 cubic feet of carbon dioxide. Therefore, so far as CO<sub>2</sub> is concerned, a man vitiates the air less than a gas jet.

**The Amount and Function of CO<sub>2</sub> in Alveolar Air.**—Haldane and Priestley<sup>11</sup> have shown that the regulation of breathing is largely dependent on the concentration of CO<sub>2</sub> in the air cells of the lungs, that is, the alveolar air. The concentration of CO<sub>2</sub> in the arterial blood is determined by the proportion of this gas in the air cells. The nerve cells in the respiratory center are stimulated by the CO<sub>2</sub> in the blood. Fixed acids will also stimulate respiration. Thus, beta oxybutyric acid is the cause of dyspnea in diabetic acidosis. In fact, the true stimulant of the respiratory center is the hydrogen ion concentration of the blood; any fixed acid which accumulates, or any excess of carbon dioxide, will vary the hydrogen ion concentration and thus stimulate the respiratory center. Ordinarily, this stimulation is largely due to the acid base equilibrium of the blood plasma. The carbon dioxide is largely carried by the hemoglobin which absorbs the carbon dioxide as oxygen is given off in the tissues, and the process is reversed in the lungs.<sup>12</sup> The sodium bicarbonate of the blood plasma acts as a stabilizer of the hydrogen ion concentration of the blood.

The CO<sub>2</sub> which is being constantly formed in the body is carried to the lungs by the venous blood. It escapes from the blood into the air cells of the lungs and its escape is impeded or accelerated according to the resistance it meets in them. This resistance depends on the proportion of CO<sub>2</sub> in the alveolar air, since the tension of this gas in the blood can only fall as low as it is on the other side of the membrane separating the blood stream from the air cell. The arterial blood leaves the lungs with essentially the same pressure of CO<sub>2</sub> that is found in the alveolar air. In this way the alveolar CO<sub>2</sub> regulates the CO<sub>2</sub> tension in the blood and so controls the respiratory movements. This is true under normal conditions, but Haldane, Meakins and Priestley<sup>13</sup> have shown that if the oxygen in the air breathed falls to about 11 per cent., then the low percentage of oxygen stimulates the respiratory center to rapid, shallow breathing with increased pulmonary ventilation. Even

<sup>11</sup> Haldane and Priestley: "The Regulation of the Lung Ventilation," *Jour. Physiol.*, 1905, XXXII, 225.

<sup>12</sup> Buckmaster: *Journ. Physiol.*, Vol. LI, pp. 105-110; also pp. 164-175.

<sup>13</sup> *Journ. Physiology*, 1918, LII, 420-432.



at an oxygen tension of 18.1 per cent., Ellis found the respiratory volume increased.<sup>14</sup>

The breathing is so regulated as to maintain the percentage of  $\text{CO}_2$  in the alveolar air at a pressure of about 5 per cent. (5.3 to 6.3 per cent.) of an atmosphere. If the pressure falls below this, in the normal individual respiration is lessened or stopped until the loss is regained. If it goes above 5 per cent. respiration is increased until the normal is restored.

Normally, the carbon dioxide tension of the alveolar air varies between 38 and 45 millimeters of mercury or 5.3 to 6.3 per cent. If abnormal acids are present in the blood, carbon dioxide is driven off from the plasma and as the tension falls in the blood it falls likewise in the alveolar air. A low carbon dioxide tension in the alveolar air during rest therefore indicates an accumulation of fixed acids in the blood, a so-called "acidosis." If the carbon dioxide tension lies between 32 and 28 millimeters of mercury, a mild acidosis is present and below 25 millimeters of mercury the acidosis is severe.

Haldane and Douglas<sup>15</sup> found that from lying in bed to walking five miles per hour the  $\text{CO}_2$  in the alveolar air was increased twelve times, and that the alveolar ventilation was likewise increased twelve times, so that the percentage of  $\text{CO}_2$  in the alveolar air remained practically constant. Henderson<sup>16</sup> found no material change in the composition of the alveolar air on going from rest to strenuous exercise. The increased production of  $\text{CO}_2$  was perfectly compensated for by increased breathing.

There can be no doubt that there is a wide range of physiologic response on the part of the respiratory function to meet changing external as well as internal amounts of  $\text{CO}_2$ . Thus, when more  $\text{CO}_2$  is formed in the body the respiration is automatically increased in like proportion, and in this way the alveolar  $\text{CO}_2$  is kept at a uniform level of about 5 per cent. The same thing happens when we breathe an atmosphere containing an excess of  $\text{CO}_2$ . The volume of air breathed is then increased in such a degree as, if possible, to keep the  $\text{CO}_2$  in the alveolar air normal. Haldane and Priestley<sup>17</sup> found that with 2 per cent. of  $\text{CO}_2$  in the inspired air the pulmonary ventilation is increased 50 per cent.; with 3 per cent. it is increased about 100 per cent.; with 4 per cent., about 200 per cent.; with 5 per cent., about 300 per cent.; and with 6 per cent., 500 per cent. With the last the alveolar tension of  $\text{CO}_2$  is, of course, above the normal, and this fact is signified by severe pant-

<sup>14</sup> *Am. Journ. of Physiology*, 1919, L, pp. 267-279.

<sup>15</sup> Douglas and Haldane: "The Dead Space of the Respiratory Passages," *Jour. Physiol.*, 1912, Abst. in *Brit. Med. Jour.*, Nov. 16, 1912, p. 1411.

<sup>16</sup> Henderson and Russell: "A Simple Method for Determining the Carbon Dioxide Content of the Alveolar Air," *Am. Jour. Physiol.*, 1912, XXIX, 436.

<sup>17</sup> Haldane and Priestley: "The Regulation of the Lung Ventilation," *Jour. Physiol.*, 1905, XXXII, 225.

ing; but up to 3 per cent. in the inspired air the increase of breathing is scarcely noticed, unless muscular work is done, when the increased internal production of  $\text{CO}_2$  calls for a still greater increase of the pulmonary ventilation. The adjustments are automatic and go on without our consciousness, unless an excessive increase of breathing is demanded.

Since even under the most favorable conditions we cannot avoid drawing back into the lungs some of the air that has just breathed out, not much hygienic importance can be attached to the slight variations in  $\text{CO}_2$  content which ordinarily occur in the air of rooms. See pages 957 and 963.

**$\text{CO}_2$  as an Index of Vitiatio.**—For years the amount of  $\text{CO}_2$  in the air has been generally adopted as the most convenient index of the total conditions which are usually prejudicial to health and comfort. The efficiency of ventilation also for years was usually determined by an estimation of  $\text{CO}_2$ .

$\text{CO}_2$  in itself is not irritating or poisonous. Large volumes may be taken in beverages or inhaled without noticeable effects. Effects are scarcely felt on the human system when the  $\text{CO}_2$  reaches 2 or 3 per cent. The result of a concentration of 2 per cent.  $\text{CO}_2$  is simply to cause an automatic increase of 50 per cent. in depth of breathing, such as occurs in moderate exercise. Respirations increase with the percentage, in depth only, until about 5 per cent., when there is distinct panting, and at 7 or 8 per cent. the dyspnea becomes distressing; and headache, nausea, and chilliness may be noted. Observations made by Professor W. G. Anderson in my laboratory show that these symptoms are more acute when the carbon dioxid is added to the air rapidly. Tolerance or second wind may be obtained in atmospheres containing even as much as 10 per cent. Animals soon die when the percentage reaches 35 or 45 per cent. in an artificial atmosphere. Man soon becomes unconscious and suffocates in an atmosphere containing 30 per cent. of  $\text{CO}_2$ .

Benedict and Milner<sup>18</sup> observed seventeen subjects kept for varying periods from two hours to thirteen days in a small chamber with a capacity of 189 cubic feet, in which the air was recirculated, but controlled chemically and physically. The  $\text{CO}_2$  was usually over 8 to 9 times normal (over 35 parts per 10,000), often over 100 parts, and sometimes 240 parts per 10,000, and yet there was no discomfort so long as the chamber was kept cool.

Pettenkoffer in 1858 proposed 10 volumes of  $\text{CO}_2$  in 10,000 volumes of air as the limit for inhabited rooms. De Chaumont (1875) found that an unpleasant odor becomes perceptible in air containing 6 volumes of  $\text{CO}_2$  in 10,000, and fixed this as the limit, which for many years has been accepted by sanitarians. It was soon learned, however, that the percentage of  $\text{CO}_2$  may rise much higher before ill effects become

<sup>18</sup> *Bull. No. 175*, U. S. Dept. of Agriculture, 1907.

perceptible. Carnelly, Anderson and Haldane in 1887 concluded that for the very crowded elementary schools a lower limit than 13 volumes was not practical. Haldane and Osborne in 1902 recommended a limit of 12 volumes for factories and workshops at the breathing level, and that when gas or oil is used for lighting the proportion should not exceed 20 volumes. The general consensus of opinion to-day is that 10 volumes in 10,000 is well upon the safe side, although, so far as  $\text{CO}_2$  itself is concerned, more might be permitted without fear. Carbon dioxid is by no means the most mischievous of the constituents of vitiated air. It is not merely a waste product. It is one of the important hormones of the body. It helps to regulate the action of the heart, influences the tonus of blood vessels, and stimulates the respiratory center.

It is certainly erroneous and unscientific to rely upon determinations of  $\text{CO}_2$  in the air of a room as the sole measure of its conditions for respiration. Carbon dioxid never accumulates sufficiently in any ordinary room to become in itself serious; further, the amount of  $\text{CO}_2$  in the air of a room gives no indication whatever of the moisture, the temperature, or the motion of the air of that room. While the amount of  $\text{CO}_2$ , then, gives us a rough index of the degree of vitiation of the air, it affords no information concerning its physical conditions, which are of special importance.

The significance of carbon dioxid upon health is further discussed on page 957.

**Methods of Determining Carbon Dioxid.**—For the ordinary purposes of a sanitary analysis it is not necessary to make an accurate analysis of the carbon dioxid in air, such as the chemical analyst or the student of metabolism would make in scientific research. As the carbon dioxid in itself is not poisonous and is only an imperfect index of other impurities, and as its significance varies with its source, sufficient information may be gleaned for sanitary purposes from methods that give results relatively comparable.

The most accurate method of determining  $\text{CO}_2$  in the air is that described by Petterson, and used in the Petterson-Palmquist, the Sonden or the Haldane apparatus. Both the Petterson-Palmquist and the Haldane methods are convenient, practical, and sufficiently accurate for all ordinary purposes. The method of Cohen and Appleyard is reasonably accurate and very convenient. The methods of Wolpert and Fitz give only rough estimates.

*Collection of Samples.*—The collection of the samples of air to be analyzed is fully as important as the actual test. The following methods may be used:

*The water siphon method*, which consists of two bottles (diameter one-third the height), volume about one-half liter, of nearly equal ca-

capacity, fitted with rubber stoppers carrying small glass tubing connected by several feet of rubber tubing with clamps. Fill one bottle completely with water, nearly free from carbon dioxid.

The pair of bottles is taken to the place from which the air is to be collected. The inlet or collecting tube may be long, so as to reach nearly to the ceiling, or short; if long, the first siphoning should be rejected to insure filling the inlet tube with the air desired. The stoppers are then exchanged and the sample taken. The air-filled bottle should be stoppered and taken to the laboratory; or the test solution may at once be added, and the bottle stoppered and shaken, noting minutes and seconds in the Cohen-Appleyard method. One bottle of water with a small reserve will serve for a number of takings before absorbing a sufficient amount of  $\text{CO}_2$  materially to influence the results. If the water is acidulated it will take up less  $\text{CO}_2$ .

*The steam vacuum method* may be used as an alternative in less accurate work. The bottles should be of about 150 c. c. capacity, made for a ground-glass stopper, but fitted with a rubber stopper. These are filled with steam from water first freed of  $\text{CO}_2$  and air by boiling for 5 minutes. The bottles are inverted and a steam jet having sufficient pressure to throw the vaporized steam at least one foot is allowed to fill the bottle for 3 minutes. Meanwhile a thin coating of vaselin is applied halfway up the sides of the stopper. This not only makes a tight joint, but facilitates removing the stopper. As soon as the collecting bottle is removed from the steam jet the stopper is instantly inserted and securely pushed in while the bottle is still in the inverted position. To test the method for completeness of vacuum hold the bottle in an inverted position under water at  $70^\circ \text{F}$ . and remove the stopper.

*Samplers* consisting of special glass tubes provided with a glass stopcock at both ends may be used to collect samples of air, particularly for the Sonden, Petterson-Palmquist, or Haldane apparatus. These samplers have a capacity of about 100 c. c.; some of them hold about 200 c. c. They must be clean and absolutely dry. The samplers are filled by means of a bulb from a Davidson syringe. Care must be taken that enough of the air to be examined is drawn through the sampler to force out all the original air it contains. Samples may be collected in duplicate, and duplicate analyses are always advisable.

*The Haldane Apparatus.*—This apparatus, shown in Fig. 86, was introduced for the determination of carbon dioxid in the case of ordinary rooms, schools, factories, etc. As the apparatus is portable, the analysis can be made directly on the spot and the carrying to and fro of samples is thus avoided, if desired. If the buret is allowed to fill while the apparatus is carried across the room, a good average sample is obtained. As it takes some seconds for the mercury to run down, this

method of taking the sample can easily be adopted, or a sampler containing the air to be examined can be connected directly by means of rubber tubing to the gas buret. In this case it is advisable to discard the first filling of the gas buret A in order to get rid of the air in the rubber tubing and connections. About 4 minutes are required for an analysis. The accuracy is about 1 part in 10,000.

The air buret A, which is enclosed in a water jacket O, consists of

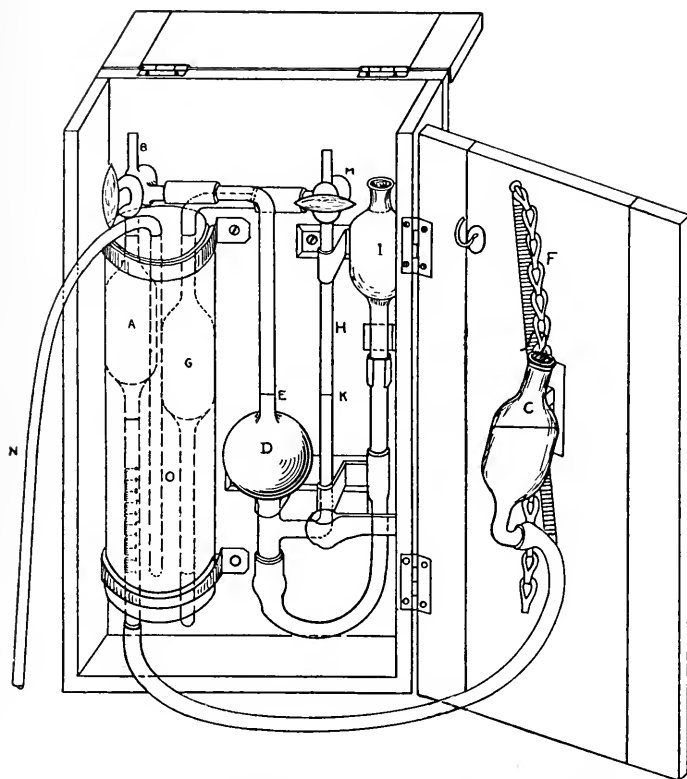


FIG. 86.—PORTABLE HALDANE APPARATUS FOR SMALL PERCENTAGES OF CARBON DIOXID.

a wide, ungraduated and a very narrow graduated portion. This is divided into 100 divisions, each of which corresponds to 1 part in 10,000. The lowest division is marked 0 and the numbering is upward from this point. Any difference between a reading at or near zero and a second reading is thus shown by the scale in volumes per 10,000, there being no calculations or corrections.

The absorption pipet D is filled to the mark E with a 20 per cent. solution of caustic potash through reservoir I. The control tube G enclosed in the water jacket is used to correct for variations in the tempera-

ture of the sample during the analysis. It is connected with the potash pipet D by the tube H, which has a mark K. The pressures under which the readings are made are maintained constant by adjusting the levels of the potash solution to the marks E and K. To compensate for variations of temperature of the water jacket O, air is blown through the tube N, thus agitating the contained water.

The technic of an analysis is summarized as follows:

(1) Open the 3-way cock B to the air to be examined and raise the mercury bulb C to expel the air in the buret A. Lower the mercury bulb and hang on the adjustable rack F so that the sample is drawn in and the level of the mercury falls to near the zero mark.

(2) Open the cock M to the air for a moment and then turn it so as to connect the control tube with the potash solution in the tube H.

(3) Turn the cock B so as to connect the sample with the potash pipet D.

(4) Squeeze the rubber tube of the potash reservoir I so as to raise the potash level about an inch above the marks E and K, and see that the level of the potash alters sharply and about equally in the two tubes.

(5) Blow air through the water jacket O.

(6) Raise or lower the potash reservoir I till the potash is exactly at the mark K in the tube H.

(7) Raise or lower the mercury bulb C by means of the arrangement F till the potash is exactly at the mark E.

(8) Read off the mercury level on the scale of the buret to 0.2 of a division. (First reading.)

(9) Raise the mercury bulb, so as to drive the air into the potash pipet D; then lower it a little and raise it twice again so as to wash any carbonic acid in the connecting tubing into the pipet.

(10) Return the air to the buret A.

(11) Again blow air through the water jacket.

(12) Squeeze the rubber tubing and adjust the two potash levels at K and E, as before, and again read off the mercury level. The first reading subtracted from the second gives the amount of  $\text{CO}_2$  in volumes per 10,000.

(13) After the analysis open G to the outside air through cock M and shut off A and D by turning cock B. This will prevent fouling of the apparatus by the sucking up of the potash solution.

*The Petterson-Palmquist Method.*—This is a simplified Sonden apparatus by which the volume of  $\text{CO}_2$  in the air may be determined directly in hundredths of a per cent. by volume. The method is accurate to one part in 20,000 of air, provided care is taken with the tests.

The principle is essentially the same as that found in the Haldane or the Sonden apparatus. A measured amount of air is collected in a gas

buret. This volume of air is then transferred to an Orsat tube containing a strong solution (20 per cent.) of potash, which absorbs the  $\text{CO}_2$ . The air is then returned to the gas buret and remeasured for

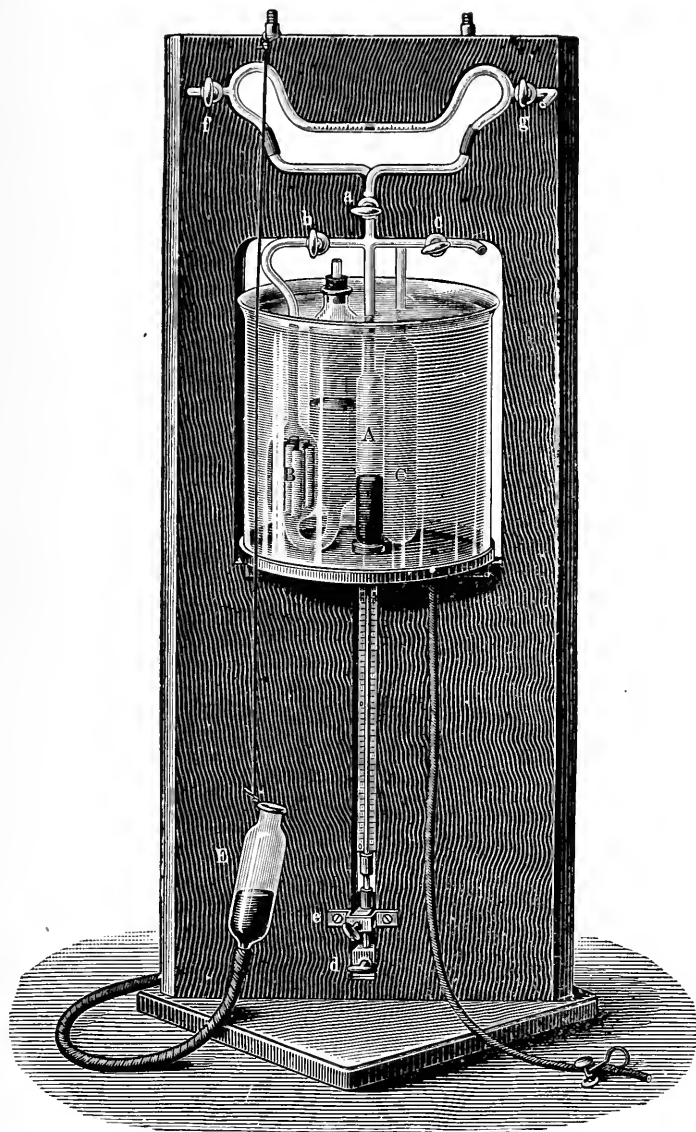


FIG. 87.—PETTERSON-PALMQUIST APPARATUS.

loss in volume. Great care must, of course, be exercised that the pressure and temperature are precisely the same before and after absorption. The gas buret A, Fig. 87, is first filled with mercury by raising the reservoir E. The sample to be analyzed is then drawn into A by low-

ering E. There must always be a drop of water on the surface of the mercury and also in the compensating cylinder C. In this way the air sample is kept saturated with moisture. In reading the volumes the meniscus of the mercury is each time so adjusted that the pressure in A is exactly the same as the pressure of the air in the compensating cylinder C. This is accomplished through a differential manometer containing a drop of colored liquid (petroleum, in which azobenzol is dissolved). This manometer is connected by capillary glass tubes on one side with A and on the other side with C. After the gas pipet A is filled with the sample of air to be tested, close the stopcocks d, f, c, and g and adjust the level of the mercury in A, so that the drop of liquid in the manometer stands at zero on the scale. This adjustment is accomplished through the set screw E. In this way the air in A may always be brought to the same pressure as that prevailing in the compensator C. Since the air in both compensator and pipet is, from the beginning of the experiment, separated from the external atmosphere by closing the stopcocks f, g, and c, variations in the external atmosphere have no effect. The temperature is regulated by filling the jar with water and keeping it agitated, preferably with bubbles of compressed air.

Each analysis consists of three operations:

(1) The air is drawn in from the outside and is measured, the level of the mercury in the graduated tube being brought to the zero mark. The upper and narrower part of the scale, where each division denotes  $1/10,000$  of the volume of the pipet, is used in analysis of atmospheric air, or the ordinary air of rooms, where the per cent. of carbon dioxid is at the most not higher than 0.4 per cent. In the analysis of very impure air the lower part of the graduated tube is used, each division here corresponding to  $1/1,000$  of the whole volume. In measuring the volume of the stopcocks f, g, b, c, and d must be closed.

(2) The stopcocks d and b are opened, a is closed, and the air is passed from A to B. After one or two minutes the carbon dioxid is absorbed and the air may be brought back into A; b is then closed and a is opened.

(3) The mercury level in A is so adjusted that the index again takes its normal position. The decrease in volume is then read off on the scale.

Acidulated water may be used to expel the air from samplers into the buret of the gas analysis apparatus, if the operation is quickly done. If a refinement of accuracy is desired mercury is preferable, for even acidulated water will take up some  $\text{CO}_2$ .

*Method of Cohen and Appleyard.*—This method is based upon the fact that, if a dilute solution of lime water slightly colored with phenolphthalein is brought in contact with a sample of air containing



more than enough  $\text{CO}_2$  to combine with all the lime present, the solution will gradually be decolorized. The time necessary to discharge the color depends upon the amount of  $\text{CO}_2$  present. The amount of lime water and the volume of air being constant, the rate of decoloration varies inversely with the amount of  $\text{CO}_2$ .

Collect samples of air in clean, clear glass-stoppered bottles of half liter capacity. The sample may be collected by exhausting the air from a bottle with a pair of bellows or by completely filling the bottle with water and then emptying it at the point where the sample is to be taken. Run in quickly 10 c. c. of the standard lime water (see below). Replace the stopper; note time. Shake the bottle vigorously until the pink color disappears; again note time, and ascertain the corresponding amount of  $\text{CO}_2$  from the following table:

Time in Minutes to Decolorize the Solution	$\text{CO}_2$ per 10,000	Time in Minutes to Decolorize the Solution	$\text{CO}_2$ per 10,000
$1\frac{1}{4}$ .....	16.0	$3\frac{1}{2}$ .....	7.0
$1\frac{1}{3}$ .....	13.8	4 .....	5.3
$1\frac{1}{2}$ .....	12.8	$4\frac{1}{4}$ .....	5.1
2 .....	12.0	5 .....	4.6
$2\frac{1}{4}$ .....	11.5	$5\frac{1}{4}$ .....	4.4
$2\frac{3}{4}$ .....	8.6	$6\frac{1}{4}$ .....	4.2
$3\frac{1}{4}$ .....	7.7	$7\frac{1}{2}$ .....	3.5

*Standard Lime Water for Testing  $\text{CO}_2$ .*—The solution used is a dilute solution of lime water colored with phenolphthalein. To freshly slaked lime add twenty times its weight of water in a bottle of such size that it is not more than two-thirds full. Shake the mixture continuously for 20 minutes, and then allow it to settle over night or until perfectly clear. The resulting solution is the stock lime solution, or “saturated lime water.” If made in the manner indicated, each cubic centimeter of it will be very nearly equivalent to 1 milligram of carbon dioxide.

If, however, it is desired to know the strength of it more exactly, it may be determined by titrating with a standard acid.

To a liter of distilled water add 2.5 c. c. of phenolphthalein (made by dissolving 0.7 gram of phenolphthalein in 50 c. c. of alcohol, and adding an equal volume of water). Stand the bottle of water on a piece of white paper and add, drop by drop, saturated lime water till a faint color persists for a full minute. Now add 6.3 c. c. of saturated lime water, quickly cork the bottle, and avoid contact with the  $\text{CO}_2$  of the air.

For accuracy in testing air which is high in carbon dioxide, it is found advantageous to use a solution twice as strong as the above. This double solution is prepared in precisely the same way, using 5.0 c. c. of the phenolphthalein solution and 12.6 c. c. of the “saturated lime water.”

While this procedure does not give an exact volume of solution, it is

believed to be the best for the preparation of this dilute test solution, since it obviates the necessity for pouring the prepared solution from the measuring-flask into the bottle in which it is kept: 12.6 c. c. of the stock lime solution is added rather than 10 c. c., in order to keep the values obtained with the resulting solution more nearly comparable with the older values calculated on the supposition that 10 c. c. of "saturated lime water" was equivalent to 12.6 milligrams of carbon dioxide (Richards and Woodman).

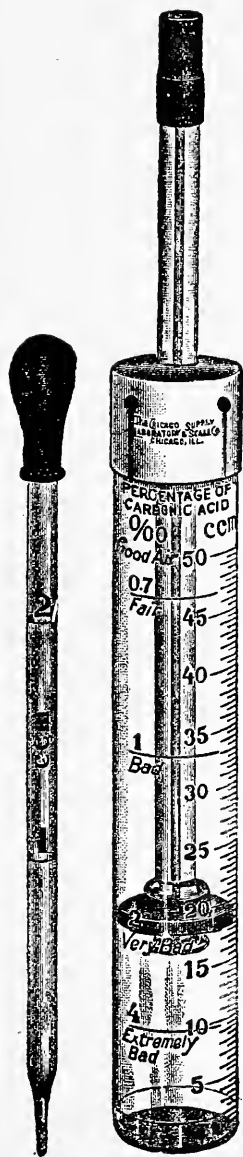
*Methods of Wolpert and Fitz.*—These are rough methods for determining carbon dioxide, and while not quite as accurate as the Cohen and Appleyard method, are useful because of their simplicity and convenience. The Wolpert tester gives better results than that of Fitz.

The volume of air that must be brought into contact with a definite quantity of lime water in order to neutralize all the lime is taken as a measure of the  $\text{CO}_2$  in the air. The quantity of lime water and the time of reaction remaining constant, the amount of  $\text{CO}_2$  varies inversely as the volume of air. The apparatus consists of graduated shakers (see illustration), and a pipet for measuring 10 c. c. of the standard lime water solution. See page 883.

In using both the Wolpert and the Fitz apparatus care should be taken that the finger used to close the end of the tube is clean, since on a warm day the free acid in the perspiration might vitiate the results. This error may be obviated by using a rubber stopper or cap.

*The Wolpert Air Tester.*—In using this apparatus first remove the plunger and introduce 10 c. c. of the standard lime water solution (see page 883) into the graduated cylinder. Immediately insert the plunger and press it to the surface of the lime water. Next, withdraw the plunger to the 50 c. c. mark. Place the finger or rubber cap over the end of the piston

FIG. 88.—WOLPERT AIR TESTER.



and shake vigorously for 30 seconds. Remove finger or cap; press the plunger again to the surface of the liquid, withdraw it to the 50 c. c. mark, and shake, continuing this process until the color is discharged.

Air in c. c. Used	CO <sub>2</sub> per 10,000	Air in c. c. Used	CO <sub>2</sub> per 10,000
30.....	28	91.....	9
36.....	22	103.....	8
46.....	18	117.....	7
58.....	14	138.....	6
69.....	12	165.....	5
82.....	10	207.....	4

Each withdrawal of the plunger admits 40 c. c. of air to the cylinder, and from the total volume of air thus admitted the approximate amount of air necessary to discharge the color is determined. A more accurate estimation of the amount of air necessary to decolorize the lime solution can be obtained by repeating the process and admitting a smaller amount of air to the cylinder the last time the plunger is withdrawn. From the total amount of air used in the second test, the amount of CO<sub>2</sub> can be determined from the above table.

A more convenient but less accurate method of using this apparatus is to put 2 c. c. of the lime water into the cylinder, insert the plunger to the line marked "extremely bad" (4 per cent.) and shake for one minute. Then if the color is not discharged withdraw the piston a little farther and shake again, and so on until the position of the plunger, when the color is gone, can be determined. From this the percentage of CO<sub>2</sub> can be read off directly from the figures on the left of the cylinder.

*Fitz Air Tester.*—This apparatus consists of a tube closed at one end, and graduated for a distance of 20 c. c. Another tube smaller in size and open at both ends, slides within the graduated tube by means of a rubber collar. This rubber collar should be moistened in order that the inner tube may slide readily.

Press the inner tube down to the bottom of the larger one and measure into the apparatus 10 c. c. of the standard lime water solution (page 883). Withdraw the inner tube up to the "tare mark" (T) which corresponds to the 5 c. c. mark. The bottom of the inner tube serves as the index. Now quickly close the end of the smaller tube with the finger; hold the apparatus horizontally, and shake it vigorously for 30 seconds.

The amount of air that has thus been brought in contact with the

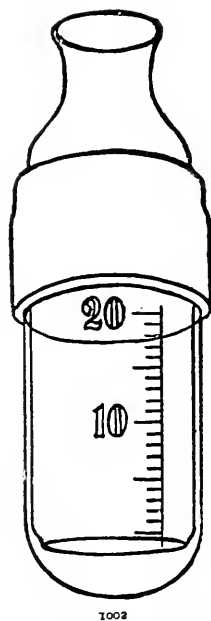


FIG. 89.—FITZ AIR TESTER.

solution is 30 c. c. Remove the finger, again press down the small tube to the bottom of the larger, and draw it to the 20 c. c. mark. Shake the apparatus again for 30 seconds. The additional amount of air brought in contact with the solution is 20 c. c. Repeat the shaking, using 20 c. c. of fresh air each time until the pink color is discharged. A slight trace of color may be ignored. The amount of  $\text{CO}_2$  corresponding to the total number of c. c. of air used will be found in the table on page 885.

## CHAPTER II

### PRESSURE, TEMPERATURE, AND HUMIDITY

#### PRESSURE

**Normal Atmospheric Pressure.**—The pressure of the atmosphere at sea level is 15 pounds to the square inch, or, as indicated in the barometer, it will maintain a column of mercury 30 inches or 760 millimeters. A man of average size living at sea level is exposed to a total pressure of about 34,000 pounds—more than 15 tons. This great pressure must evidently have physiological importance. All the tissues and fluids of the body are subjected to this pressure and are in equilibrium with it. The interchange of gases on which life depends is largely a phenomenon of atmospheric pressure. The pressure of the air also keeps the heads of the bones in their sockets without muscular action, and doubtless performs other functions less obvious. The small variations in pressure such as occur day by day at sea level have no evident physiological effects.

**Diminished Atmospheric Pressure.**—A diminution in atmospheric pressure is equivalent to breathing rarefied or diluted air. This is met with mainly in aviation. The symptoms are due to the low partial tension of the oxygen. If oxygen gas is added to the inspired air at low barometric pressures, no discomfort is experienced. The dangers of rarefied air are those of oxygen deficiency. Acidosis attends the severer stages. An adaptation response takes place under these conditions; thus, the acidosis increases the rate of breathing; and the number of red blood cells increases, thus increasing the oxygen carrying capacity of the blood. The most important physiological effects of diminished atmospheric pressure are due to a diminution in the amount of oxygen absorbed, hence the breathing is deeper and the pulse rate quickened. As the altitude increases there is a lowered tension of oxygen in the alveolar air and a diminished tension of carbon dioxide. While the rate of respiration may be variously influenced in different circumstances, the depth of respiration is almost invariably increased. This of itself not only facilitates the oxygen supply, but also increases the elimination of carbon dioxide.

Formerly a great compensatory increase in the number of red blood cells was believed to take place as a result of prolonged residence in high

altitudes. Thus, assuming the average number of red blood cells per cubic millimeter at sea level to be about 5,000,000, at Davos (elevation 1,560 meters) the number of red blood cells averages 5,500,000 to 6,500,000. At Cordilleras (altitude 4,392 meters) the average number of red corpuscles is 8,000,000. A similar change in the blood has been produced by keeping rabbits and guinea-pigs in rarefied air at sea level. According to Bürker, only a comparatively small increase takes place, amounting to 4 or 5 per cent., at altitudes of five or six thousand feet. The same moderate results have likewise been noted lately for much higher altitudes. Gregg, Lutz and Schneider<sup>1</sup> recently showed that where barometer pressure is rapidly reduced, as in aviation, there is a response by increased hemoglobin in the blood usually within twenty minutes.

At a height of 18,000 feet the pressure of the atmosphere is only half the pressure at sea level, thus:

Altitude	Height of Barometer
0 foot.....	30 inches
910 feet.....	29 "
1,850 ".....	28 "
2,820 ".....	27 "
3,820 ".....	26 "
4,850 ".....	25 "
5,910 ".....	24 "
7,010 ".....	23 "
8,150 ".....	22 "
9,330 ".....	21 "
10,550 ".....	20 "
13,170 ".....	18 "
16,000 ".....	16 "
18,000 ".....	15 "

"The highest dwelling place continuously occupied is the Observatory El Mirti, in the Andes, at 5,880 m. The Observatory at Arequipa is at 6,100 m. Thok djalung is a village in the Himalayas at 4,980 m. In Peru, Bolivia, and Northern Chili a very large part of the population live above 3,000 m. Potosi, which has numbered 100,000 inhabitants, is at 4,165 m., Cerro de Pasco at 4,350 m., the mines of Villacota at 5,042 m., the railway from Callao to Oroya culminates in a tunnel at 4,760 m., almost the height of Mont Blanc. An annual fair is held at Gartok, at 4,598 m., in the Himalayas, to which thousands annually come." <sup>2</sup>

It is evident that man may become adapted to breathing a rarefied air at great heights, which would overcome persons if the change were made suddenly from sea level. Linhard actually resided for 26 days in a pneumatic cabinet, becoming "acclimated" gradually to a reduced barometric pressure of 450 mm. at which he lived for two weeks.

<sup>1</sup> Gregg, H. W., Lutz, B. R., and Schneider, E. C.: "Compensatory Reaction to Low Oxygen." *Am. Jour. Physiol.*, 1919, pp. 302-325.

<sup>2</sup> Leonard Hill: "Recent Advances in Physiology."

*Mountain Sickness.*—The symptoms produced by a marked diminution in atmospheric pressure vary with circumstances. The effects are increased by cold, active muscular exertion, or improper clothing. The noticeable symptoms are increased depth and rapidity of respiration and acceleration of the pulse, noises in the head and dizziness, impairment of the senses of sight, hearing, and touch, dullness of the intellectual faculties, and a strong desire to sleep. Sudden changes to rarefied atmosphere cause syncope, weakness, dyspnea, dizziness, and nausea. These threatening symptoms sometimes go by the name of mountain sickness. Bert and Journet believe this condition is due to lack of oxygen and the symptoms may, in fact, be relieved by adding oxygen to the air inspired. It is now clear that it is not the reduced barometer but the reduced partial tension of the oxygen which causes the symptoms.

Bert kept a bird alive in oxygenated air, even though the pressure was reduced to less than 0.1 of an atmosphere. Kronecker concludes that mountain sickness is caused by a congestion of the lungs, impeding the flow of blood through them. Mosso and his followers attribute the physical disturbances of a reduced atmospheric pressure to the fact that the blood loses carbon dioxid more quickly than it loses oxygen, and attributes mountain sickness to this decrease of carbon dioxid in the blood (acapnia). Cohnheim believes there is a concentration of the blood at high altitudes; in fact, insignificant increases have been found by competent observers. The climate in high altitudes is always dry and evaporation proceeds rapidly. As a result individuals lose water more readily than at lower levels. If this explanation is tenable, an increase in corpuscles and hemoglobin content are in no wise the expression of a lack of oxygen, but are rather the outcome of the increased evaporation under the altered conditions of climate. The increased number of red blood cells in the peripheral circulation probably represents an outpouring from blood forming tissues.

Douglas, Haldane and Henderson<sup>3</sup> showed that "acclimatization" occurred in a few weeks on Pike's Peak, and believed that at least three factors operated in this adaptation: The cells of the alveoli of the lungs acquired the power of exchanging oxygen and CO<sub>2</sub> more vigorously for the same gaseous pressures than ordinarily; the alkalinity of the blood had changed so as to stimulate the respiratory center with a less amount of CO<sub>2</sub>; and the hemoglobin had increased so as to supply the tissues more readily with the needed oxygen.

The limit at which life may be sustained is about 26,000 feet, at which height consciousness is lost.<sup>4</sup> At this height the barometric pres-

<sup>3</sup> Phil. Trans. of the Roy. Soc. of London, 1913, Ser. B., CCHII, 185.

<sup>4</sup> The aviators, Fleming and Steyer, in June, 1911, attained an elevation of 8,910 meters, but experienced grave symptoms which urgently called for the use

sure of the air is 251 mm., which represents a pressure of oxygen of 52, which is the equivalent of 6.8 per cent. oxygen at sea level. P. Bert remained 20 minutes in a pneumatic chamber with a pressure of only 248 mm. without serious inconvenience.

**Increased Atmospheric Pressure.**—While man is often exposed to rarefied air, he is seldom subjected to increased pressure except under artificial conditions, such as in diving bells, diving suits, and caissons. The increase in atmospheric pressure in the deepest mines has little physiological significance. Divers and workers in caissons are not subjected to more than about  $4\frac{1}{2}$  atmospheres, and work under such pressure for only a few hours at a time. When a diving bell is lowered 10 meters into the water the air contained in it is compressed to one-half its original bulk, and the pressure of the air is accordingly doubled. Each 10 meters' depth means an additional pressure of one atmosphere. At a depth of 30 meters, about 100 feet, a diver is exposed to a pressure of 4 atmospheres or about 60 pounds per square inch. Bert exposed dogs to a pressure of 10 atmospheres, and then slowly released them without harm.

The physiological effects of an increased atmospheric pressure are mainly due to an increase in the amount of atmospheric gases (especially nitrogen) which are taken up by the blood, and also an increase in the chemical absorption of oxygen by the blood. The serious consequences usually result from too rapid decompression. The nitrogen is absorbed by the tissues, especially by fat and lipoid tissues contained in the nervous system. As the pressure is released gas bubbles form. Hence corpulent persons are more liable to suffer than lean; those with sluggish circulation suffer most. Gradual decompression gives a chance for the gas to escape from the lungs and be expelled without the production of gas bubbles.

*Caisson Disease.*—The effects produced by compressed air in caissons are: (1) those caused when the men are undergoing pressure, and (2) during or after decompression.

The symptoms produced by an increase of atmospheric pressure are a slowing of the respiration, which is evidently compensatory, but on account of compression of intestinal gases the respirations are deeper; the pulse is slower, and evaporation of water-vapor hindered. The voice may be altered; pains in the ear are common, due to pressure upon the drum, and may be obviated by swallowing air and thus passing it up the eustachian tube into the middle ear. Sometimes the ear drum ruptures; headache and dizziness may also occur. During compression the blood keeps absorbing the gases of the air until the tension of the gases

of oxygen inhalations. With the aid of oxygen aviators have flown above 30,000 feet—nearly six miles. Major R. W. Schroeder in 1918 reached an altitude of 36,020 feet.



in the blood becomes equal to that in the compressed air. As soon as this equilibrium has been attained relief from immediate troubles is secured.

It is during and after decompression that the greatest danger to health and even risk of life occur. The most frequent symptom is excruciating pains in the muscles and joints, called by the workmen "bends." These pains may continue for a few hours or for two or three days. Occasionally there is bleeding at the nose; also severe abdominal pain, and vomiting, nausea, vertigo, dyspnea, and unconsciousness. Death may result from internal hemorrhage, or paralysis may ensue—the so-called diver's palsy.

The effects of increased atmospheric pressure and too rapid decompression were carefully studied by Paul Bert in 1878, who showed that the lesions are caused by the escape of gases of the atmosphere which have been taken up in excessive amounts, and are released in the blood and tissues when the pressure is diminished. The blood vessels may contain gas emboli, which may lodge in vital parts and cause sudden death, or the delicate capillaries may break, leading to hemorrhages with resulting paralysis. Air emboli may be distressing or dangerous if they occur in the labyrinth of the ear, in the spinal cord, in the brain, or in the heart or other vital parts.

The prevention of caisson disease consists in gradual decompression. Sometimes the symptoms come on several hours after the workman has left the caisson. As soon as symptoms come on the workman should at once be hurried back into the compression chamber until equilibrium between the internal and external pressures is restored. He may then be allowed to pass through the decompression chambers, but very gradually. A medical air-lock should be provided at the works, well heated, and furnished with bunks and emergency supplies.

**Barometers.**—The pressure of the air is measured by means of barometers, the principles of construction and use of which are so well known that they do not require special description.

## MOVEMENTS OF THE ATMOSPHERE

Moving air is necessary for the maintenance of health and is a prime requisite of good ventilation. The motion of the air serves the twofold purpose of bringing us a fresh supply and taking away the sewage-polluted air from our immediate vicinity. Moving air also favors evaporation and helps to prevent heat stagnation by keeping the temperature within normal limits. Paul, Heymann, and Erelentz, in Flügge's laboratory, and also Leonard Hill in England, emphasized the importance of moving air in assisting the heat regulation of our body.

They believe that this is a much more important function of moving air than simply the bringing of fresh air or the carrying away of the products of respiration. In still air the body soon becomes surrounded by a warm, moist aërial envelope which causes an overheating of the surface of the body and results in the familiar symptoms of "crowd poisoning." In a still atmosphere we are soon surrounded by a blanket of stagnant and impure air, whether indoors or outdoors.

Much of the benefit of mountain, seaside, and other health resorts is attributable to the breezes that blow almost continuously at such places. The health of large cities located upon the seacoast or the shores of great lakes is favored by the quantities of moving air with which they are frequently flushed. A healthful climate is always a breezy climate—within reasonable limits. Much of the benefit of driving, of fanning, and of rocking-chairs is due to the motion of the air thus engendered.

If the air in a poorly ventilated room can be kept in motion, say with an electric fan, many of the ill effects of a vitiated atmosphere are avoided, for the products of respiration are diluted, and evaporation and heat interchange are favored. Thus, Leonard Hill placed eight students in a small sealed chamber which held about three cubic meters. He states that "at the end of half an hour they had ceased laughing and joking and their faces were congested. The carbon dioxid had gone up to 4 or 5 per cent. Three electric fans were then turned on, which merely whirled the air about just as it was. The effect was like magic; the students at once felt perfectly comfortable, but immediately the fans were stopped they again felt as bad as before." The relation of moving air to temperature and moisture, with reference to ventilation, is further discussed on page 960.

In nature the atmosphere is kept in almost constant motion as a result of differences in temperature. Thus, the hotter air in the tropics rises and divides into two currents, which flow toward the north and south, while heavier, colder air rushes along a lower level from the north and south to take the place of the lighter currents. The cold currents from the poles are known as the trade winds, and the upper, warmer currents to the poles as the antitrades. The upper currents to the poles run northwest and southwest; while the lower currents from the poles run northeast and southeast.

The chief cause of periodic winds, such as daily sea breezes and monsoons, is the difference in the heating of the air above land and above sea. On a small scale the same principle is seen at play in theaters, churches, cathedrals, and public buildings. The great mass of people crowded together heats the air about them and it ascends; cool air rushes in from the aisles to take its place, hence the almost unavoidable drafts in such places.

The velocity of air currents is customarily measured by means of

recording anemometers. These instruments require a considerable velocity of air and should never be used without a carefully prepared table of corrections whereby their readings may be adjusted.

It often becomes desirable in sanitary investigations, particularly in studies of ventilation, to determine the strength and direction of currents of air which are too delicate to be measured by means of anemometers. Lighter candles will show the direction of slight air currents, the flame being deflected in the direction in which the current is moving. More delicate than this is the method of noting the course taken by smoke from a joss-stick, cigarette, or cigar.<sup>5</sup>

When a current of air at the temperature of 55° to 60° F. moves at a rate of one mile per hour, there is no perceptible draft. The rate of movement in relation to our perception is as follows:

Air moving at 1.5 feet per second—1.0 mile an hour—imperceptible.  
 Air moving at 2.5 feet per second—1.7 miles an hour—barely perceptible.  
 Air moving at 3.0 feet per second—2.0 miles an hour—perceptible.  
 Air moving at 3.5 feet per second—2.3 miles an hour—draft.

The movement of warm air is less perceptible than the movement of cool air.<sup>6</sup>

## TEMPERATURE OF THE AIR

The temperature of the air depends mainly upon solar and terrestrial radiation. The air absorbs vast quantities of heat from the sun, and as the heat of the earth is radiated into space a certain amount is again absorbed by the atmosphere. Accordingly, the air both keeps the heat out and keeps it in. It makes the days cooler and the nights warmer. "It is a parasol at noon and a blanket at night." Except for it there would be much more violent changes in temperature (Macfie).

The power of the air to absorb heat and to store heat depends largely on its humidity; that is, on the amount of water vapor it contains, for water vapor is opaque to heat rays. The water vapor is also a great reservoir of latent heat. When water evaporates a tremendous amount of latent heat is carried up into the atmosphere with it and again becomes actual heat when the vapor condenses. The quantity of heat thus stored up in water vapor is almost incredibly great.

Air expands  $\frac{1}{491}$  of its volume for each degree rise of temperature; air at 32° F. and 30 inches barometric pressure is usually taken for unit of volume. A cubic foot of dry air at 32° F. and 30 inches barometer weighs 566.86 grains; at any other temperature, therefore, its weight can be ascertained by dividing by its increased volume.

<sup>5</sup> For a further discussion of this subject see "Air Currents and the Laws of Ventilation." by W. N. Shaw.

<sup>6</sup> For Drafts see page 248.

The temperature of the air has a very important bearing upon health. Man has an almost incredible power of adapting himself to wide variations of temperature. Workers in foundries have sometimes to endure a heat of  $250^{\circ}$  F. and even higher for short periods of time. Temperatures of  $-75^{\circ}$  F. are met with in polar expeditions. This is a range of at least  $325^{\circ}$  F. The reason that man, as well as other animals, is able to maintain a constant body temperature when exposed to such great variations of atmospheric temperature, is due not only to the physiological mechanism which regulates heat production and elimination, but to the layers of air immediately in contact with the skin. We wear clothes to protect ourselves from external heat or cold, but still more do we wear air for that purpose. That is why very high temperatures are better borne when the air is in motion, which facilitates evaporation, than when the air is still, while extremes of cold are better borne when the air is still, for then we become clothed in a warm blanket of air. The effect of heat upon health, however, cannot be considered alone, for it depends on the humidity as well as on the movement of the air. Extremes of heat and cold are much more trying when the air is humid than when the air is dry.

The direct action of heat alone as a cause of infant mortality has been greatly underestimated. The harmful effects of heat must not be measured so much by the maximum or even the mean temperatures of the outside air, but by the indoor temperatures. Indoor temperatures may continue high in spite of remissions in the temperature of the external air. The lethal effects of heat upon infants, and adults, too, are increased by the still, moist air found in overcrowded, narrow streets, and poor ventilation of houses.

Exposure of the body to dry, cold air has an effect similar to a cold bath, that is, there is an increased loss of bodily heat, followed by a demand for more. This demand is met by increased oxidation of tissue, metabolic processes become more active, and there is improvement in nutrition. It stimulates the chemical mechanism of the body for the regulation of bodily heat. In this way cold acts as a stimulant and tonic.

It is of first importance that the arrangements for heating rooms, offices, schools, etc., should be so regulated that the temperature never exceeds  $21^{\circ}$  C. ( $70^{\circ}$  F.); especially should this control be exercised in public rooms, such as schools, etc. As a rule, the temperature of heated rooms should be  $17^{\circ}$  to  $20^{\circ}$  C. ( $62.6^{\circ}$  to  $68.2^{\circ}$  F.) or under. Periodic variations of temperature are as desirable inside of buildings as in the outside temperature. The temperature of the air influences the temperature of the body, and also the general status of the vasomotor mechanism. Experiments clearly indicate that in the daily life of the school and factory the overheating of air seriously affects both health and efficiency. The atmospheric temperature also has a direct effect on

diseases of the respiratory tract. Hill and Muecke,<sup>7</sup> in England, and the New York State Commission on Ventilation<sup>8</sup> have shown that in going from a hot room to a cold room, the membranes of the nose became paler and less moist, while the inferior turbinates contract. Such an action may in part account for the well known seasonal prevalence of infections of the respiratory tract in the winter weather.

The effect of temperature upon health is so closely interwoven with humidity that this relationship is discussed on page 904.

**Methods of Recording Temperature.**—*Mercurial or bimetallic thermometers* are best suited to take the temperature of the air. The most accurate mercurial thermometers for this purpose have an elongated bulb of mercury at one end and a ring at the other, through which a cord can be tied; the scale should be etched upon the glass. A good thermometer of this type generally is accurate to about one-half to one-fifth of a degree. Thermometers placed upon a backing of metal, card, or wood, with the scale painted upon the backing, are more ornamental than accurate. They usually possess a decided lag and are, therefore, not trustworthy. Thermometers should be suspended freely in the atmosphere or at least placed in a current of air sufficient to insure good ventilation about the mercury column.

*Registering thermometers* are of two principal types: those which record maximum and minimum temperatures, and those which make a continuous record of the changes of temperature that occur.

The maximum and minimum temperatures furnish but limited information, and, as such self-recording thermometers are almost invariably mounted upon a backing, they consequently have a considerable lag. They are only dependable where fluctuations in temperature are not rapid. Under these circumstances they may be used to record the highest and lowest temperatures.

For an intelligent understanding of the sanitary condition of any room or inclosed space neither single determinations nor maximum and minimum records are sufficient. Recording thermometers should be placed at various selected points and records should be obtained covering a period of several days. The best type of recording thermometers depend upon the movements of bimetallic bars, so arranged that as they contract and expand they cause a penpoint to bear upon a moving paper scale, and so leave an ink trace. The clockwork is generally wound up for a week, for which period the paper scale is also adapted.

The temperature of the wet bulb thermometer should always be taken

<sup>7</sup> *Lancet*, 1913, CLXXXIV, 1291.

<sup>8</sup> *Tr. Am. Climatol. and Clin. Assn.*, 1915; also Josephine Baker, *Am. Journ. Public Health*, 1918, VIII, 19; also Mudd, S., and Grant, S. B., *Jour. Med. Research*, XL, 1, May, 1919, p. 53.

to determine the drying and cooling (Psychrometer and Kata-thermometer). Methods of recording temperatures with the Kata-thermometer, see page 907.

## HUMIDITY

**Aqueous Vapor.**—Water in its gaseous state is always present in the atmosphere. Water vapor is the most variable of the normal constituents of air, and also one of the most important, on account of its influence upon health. It is usual to consider water vapor apart from the other gases of the atmosphere, although it is just as much a gas as oxygen or nitrogen, and conforms to the general laws that govern the behavior of gases. Unlike other gases present in the air, water vapor condenses at comparatively low temperatures. As water vapor weighs only about three-fifths as much as air, dry air is heavier than moist air under equal conditions of temperature, pressure, etc. It is customary to speak of air "holding" water vapor. As a matter of fact, the air has nothing to do with it, for it should always be clearly observed that the presence of water vapor in any given space is independent of the presence or absence of air in the same space. The amount of aqueous vapor which a space contains depends entirely upon the temperature and not upon the presence of the pressure<sup>9</sup> of the air. At 32° F., for instance, the air can "hold" 1/160 of its weight of water vapor, at 59° F. 1/80 of its weight, at 86° F. 1/40 of its weight. Roughly, every 27° F. increase of temperature doubles the amount of water vapor the air can hold in proportion to its weight. In this way the heat of the atmosphere is self-protective, for it loads the air with water vapor, which in turn absorbs much of the heat. The latent heat is again given off on condensation. The actual amount of water vapor which the air can hold at different temperatures is shown in the following table:

A cubic foot of air can hold at		
10° F. ....	1.1	grains
20° " ....	1.5	"
30° " ....	2.1	"
40° " ....	3.0	"
50° " ....	4.2	"
60° " ....	5.8	"
70° " ....	7.9	"
80° " ....	10.0	"
90° " ....	14.3	"
100° " ....	19.1	"

<sup>9</sup> A high barometer retards evaporation, while a low atmospheric pressure accelerates it. All volatile liquids evaporate instantly in a vacuum. The rate of evaporation varies with temperature and pressure, but a given space will ultimately hold the same amount of gas independent of the presence and pressure of other gases.

As the temperature rises in arithmetical progression the power to retain vapor increases with the rapidity of a geometric series having a ratio of two.

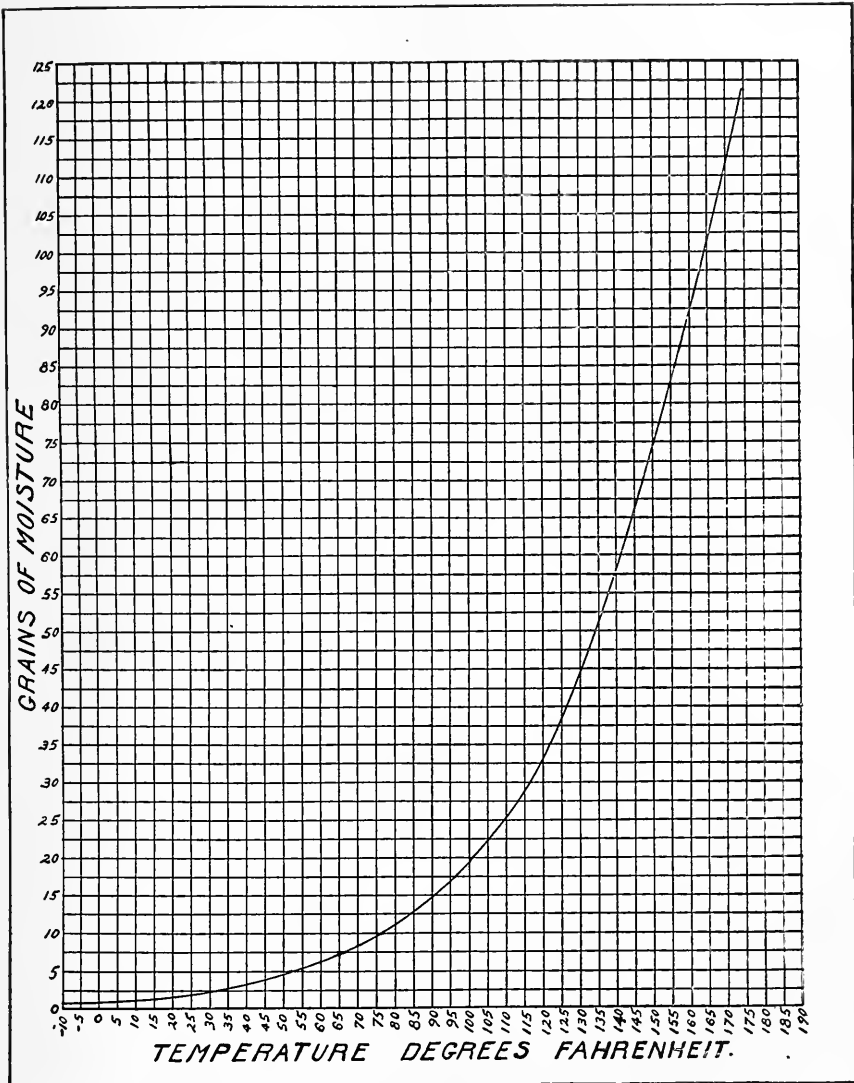


FIG. 90.—DIAGRAM SHOWING ABSOLUTE HUMIDITY IN GRAINS AT DIFFERENT TEMPERATURES.

The amount of water vapor in the air may be expressed either by:  
 (1) its *vapor tension*. The tension of the water vapor in the air is expressed in inches or millimeters of mercury. If a drop of water is placed in a vacuum, say in a barometer tube, some of the water vaporizes

and the mercury is depressed, owing to the tension of the water vapor. The amount that evaporates, as well as the tension, depends upon the temperature. (2) Its weight per unit volume of air, i. e., the *absolute humidity*; and (3) the ratio of the amount of water vapor in the atmosphere to the amount it could hold at the temperature in question if saturated; that is, the *relative humidity*. Complete saturation of the air with moisture is stated at 100, and lesser amounts by percentages. (4) The amount of water vapor in the air may also be found from its *dew-point*. The dew-point for any temperature and humidity is the temperature to which the air may be cooled when precipitation takes place.

The vapor tension or the absolute humidity indicates how much water vapor the air contains, while the relative humidity is an expression of how much vapor it might contain. The amount of water vapor which air can hold when saturated at different temperatures has been calculated and recorded in Glaisher's hygrometric tables.<sup>10</sup> It is, therefore, very easy, by referring to these or to the tables in the U. S. Weather Bureau—*Bulletin No. 235*—to calculate the relative humidity if we know the actual humidity or the dew-point or *vice versa*.

The amount of moisture which out-of-door air ordinarily contains varies from about 30 per cent. or less to saturation.

In meteorological tables, giving climatic particulars of any town or locality, the relative humidity is usually stated; but it should be noticed that the relative humidity bears no constant relationship to the absolute humidity. As the relative humidity varies greatly throughout the day, and as the readings are not always taken at the same time of day in different localities, it at once becomes evident that comparisons are not reliable. In fact, a moist or dry climate cannot be predicted from the relative humidity. Thus, the mean relative humidity of Davos is as high as 79 per cent., whereas it is generally known that the climate at Davos is dry. On the other hand, in Egypt the average relative humidity is very low, although this country is known to have a moist climate. This is for the reason that the humidity readings in Egypt are taken from 10 A. M. to 6 P. M., and vary from 30.5 per cent. at Assouan to 51.7 per cent. at Menahouse. As a matter of fact, the relative humidity in Egypt decreases from 100 per cent. at dawn to 22 per cent. at noon, and may be quickly altered to the extent of 50 per cent. by a warm wind. The humidity, therefore, through the hot, sunny daytime is not a measure of the climate, so far as moisture and dryness are concerned.

In England the relative humidity averages 75 per cent. In California it drops from 100 per cent. at dawn to 22 per cent. at noon. A

<sup>10</sup> The standard hygrometrical tables in use the world over are those prepared by Mr. James Glaisher, F. R. S., of the Royal Observatory, Greenwich, England.



hot wind, by increasing the capacity of the air for moisture, may also lower the relative humidity very quickly. Thus, the Föhn wind when it reaches the Riviera lowers the relative humidity 50 to 60 per cent. in an hour or two. The mean relative humidity of Denver for the year is only 42 per cent., at San Diego, on the coast, 72.9, at Los Angeles, a few miles inland, 66.6. In the heart of the Libyan desert the relative humidity may be as low as 9 per cent. At the seaside daily variations in humidity are less than inland (Macfie). The air in forests is 10 or 20 per cent. more humid than air in the open. There may be a very great difference in the relative humidity of outside cool air and of air in a closed heated room, in that the latter may be very much drier.

So far as the effect of humidity upon health is concerned Dr. Huggard well states: "The really essential point is not the amount of moisture, relative or absolute, that is present, but the amount that can still be taken up. This varies enormously with the same degree of relative humidity at different temperatures, as the following table from Renk will show:

*Amount of vapor that can still be taken up at different temperatures and the same relative humidity*

Temperature	Relative Humidity	Absolute Humidity Grams per Cubic Meter	Grams of Vapor That Can Still be Taken Up
	Per Cent.		
-20° C.....	60	0.638	0.426
-10° C.....	60	1.380	0.920
0° C.....	60	2.924	1.950
10° C.....	60	5.623	3.749
20° C.....	60	10.298	6.866
30° C.....	60	18.083	12.056

We see by this table that the same expression, 60 per cent. relative humidity, might be applied to air capable of taking up 0.426 gram or 12.056 grams of vapor, and thus the expression as a measure of the drying capacity of the air is obviously misleading.

Dr. Huggard gives a second very instructive table, the obverse of the above:

Temperature	Relative Humidity	Vapor: Grams per Cubic Meter	
		Present	Capable of Still Being Taken Up
	Per Cent.		
3° C.....	0	0	6
10° C.....	36	3.4	6
15° C.....	53	6.8	6
20° C.....	65	11.2	6
25° C.....	73	16.9	6
30° C.....	80	24.1	6

We see from this second table that air with relative humidities of 0, 36, 53, 65, 73, and 80 per cent., and containing quantities of water vapor varying between 0 and 24.1 grams per cubic meter, are all capable of further taking up exactly the same amount of vapor. Again the expression of relative humidity is misleading.

When the relative humidity reaches 80 to 85 per cent., moisture condenses and begins to show upon objects in rooms. This influences natural ventilation through porous building materials.

There may be a very marked difference between the humidity of indoor and outdoor air, owing in part to the condensation of moisture, especially in winter, upon the cold walls and windows.

The difference between external and internal humidities depends largely upon the temperature of the surfaces in the room. These surfaces, though apparently dry, may, in fact, hold moisture in large quantities; the walls and ceilings may contain more water than all the air in the room. Ordinarily there is a continual exchange of moisture between the air and the room surfaces. In this way the walls serve as a compensating reservoir to help maintain the humidity of the air approximately constant. Cold walls, cold windows, and cold surfaces generally condense the moisture from the air so rapidly that great difficulty is experienced in raising the relative humidity of the air of a room under these circumstances.

The humidity in the air is influenced by altitude. The higher we go the colder and rarer the air becomes, therefore, it contains less moisture. Its absolute humidity, therefore, decreases. Half of the total water vapor of the atmosphere is below 2,000 meters. On the other hand, the relative humidity shows no regular change with change of altitude. Clouds do not necessarily imply high relative or absolute humidity of the lower atmosphere. Rainfall also gives only a very general indication of the humidity of the atmosphere. A place with high rainfall may have low absolute and relative humidity, and *vice versa*; that is, a rainy district is not necessarily a damp district, so far as the atmosphere is concerned.

Dew also bears no constant relationship to the humidity of the atmosphere, for a clear sky and a dry atmosphere favor its formation. Air containing mist is obviously moist.

**Methods of Determining Humidity in the Air.**—The amount of water vapor in the air may be determined either by (1) weighing, (2) psychrometers or hygrometers, (3) the dew-point.

*Weighing.*—The amount of moisture in the air may be determined by passing a given volume of air through a tube or flask containing an hygroscopic substance, such as calcium chlorid or sulphuric acid. If sulphuric acid is used small flasks are filled with pieces of pumice which have been heated to a high temperature over a Bunsen burner, and

dropped white hot in concentrated sulphuric acid; removed, and quickly drained.

The increase in weight represents the amount of moisture in the volume of air passed through the flasks, or the absolute humidity. Knowing the temperature of the air, it is then easy to determine the relative humidity by reference to tables of maximum water capacity for certain volumes of air at varying degrees of temperature.

*Psychrometers.*—The most convenient of all methods for measuring atmospheric moisture is to observe the temperature of evaporation, that is, the difference between the temperatures indicated by wet and dry bulb thermometers. The United States Weather Bureau regards the sling psychrometer as the most reliable instrument for this purpose. In special cases rotary fans or other means may be employed to move the air rapidly over stationary thermometer bulbs.

The *sling psychrometer* consists of a pair of thermometers provided with a handle, which permits them to be whirled rapidly (see Fig. 91). The bulb of the lower of the two thermometers is covered with thin muslin, which is wet at the time an observation is made. This muslin covering should be kept in good condition and should be frequently renewed. It is also desirable to use pure water. The so-called wet bulb is thoroughly saturated by dipping it into distilled water. The thermometers are then whirled rapidly for 15 or 20 seconds, stopped, and quickly read, the wet bulb first. This reading is kept in mind, the psychrometers immediately whirled again and a second reading taken. This is repeated three or four times or more, if necessary, until at least two successive readings of the wet bulb are found to agree very closely, thereby showing that it has reached its lowest temperature. A minute or more is generally required to secure a correct reading. The psychrometer should not be whirled in the direct rays of the sun, and if used out of doors the observer should face the wind. It is a good plan, while whirling the instrument, to step back and forth a few steps further to prevent the presence of the observer's body from giving rise to erroneous observations.

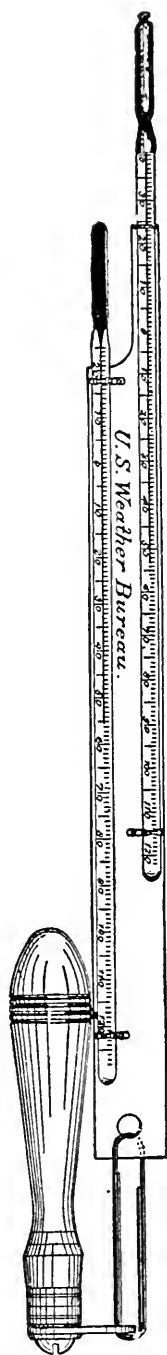


FIG. 91.—SLING PSYCHROMETER.

## RELATIVE HUMIDITY TABLE

AIR TEMPERA- TURE.		DIFFERENCE BETWEEN THE DRY AND WET THERMOMETERS																														AIR TEMPERA- TURE.	
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
30	100	89	78	67	57	47	36	26	17	7																				30			
35	100	91	82	73	65	54	45	37	28	19	12	3																		35			
40	100	92	84	76	68	60	53	45	38	30	22	16	8	1																40			
45	100	92	85	78	71	64	58	51	44	38	32	25	19	13	7	1														45			
50	100	93	87	80	74	67	61	55	50	44	38	33	27	22	16	11	6	1												50			
55	100	94	88	82	76	70	65	59	54	49	43	39	34	29	24	19	16	10	6	1										55			
60	100	94	89	84	78	73	68	63	58	53	48	44	39	34	30	26	22	18	14	10	6	2								60			
65	100	95	90	85	80	75	70	65	61	56	52	48	44	39	35	31	28	24	20	17	13	10	6	3						65			
70	100	95	90	86	81	77	72	68	64	60	55	52	49	44	40	36	33	29	26	23	19	16	13	10	7	4	1			70			
75	100	95	91	87	82	78	74	70	66	62	58	55	51	47	44	40	37	34	31	27	24	21	19	16	13	10	7	5	2	75			
80	100	96	92	87	83	79	75	72	68	64	61	57	54	51	47	44	41	38	35	32	29	26	23	20	18	15	13	10	8	3	80		
85	100	96	92	88	84	80	77	73	70	66	63	60	56	53	50	47	44	41	38	36	33	30	28	25	22	20	17	15	13	11	9	85	
90	100	96	92	88	85	81	78	75	71	68	65	62	59	56	53	50	47	44	41	39	36	34	32	29	26	24	22	20	17	16	13	90	
95	100	96	93	89	86	82	79	76	72	69	66	63	60	58	55	52	49	47	44	42	39	37	35	32	30	28	25	23	21	19	17	95	
100	100	97	93	90	86	83	80	77	74	71	68	65	62	59	57	54	51	49	47	44	42	39	37	35	33	31	29	27	25	23	21	100	
105	100	97	93	90	87	84	81	78	75	72	69	66	64	61	58	56	53	51	49	46	44	42	40	38	35	33	31	30	28	26	24	105	
110	100	97	94	90	87	84	81	78	76	73	70	67	65	62	60	57	55	53	50	48	46	44	42	40	38	36	34	32	30	28	27	110	
115	100	97	94	91	88	85	82	79	76	74	71	69	66	64	61	59	57	54	52	50	48	46	44	42	40	38	36	34	33	31	29	115	
120	100	97	94	91	88	85	83	80	77	75	72	70	67	65	62	60	58	56	54	51	49	47	45	44	42	40	38	36	35	33	31	120	
125	100	97	94	91	88	86	83	80	78	75	73	70	68	66	64	62	59	57	55	53	51	49	47	45	43	42	40	38	37	35	33	125	
130	100	97	94	91	89	86	83	81	78	76	74	71	69	67	65	62	60	58	56	54	52	50	49	47	45	43	42	40	38	37	35	130	
135	100	97	94	92	89	86	84	81	79	77	74	72	70	68	65	63	61	59	57	55	53	51	50	48	46	45	43	41	40	38	37	135	
140	100	97	95	92	89	87	84	82	79	77	75	73	71	68	66	64	62	60	58	56	55	53	51	49	48	46	44	43	41	40	38	140	
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			

Fig. 92.

In correcting psychrometric observations the atmospheric pressure at the time must be obtained, and the results deduced from the tables based on a pressure nearest that observed. The difference in the temperature between the wet and the dry bulb is computed to the nearest tenth of a degree. Having the temperature and the pressure of the air and the depression of the wet bulb, it is only necessary to read directly from the tables the dew-point, the vapor pressure, and the relative humidity. These tables will be found in *Bulletin No. 235* of the United States Weather Bureau. A condensed table is given in Fig. 92.

*The Hair Hygrometer.*—This apparatus depends upon the expansion and contraction of a suitably prepared hair under the influence of moisture. It can be made a reasonably accurate instrument, and some types are arranged for continuous record. One of the principal difficulties with hair hygrometers is that a sufficient current of air does not always come in contact with them.

*The Dew-point.*—The dew-point may be obtained by direct observation from Regnault's apparatus, shown in Fig. 93. This instrument consists essentially of a thin polished silver tube *a*, cemented upon the lower end of a long glass tube, as shown. The stopper closing the upper end of the glass tube is fitted with two lateral tubes of hard rubber *b* and *c*, and also carries a delicate thermometer, the bulb of which is placed near the center of the silver tube. The tube *b* extends to the bottom of the silver tube; *c* projects but a short distance through the cork. A rubber aspirating apparatus, as shown, is connected with the tube *b*, and a long tube joined to *c* serves to carry off the fumes. The apparatus is held in a clamp faced with cork or other non-conducting substance.

Observations are made by filling the silver cup with ether or similar volatile liquid, which is caused to evaporate and cool the silver cup by manipulating the aspirating bulb. At the proper point of cooling a deposit of dew is seen to form on the polished silver surface. The object is to ascertain accurately the temperature at which the dew will just deposit. It is necessary that the temperature be lowered very slowly at the critical point, also that there be plenty of liquid in the cup, and

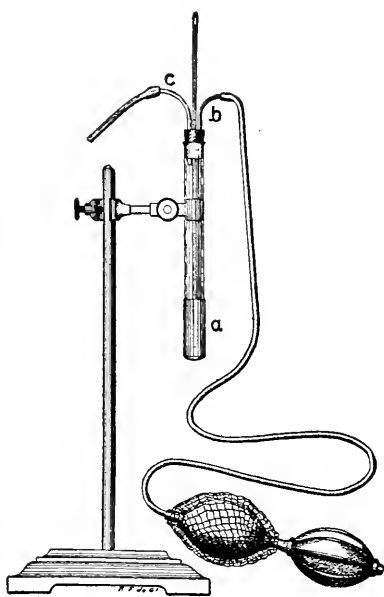


FIG. 93 —DEW-POINT APPARATUS.

that it be agitated sufficiently to have a uniform temperature throughout, and, finally, the surface of the silver must be perfectly clean and in a favorable light, so that the faintest deposit of dew is at once visible. The temperature shown by the thermometer at this moment may be regarded as the temperature of the dew-point. Knowing the dew-point, the humidity of the air may be found by reference to the above-mentioned tables.

**Relation of Humidity and Temperature to Health.**—The physiological significance of moisture in the air varies with many factors, but especially with temperature. In a general way it may be said that moist air is depressing and enervating, while dry air is tonic and stimulating; also that cold air is tonic, while warm air is depressing. Metabolism is slowed in warm<sup>11</sup> air, quickened in cold air. The human body can adapt itself to wide variations in heat and humidity, and by means of suitable clothing and food the range may be greatly increased. Certain combinations of heat and humidity are trying or even hurtful; the most mischievous combinations are *cold damp* air and *warm moist* air, also an excessively dry air, especially when artificially warmed. Many climates in which people are reasonably healthy have a relatively high humidity, and some regions famed for their salubrity are notoriously dry and arid. The frequently changing temperatures and variable amounts of water vapor of most climates are beneficial in stimulating the heat-regulating mechanism.

The vasomotor mechanism and the nervous control of perspiration are stimulated and made vigorous and efficient through moderate cool moving air, especially through changes in the temperature and motion of the air; through well-adapted clothing; cold baths within the limits of reaction; assisted by exercise, normal rest, proper diet, and other factors in personal hygiene that favor good nervous control.

The temperature and humidity of the air affect health mainly by influencing the heat-regulating mechanism of the body. More heat is produced within the body than is required, hence heat must be lost, else heat stagnation or heat stroke will result. The temperature of the air, but still more its humidity, influences heat loss. A stay of about three hours in an atmosphere at 40.4° C. (104.7° F.) and 95 per cent. relative humidity may produce a rise of several degrees in the body temperature of an adult man. It will, therefore, be necessary briefly to review the mechanism by which the constant temperature of the body is maintained.

Excessive moisture makes hot air feel hotter and cold air colder—the first by hindering evaporation and the second by favoring conduction.

The chief source of the body heat comes from the food we eat.<sup>12</sup> Ap-

<sup>11</sup> Metabolism is quickened as soon as the air becomes warm enough to raise the body temperature, but at this point symptoms supervene.

<sup>12</sup> An increase of heat production in a normal individual is due to the taking of food, the doing of muscular work, and the exposure to cold. Fever, acidosis, and certain disturbances in internal secretions may also cause a rise.

proximately 80 per cent. of the food we eat is used to furnish heat to maintain the body temperature, while only about 20 per cent. furnishes energy in the form of motion. Heat is lost from the body chiefly in two ways: (1) by *heat transfer*, or loss by radiation, conduction, and convection; controlled almost entirely by changes in the dilatation and contraction of the blood vessels of the skin; (2) by *evaporation*, chiefly by the evaporation of the water of perspiration; controlled by the varying activity of the sweat glands. Pettenkofer and Voit estimated the loss of water by the lungs at 286 grams, and from the skin at from 500 to 1,700 grams daily. This will give some idea of the magnitude of the effects here concerned. The loss by heat transfer diminishes as the temperature of the surrounding air rises. The temperature of the body would rise when the atmospheric temperature goes above 70° F. were not perspiration then secreted. So long as the perspiration can evaporate freely the heat production and heat loss are balanced. With a high humidity evaporation is lessened and the balance is maintained by rushing blood to the skin, which causes an elevation of the temperature of the surface, and thus the loss of heat by radiation, conduction, and convection is facilitated.

Humidity influences the output of heat from the body in two ways: (1) it increases the conductivity of atmosphere for heat—a cooling influence—hence cold moist air is chilling; (2) it interferes with evaporation of perspiration—a heating influence—hence warm moist air is enervating. There is a neutral zone, around 68° F., at which humidity has comparatively little effect. Hence, if the temperature of a room is kept just right and the occupants are sitting still, it makes little difference whether the air is humid or dry. However, a difference of a few degrees above or below this temperature will have a marked influence.

The so-called "comfort zone" has a maximum temperature, 70° F., a minimum humidity, 30 per cent.; a minimum temperature, 55° to 60° F., and a maximum humidity, 55 per cent. This is the range which most people in temperate climates find agreeable. However, large numbers of people remain comfortable and well in climates that would be trying if the change were made suddenly. The body possesses great powers of adaptability in this regard, which is one of the factors in acclimatization.

Rubner and his coworkers showed that the evaporation of water from the body cannot be regarded as being dependent merely on the percentage humidity of the atmosphere. The temperature of the layer of air in contact with the body is the factor of great importance. Thin clothes and still air, under certain conditions of external temperature, may favor evaporation, while nakedness and moving air favor conduction and radiation. The heat-losing mechanisms of the body are adjustable

to varying conditions within wide limitations, so that diminished loss by evaporation is compensated for by increased loss by conduction and radiation.

According to Haldane,<sup>13</sup> soldiers marching in uniform are liable to heat stroke at wet-bulb temperatures of under 21° C.; that, at 26.7° wet bulb a marked rise of body temperature is noted with muscular exercise, and hard and continuous work is impracticable even when the subject is stripped to the waist; while at 31°-32° wet bulb "in fairly still air the body temperature begins to rise, even in the case of persons stripped to the waist and doing no work; and when once started this rise continues until symptoms of heat stroke arise, unless the person leaves the warm air."

The extensive investigations of the New York State Commission on Ventilation have thrown some new light upon the general problem. These experiments dealt with the effect upon a large number of subjects of three atmospheric conditions: 20° C. with 50 per cent. relative humidity (13° wet bulb); 24° C. with 50 per cent. relative humidity (16° wet bulb); and 30° C. with 80 per cent. relative humidity (27° wet bulb). At 24° wet bulb the average rectal body temperature of the subjects was 2 per cent. higher and at 30° it was 5 per cent. higher than at 20°, showing that the homiothermy of the human body is after all relative and not absolute, even within a moderate range of atmospheric temperature. A somewhat surprising observation was the close relation between the rectal body temperature at 9 A. M. and the mean air temperature for the twelve hours preceding. The curves were so perfectly parallel as to leave no reasonable doubt of the direct relation of cause and effect. There have been conflicting results reported by various observers who have compared body temperatures in the tropics and in the temperate zone; and it may be that after a prolonged sojourn in a warm climate a compensating mechanism is developed which maintains a lower body temperature with a given atmosphere outside.

The New York State Commission on Ventilation found that in addition to a direct effect upon body temperature, atmospheric heat exerts a profound influence upon the general status of the vasomotor machinery as determined by the Crampton value. The Crampton value is an arbitrary index of the general tone of the vasomotor system, obtained from the relation between the changes in blood pressure and heart rate on passing from a reclining to a standing posture.

The amount of moisture in the air conducive to health and well-being is often stated to be somewhere between 50 and 75 per cent. relative humidity. These figures may be very misleading. There is no such thing as a normal humidity, for the amount of moisture in

<sup>13</sup> Eng. Dept. Com. on Humidity and Ven. in Cotton Weaving Sheds, 1910-1911.



relation to health depends upon the temperature, clothing, motion of the air; also upon diet and muscular activity and other factors. Neither the relative humidity nor the absolute humidity nor the temperature of the air alone is a satisfactory guide as to its condition in relation to health. One factor alone gives the sanitarian scant information; however, the temperature as registered upon the wet-bulb thermometer is most significant.

*Importance of the Wet-bulb Temperature.*—The individual susceptibility to temperatures depends entirely on the temperature recorded by the wet-bulb thermometer,<sup>14</sup> no matter what the dry bulb registers. Hill, Rubner, Pembrey, Boycott, Cadman, Nagel, and practically all authorities agree with Haldane that the air of workrooms should not exceed 70° F. by the wet-bulb thermometer. Haldane places the maximum comfort for men at 68° wet bulb, while actual symptoms occur at 78° wet bulb.

Leonard Hill<sup>15</sup> used the Kata-thermometer, which consists of special wet- and dry-bulb alcoholic thermometers, and importance is laid upon the time required to cool the wet-bulb thermometer from 100° to 95° F. In this way, the cooling power of the air may be determined and expressed as a factor.

### THE KATA-THERMOMETER

Dr. W. Heberden<sup>16</sup> nearly 100 years ago pointed out that the actual temperature of the air is only one factor in determining the effect of atmospheric conditions upon the temperature of the body. The humidity of the air, and particularly the movement of the air influence heat loss and body temperature. The cooling power of the air depends upon the temperature, humidity, and movement, and the Kata-thermometer is a measure of these three factors. Studies made with this instrument show that a temperature of 26° C. outdoors, with a moderate breeze blowing, may be more cooling in its effects and hence more comfortable than a temperature of 22° C. indoors with still air. For the same reason, an overheated room with still air in winter is much more uncomfortable than a hotter day outdoors with moving air in summer.

The Kata-thermometer outfit as first proposed by Hill consisted of two specially constructed thermometers with large bulbs and stems graduated from 86° to 110° F., one to be used as a dry and the other

<sup>14</sup>One of the thermometers of a psychrometer is known as the wet bulb. See page 901.

<sup>15</sup>The science of ventilation and the open air treatment. Special Report Series No. 32. National Health Insurance, Medical Research Com., H. M. Stationery Office, 1919.

<sup>16</sup>"An Account of the Heat of July, 1825; together with Some Remarks upon Sensible Cold." Trans. Roy. Soc., London, 1826, Part II, p. 69.

as a wet bulb thermometer. The bulbs are heated to about  $110^{\circ}$  and then placed in clips which hold them in horizontal position, after drying the bare bulb on a clean cloth and jerking excess moisture off the silk covered one. The time taken to fall from  $100^{\circ}$  to  $90^{\circ}$  F. is then noted, best by the use of a stop-watch.

The rate of fall of both thermometers will obviously be affected by air movement and radiant heat as well as by air temperature, and that of the wet bulb by the humidity of the air as well. Dr. Hill believes that the combined influence of these factors will affect the Kata-thermometers very much as it does the human body, and suggests a 45 to 60 second period for the wet bulb and a 150 to 180 second period for the dry bulb as limits for

comfortable atmospheric conditions. Recent studies<sup>17</sup> have indicated that the lower of the limits set corresponds very closely to the average vote of a number of American observers as to bodily comfort. The lower limits may be shorter with advantage, but should not be exceeded.

Further readings may be taken with the thermometers (1) exposed to, or screened from, a source of radiant heat; (2) exposed to, or screened from, wind or

draught; (3) with a thick knitted finger-stall placed over the bulb to imitate the effect of clothes. When this finger-stall is dampened, its efficiency is greatly diminished. Thus the cooling effect of damp clothes may be demonstrated. The effect of the color and texture of clothes may also be demonstrated. A white finger-stall allows the instrument to cool, when exposed to sunlight, much quicker than a dark finger-stall. The latter absorbs the light rays and converts them into heat rays.

Hill, Griffith and Flack<sup>18</sup> have recently presented a detailed study of the physical problems involved, in which the heat loss from the

<sup>17</sup> Winslow, C. E. A.: "The Kata-Thermometer as a Measure of the Effect of Atmospheric Conditions upon Bodily Comfort." *Science*, N. S., 1916, XLII, 716.

<sup>18</sup> "The Measurement of the Rate of Heat Loss at Body Temperature by Convection, Radiation and Evaporation," *Phil. Trans. Roy. Soc., London, Series B*, 1916, CCVII, 183.

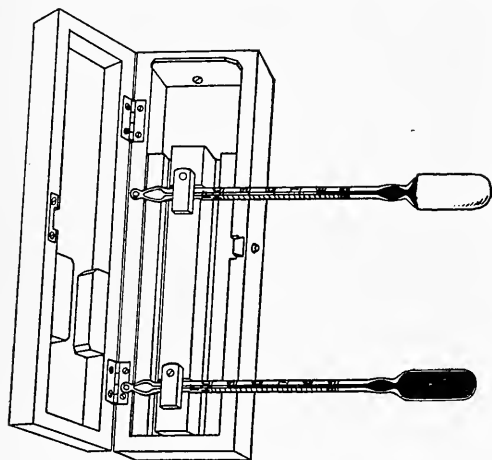


FIG. 94.—THE KATA-THERMOMETER.

Kata-thermometer is calculated in a more exact manner in millicalories per square centimeter per second, and the Siebe Gorman Company are now putting out instruments whose factors as compared with a laboratory standard have been determined. These new bulbs are graduated only from 95° to 100° F. The factor divided by the number of seconds it takes to make this five-degree drop gives the rate of cooling at body temperature in millicalories per square centimeter per second. The wet Kata-thermometer gives the rate of cooling by radiation, convection and evaporation. The dry Kata-thermometer gives the rate of cooling by radiation and convection.

This instrument is a distinct improvement over the earlier patterns in that results from different instruments are now directly comparable.

Professor E. B. Phelps, of the United States Public Health Service, has devised an instrument based on the same principle, which has the great advantage of permitting of continuous records of heat loss. It consists of a wet bulb thermometer heated by an electrical coil and constant current of such a strength that in a saturated atmosphere the thermometer registers 8° higher than an unheated bulb.

Such instruments as these, which give us information as to the actual heat loss from the body surface as a result of the whole complex of atmospheric conditions, promise to be of the greatest service in the ventilation studies of the future (Winslow).

Rubner states that an untrained man can be in comfort in a temperature of 75° F. and 80 per cent. humidity (wet bulb about 70° F.) only when he is quiet. At 73.4° F. and 60 per cent. humidity he found a resting man lost by evaporation 75 grams of water per hour, and at 84 per cent. humidity (wet bulb 70° F.) only 19 grams. These figures show that three-quarters of the heat loss may be maintained by conduction and radiation when the wet bulb reaches 70° F.

Cadman concludes that at:

- |        |           |   |
|--------|-----------|---|
| 72° F. | wet bulb. | Inconvenience is experienced, unless heavy clothing is removed and light clothing worn.   |
| 78°    | " "       | ....Little inconvenience is felt if considerable bare body surface is exposed. Hard work is much facilitated if a perceptible current is passing over the body. |
| 82°    | " "       | ....If clothes be removed, and maximum body surface exposed, work can be done providing current of air is available.  |
| 85°    | " "       | ....Body temperature becomes affected, and only light work is possible.   |

Boycott made the following significant observations upon himself:

"At rest and stripped I found that my body temperature rose rapidly if the wet bulb exceeded 88° or 90° F. with a dry bulb of about 100° F., though no rise occurred with a dry bulb of 110° F. and wet bulb of less than 85° F. I have on many occasions spent periods of about an hour in doing ordinary laboratory work in air with the dry bulb at

95° F. and the wet bulb at about 65° F. without any material discomfort. If, however, the wet bulb rises to 88° or 90° F., one's body temperature begins to go up, even when completely at rest, and one becomes exceedingly uncomfortable and on occasions feels very ill. These sensations can be, to some extent, remedied by local cooling of the skin (e. g., cold water on the head), but the rise of body temperature is progressive and must eventually end in heat-stroke."

A man is much less efficient in a warm moist atmosphere; hence it is an advantage to both employer and employee that work be performed at temperatures below 70° F. by the wet bulb. At the lower temperatures work is done faster, more efficiently, and with less fatigue, discomfort, and injury to health. To work in a warm moist atmosphere increases the temperature, pulse, and loss of moisture out of proportion to the work done. It is the master's pockets which suffer under such conditions, for the workers instinctively avoid the discomfort of overheating themselves through lessened exertion.

The New York State Commission on Ventilation clearly showed the effects of high atmospheric temperatures upon the working power—or more properly upon the actual performance of the working organism. Under a strong stimulus the power to do mental or physical work for a short time is not diminished even at 30° C. with 80 per cent. relative humidity. "It is a matter of common experience that even a highly uncomfortable degree of heat is no hindrance to absorbing intellectual work and no bar to a good game of tennis" (Winslow). The disinclination to do active work at a moderately high atmospheric temperature may be interpreted as a conservative and protective process on the part of nature.

**Effects of Warm Moist Air.**—In a hot moist atmosphere an undue amount of blood is brought to the surface of the body, mental and physical activity is reduced, a feeling of depression is felt, and the resulting rise in temperature of the body influences the entire nervous and circulating systems. There is a disinclination to make a physical or mental effort,—in other words, the effect is enervating. When air above 88° F. becomes saturated evaporation can no longer compensate for decrease in radiation, and the body temperature accordingly rises and heat-stroke may ensue. The injurious effects of the summer heat are practically always the result of combined heat and humidity.

According to Rubner and Lewaschew, when the air is very humid the heat loss by evaporation is very much lessened, and, accordingly, at 80 per cent. humidity and temperature of 24° C. (75.2° F.) becomes after a time insupportable to a man unaccustomed to it, and exposure to it is only possible with complete muscular rest. If, however, the air is very dry a temperature of 24° to 29° C. (75.2° to 84.2° F.) can be usually endured. These temperatures are often exceeded in the

summer time in America. By practice a certain amount of accommodation to the effects of a hot moist climate may be acquired.

There is no known serious injury to health caused by working in a warm moist air, provided that a considerable rise of body temperature is avoided. The effects of heat and moisture may be diminished by light clothing, bare legs and arms, whereby the loss of heat from the skin is increased.

Working in moist, overheated rooms has the further disadvantage of wetting the clothes with perspiration, which causes discomfort, dirt, and untidiness, and liability to chilling the surface on going outdoors.

The effect on efficiency is not diminished power, but loss of desire to work. Winslow found that 37 per cent. more work was done at 68° F. than at 86° F.

A poorly ventilated room in which the air becomes vitiated is usually a warm moist atmosphere, and the ill effects of a vitiated atmosphere are mainly caused by the heat and moisture. One of the most mischievous effects of a warm moist atmosphere is disinclination to mental and physical effort and loss of appetite.

**Effects of Cold Damp Air.**—Cold damp air causes a rapid loss of heat and chilling of the body. When such air is injurious the victim is usually underclad, improperly fed, or has been living an indoor life. In certain cases cold damp must always be injurious, as, for instance, where the vital forces are at a low ebb and where there is restricted capacity for making heat, such as infancy or old age; in cases of kidney disease, where hindrance of evaporation and increased metabolism means extra work for the kidneys; also in cases where there is a tendency to rheumatism or disorders of metabolism. The effects of cold damp air may be neutralized by proper clothing, by muscular activity, and, to a limited extent, by diet.

Just how cold damp air influences health is not well understood. It throws an added load upon the heat-producing mechanism to maintain the body temperature; the strain falls especially upon digestion, and metabolism, and also upon the circulation and the kidneys, and indirectly upon the nervous system. Dr. H. I. Bowditch in 1862 formulated the law of soil moisture, and believed that tuberculosis was more common over moist soils than dry ones. According to our present conception, the relation between dampness or moist soil and tuberculosis is quite indirect; if there is any connection it is due merely to the fact that the combination of cold and dampness depresses vitality and thereby lowers resistance.

A person will shiver and the lips turn blue on a very cold misty day, especially when facing the wind. This is due to the fact that under such conditions the respiration is shallow, probably as the result of a

protective mechanism; and the interchange of gases in the lungs is slowed, for moisture interferes with diffusion.

A healthy man may daily move in and breathe cold damp air without suffering in health to any appreciable extent; however, it is generally believed that a cold damp air predisposes to affections of the respiratory passages, to rheumatism, and neuralgias.

**Effects of Warm Dry Air.**—A relatively dry air feels better than moist air at most temperatures. The stimulating and pleasant effects of a dry climate can only be appreciated by one who has visited an arid region—such as our southwestern plateau. However, when air is abnormally dry, especially if warm, the evaporation from the body is greatly increased. Thus, Rubner and Lewaschew found that a man weighing 58 kilograms gave off the following amounts of carbon dioxide and moisture in one hour at different temperatures in dry and moist air:

Temperature	Dry Air			Moist Air		
	Relative Humidity of Air	CO <sub>2</sub>	H <sub>2</sub> O	Relative Humidity of Air	CO <sub>2</sub>	H <sub>2</sub> O
15° C.....	8%	32.2 gm.	36.3 gm.	89%	34.9 gm.	9.0 gm.
20° C.....	5%	30.0 gm.	54.1 gm.	82%	28.3 gm.	15.3 gm.
25° C.....	6%	31.7 gm.	75.4 gm.	81%	31.4 gm.	23.9 gm.
29° C.....	6%	32.4 gm.	103.3 gm.	....	.....	.....

Air that is warm and at the same time abnormally dry, such as that produced by furnace heat,<sup>19</sup> causes an excessive loss of moisture and concentration of the fluids in the tissues and organs of the body. Man consists of 58.5 per cent. of water. A very small percentage of loss may be serious; when the percentage reaches 21 per cent. death results. The warmed and dried atmosphere of our overheated houses gives a sense of chilliness, owing to excessive evaporation, and favors irritation and infection of the respiratory mucous membranes. If a room at 68° F. is not warm enough for a healthy person, we may be sure that it is because the humidity is too low.

The problem of constructing buildings in such a way as to keep the interior up to a fair degree of humidity is a large one. So far engineers have made little practical progress toward its solution. Satisfactory devices may be had to improve the moisture in large public buildings, but these devices have so far proved too expensive for private dwellings, offices, or schoolrooms.

The humidity in living rooms may be improved by setting about growing plants and porous dishes, such as flower pots full of water. If

<sup>19</sup> See page 986.

such receptacles are set near electric fans evaporation is facilitated. Pans or pots of water may also be placed upon the radiator.

A *cool dry air* is bracing. All the body functions are more active, breathing is deeper and more frequent, the circulation of the blood is increased; digestion, assimilation, and metabolism are stimulated.

## CHAPTER III

### MISCELLANEOUS

#### ODORS

People have always believed, and still naturally cling to the notion, that anything that smells bad must be detrimental to health. Science has demonstrated that our sense of smell is a poor sanitary guide. Smell is not primarily a protective sense. Its chief function among animals is to find food and mates. While disagreeable odors may not be harmful, they should be eliminated for esthetic and psychological reasons, as well as for decency and cleanliness.

The viruses of most diseases have no odor whatever. Some diseases, as smallpox, are associated with a disagreeable odor. In no case is the odor diagnostic. Infections in water, milk or food cannot be sensed by smell.

Odors in a living room come mostly from human sources. The sources of these odors are: foul breath, decaying teeth, unclean mouths, nasal catarrh, sudoriferous glands, especially those of the pubes, feet, and axillae, also gases from the stomach and bowels. The decomposition of matter on the skin and also in the clothes adds a very disagreeable odor, accentuated in a warm moist atmosphere. The peculiar odor in some rooms, especially sick rooms, seems to be none of these; just what constitutes the somewhat characteristic man-smell is not known.

While odors may be very unpleasant, they are not known seriously to influence health; contrary to common opinion, they are not by any means a reliable sign of danger. The presence of bacteria or dust in the atmosphere has no special relation to odors. Some poisonous gases, such as carbon monoxid, are practically inodorous.

The air of inhabited rooms ordinarily must be quite full of various scents which we do not appreciate, either because our sense of smell is not keen enough, or because we have become so accustomed to them that they are not noticed. An atmosphere that does not appear to be unpleasant while remaining in a room may seem intolerable upon returning to it after a period in the fresh outdoor air. Man's sense of smell is not keen when compared to that of some of the lower animals; nevertheless it is extremely sensitive to certain odors. Thus, it can



determine 0.000,000,5 milligram of tincture of musk. The acuteness of the sense of smell varies markedly in different individuals.

Odorous molecules detach themselves from the surface of solids and liquids by simple evaporation, by oxidation and by hydrolytic decomposition. Currents of air will carry odors as they carry dust along with them to quite a distance. All odorous substances are freely soluble in oil.

It is well-known that we can perceive odors much more readily when the air is moist than when it is dry. It is also known that the mucous membrane of the nose must be moist in order that an odor be perceived. Most fishes have a well-developed sense of smell.

Passy determined the least amounts of odorous matter that can be perceived by us. He gives the following figures per liter of air in which certain substances are dissolved and can be perceived.

Camphor .....	0.005	milligram	per	liter	of	air
Ether .....	0.004 to 0.005	"	"	"	"	"
Sulphureted hydrogen.....	0.0005	"	"	"	"	"
Mercaptan .....	0.000,000,04	"	"	"	"	"

The olfactory nerves soon tire of most odors, and after a certain time, fail to respond. While in this condition they can at once perceive the sudden appearance of other odors. For example: Aronson found that persons having become insensible to the odor of iodine from continuous use found their perception to the odor of ether at once perfect. Ordinary ventilation does not remove the vapors which are held on solid surfaces by absorption. A jet of compressed air frequently played against the interior surfaces of buildings and against the clothing will remove this source of odors. Hence, the value of opening windows and thoroughly flushing out rooms from time to time.

When a room smells stuffy and close it may be taken as a fairly reliable index that the air is vitiated; this is especially true in a clean room not complicated with odors from clothing and sources other than man. In fact, the odors observed upon entering a room from the outside fresh air often furnish better evidence of imperfect ventilation or lack of cleanliness than laboratory tests.

De Chaumont made accurate observations and found that when the  $\text{CO}_2$  amounts to 6 parts per 10,000 in an inhabited room, the atmosphere begins to smell close and stuffy. Pettenkoffer found air containing 7.5 parts of  $\text{CO}_2$  per 10,000 from the expired breath to have a marked odor, and 10 parts a very unpleasant odor. With a little practice various grades of vitiated air can be detected up to 10 or 12 parts of  $\text{CO}_2$  per 10,000.

The odors from marshes and from decomposing organic matter are not apparently hurtful. One of the most famous stench that has

been recorded, if not the most famous, was that which arose in 1858 and 1859 from the Thames, which at that time was grossly polluted with the sewage of London (Sedgwick). Dr. Budd insisted that no very serious results followed. After giving his proof Budd<sup>1</sup> states: "Before these inexorable figures the illusion of half a century vanished in a moment." We now know that odors in the air bear no reference to contagion or infection and, however unpleasant, need not be feared as such. Sewer "gas" is discussed on page 949.

Winslow and Palmer<sup>2</sup> found that "odors" (?) of vitiated air have an unfavorable influence upon appetite.

The effect of odors upon health is not well understood. When we sense a pleasant smell we involuntarily take deeper breaths; on the other hand, unpleasant odors diminish the respiratory exchange. The latter are accordingly harmful to that extent and the former stimulating. Odors influence the nervous system in various ways; some stimulate, others depress psychic activity; some odors have a well-known influence upon sexuality. Occasionally odors are so disagreeable that they induce nausea, even vomiting. It is remarkable how quickly we may become accustomed to odors, but because our sense of smell has been dulled is no guarantee that the cause of the odors may not continue to produce its effects. Leonard Hill thinks that it is very doubtful if the unpleasant smelling exhalations of the bodies of men have any ill effects on men accustomed to them, and not of esthetic temperament.

Odors in a confined space may be largely removed by washing the air through a spray of water. The water absorbs the odors so that the wash-water smells like a stuffy room. The odors may also be neutralized or concealed with ozone, formaldehyd, and other substances, but the best deodorants are cleanliness and ventilation.

### **LIGHT—OCULAR HYGIENE**

All the rays of the sun pass through the atmosphere before they reach the earth.<sup>3</sup> The air acts as a differential filter, holding back many rays, especially those of shorter wave length; that is, the ultra-violet end of the spectrum. These rays have marked chemical and photodynamic action. We have already seen that some of the heat rays are

<sup>1</sup> Dr. William Budd: "Typhoid Fever: Its Nature, Mode of Spreading, and Prevention," pp. 148-151. London, 1873. This is a remarkable contribution which the student is advised to read.

<sup>2</sup> Proceed. Soc. Exp. Biol. and Med., 1915; XII, 141.

<sup>3</sup> The waves of light are not waves of the atmosphere, but of the ether; however, they are absorbed, reflected or refracted by the dust and moisture contained in the air. It is convenient to consider light, as well as electricity and radio-activity, at this point.

also absorbed by the atmosphere. "More heat and we might be roasted, more light and we might be blinded, more chemical energy and we might be slain like the microbes."

The air as a filter of the sun's rays bears a very important but little understood relation to life. It is now well known that some of the sun's rays have intense chemical and "vital" power. We know something about the chemical rays, the luminous rays, and the calorific rays, but there are doubtless vibrations of which we know nothing. Macfie speculates that, "even, indeed, as the crops of the northern zone outstrip the crops in the south of France, so at certain times may the activity of nations be stimulated or depressed by atmospheric variations affecting the composition of solar radiation."

Light prevents the growth of bacteria and fungi and retards other living processes which ordinarily occur in the dark, such as the development of seeds and the roots of plants. On the other hand, light promotes the development of algae and the higher forms of plants and animals.

Life on the earth depends upon the radiant energy from the sun. Heat, sunshine, and other forms of light, such as X-rays, are physically of the same general nature, and differ from each other only in the degree of intensity of their action. *Light induces or hastens most chemical reactions just as heat does.* The debilitating effect of tropical climates may not be entirely due to the heat, but in large part to the actinic rays of the sun's spectrum.

The physiologic action of light is just beginning to receive the serious attention it deserves. We are all familiar with the calming effect of the dim religious light of churches and the stimulating effect of the glare of the "Great White Way." The intense light of the tropics and of high altitudes is believed in some way to bring on nervous disorders, but the relation is but vaguely understood. Some of the ill effects attributed to bad air and poor ventilation are due in part to the overstimulations of excessive illumination.<sup>4</sup>

*Sunlight* has an important bearing upon health which is highly beneficial. Excessive exposures to sunlight may be harmful, especially in the tropics; on the other hand, we have snow blindness in the arctic zone, and sunburn in any climate. The radiant energy of the sun in outdoor life has a most important influence on the surface temperature of the skin and our feeling of comfort.

Aschenheim<sup>5</sup> found that after an hour's exposure of the body to the direct action of sunlight there was a general leukocytosis in the peripheral blood with a relative increase in the lymphocytes and a decrease

<sup>4</sup>An illuminating discussion of the physiologic action of light will be found in W. M. Bayliss' "Principles of General Physiology," London, 1915, a book which should be studied by all students.

<sup>5</sup>Aschenheim, E.: "Effect of the Sun's Rays on the Leucocyte Count," *Zeitschr. f. Kinderheilkunde*, Berlin, IX, 2.

in polymorphonuclear leukocytes in 80 per cent. of the cases. Lymphocytes are regarded as one of the body's defenses against tuberculosis, and Aschenheim suggests that this may account for the favorable effect of sunlight on tuberculosis. Prolonged exposure of the body to bright sunlight in those who have not been accustomed to its rays may be deleterious and even dangerous. The damage is more than the sunburn resulting, for it may even lead to serous meningitis.<sup>6</sup>

In northern climates, heliotherapy has received considerable attention, and its value has been somewhat exaggerated, whereas in America this form of treatment has been largely neglected.

In 1898, Raab<sup>7</sup> discovered that the effect of sunlight may be greatly reënforced by the action of many fluorescent dyes. Thus, a culture of paramecia was uninjured by acridin (1 to 20,000) in the dark, but in direct sunlight death occurred in six minutes. In the absence of acridin, sunlight exerted but little detrimental influence. All bacteriologists know the germicidal power of sunlight on bacteria, which is due to the rays of short wave length beyond the violet end of the spectrum.

Sellards<sup>8</sup> states that direct sunlight of the tropics (Colombia) exerts no deleterious effect on cultures of malarial parasites, but is moderately deleterious to cultures of *Entamoeba histolytica*. Bilirubin was found to exert a pronounced effect upon the clotting of blood in vitro in the presence of sunlight. A small amount of bilirubin in oxalated plasma exposed to sunlight completely prevented clotting when serum was added. Controls kept in the dark clotted readily.

Bovie<sup>9</sup> points out that the red color of the blood protects our bodies from the actinic solar rays quite as efficiently as we protect our photographic plates by using a ruby light. The pigments of the skin also serve a protective purpose. Blondes are more susceptible to sunburn than brunettes, who also stand tropical climates better than the former.

**Snow Blindness.**—The dazzling reflection of the rays from snow and ice fields is often a source of great annoyance and even danger to mountaineers and arctic explorers. The damage is due to the excess of ultraviolet rays rather than to the intensity and direction of the light. The excessive amount of ultraviolet rays burns the conjunctiva and even the cornea, and may cause serious inflammation. The same effects occur in electric welding. The best protection is afforded by mussel-shaped smoked or tinted glasses in a common spectacle frame.

**Ultraviolet Light.**—The greater number of the constituents of living cells are colorless, that is, they do not absorb rays of the wave length of visible light. Many of them, however, absorb ultraviolet light so

<sup>6</sup>Römer: *Deutsch. med. Wchnschr.*, July 8, 1915, p. 832.

<sup>7</sup>*Ztschr. f. Biol.*, 1900, XXXIX, 524. *Ibid.*, 1903, XLIV, 16.

<sup>8</sup>*Journ. Med. Res.*, Vol. XXXVIII, 3, July, 1918.

<sup>9</sup>*Ibid.*

that radiation of this kind has a powerful effect on living cells. The effects of radium and X-rays on living tissue are similar to those of intense ultraviolet light.

Ultraviolet light and other rays of short wave lengths have chemical and photodynamic powers which must have an important relation to health. They are the most potent and probably the most important rays from the sun and other sources of light. These rays act upon photographic negatives; hasten the hatching of flies' eggs and frogs' eggs; they sunburn the skin and produce freckles; they kill many bacteria, including the tubercle bacilli; they cause heliotropism; they combine chlorin and hydrogen into hydrochloric acid; they cause the oxidation of oxalic acid and other chemical reactions; they blacken silver salts.

It has long been known that various small animals such as tiny crustacea found in fresh water, flee from places "illuminated" by ultraviolet light. The effect of ultraviolet rays is independent of temperature, showing that the reaction is photochemical.

The bactericidal action of sunlight is due entirely to the ultraviolet rays. These rays of short wave length are further considered throughout this section, and also on pages 918, 1144 and 1375.

**Photodynamic Action.**—Familiar examples of photodynamic reactions are the chlorophyll system, retinal processes, and the action of ultraviolet light; also photographic methods and wireless telegraphy. The phenomenon is also considered under the term photochemical reaction, sometimes photosensitization.

Sunlight in the presence of certain fluorescent substances<sup>10</sup> may become surprisingly active, approaching in its deleterious effects on living cells, the order of magnitude of the effects of X-rays and similar short radiations.

The most important of all photochemical reactions is that by means of which the chlorophyll of green plants stores up light energy, and in the process gives oxygen to the atmosphere in return for carbon dioxide absorbed. Chlorophyll absorbs chiefly the red end of the spectrum and therefore is most active during the day.

The combined action of light and certain fluorescent substances may cause skin rashes and serious disorders terminating in death. Thus, buckwheat when fed to sheep and swine for the most part produces no untoward effect, especially in the dark days of winter, when the animals are kept under cover in stalls. But if the animals are white, or have white spots exposed to bright light, then serious symptoms frequently develop (fagopyrismus). The symptoms, if not too far advanced, subside when the animals are returned to darkened buildings, or even if

<sup>10</sup> Phosphorescence and fluorescence represent photochemical reactions with storage of light energy. H. v. Tappeiner und A. Jodlbauer: Die sensibilisierende Wirkung fluoreszierender Substanzen. Leipzig, 1907.

the hair is artificially colored. Under the same conditions of light and food, animals that are dark in color remain well.

Raab<sup>11</sup> was the first to demonstrate that toxic effects can be obtained in small animals, white in color, by eosin, chlorophyll and by the derivatives of hemoglobin. Hausmann<sup>12</sup> injected white mice with hematoporphyrin. Those animals which were kept in the dark developed no symptoms, while those exposed to direct sunlight developed lesions resembling sunburn at the most exposed parts, such as the tips of the ears, nose and tail. Death subsequently resulted. Exposure to bright diffused light produced marked symptoms.

The eruptions on the exposed surfaces in pellagra and other diseases have been explained upon the principles of photosensitization.

The action of light in the presence of fluorescing substances upon red blood corpuscles and immune bodies has been studied by Sellards, Bovie and Brooks.<sup>13</sup> The agglutinating action of ricin, the hemolytic action of croton, the poisonous action of diphtheria and tetanus toxin, and the protective effects of tetanus antitoxin are injured or destroyed by photodynamic action. Many enzymes are susceptible to light alone, but this effect is usually increased by the presence of a fluorescent body.

**Lighting.**—Better lighting, especially daylight, improves health and comfort, makes work and play more agreeable, increases production, and diminishes the chances of accidents. There is no light equal to daylight. The general rule is to have at least one square foot of window to every five square feet of floor space. This will vary with the location, size, shape and purpose of the room. In tropical countries buildings have large wall spaces and small window openings, while in high latitudes the converse has been found desirable. The importance and economy of plenty of daylight has caused a fundamental change in the architectural design of buildings through the invention of the steel sash. Prismatic glass is useful in giving rooms more natural light. Skylights are practical and should be used more than they are. Sharp contrasts must be avoided. A light viewed against the bright sky in day time is scarcely noticed, whereas the same light against a black background is unbearable. Glare from any source is to be avoided. A well illumined room will have both direct and indirect lighting. Direct light gives sharply defined shadows; diffused light gives indefinite and soft shadows, or none at all. The light should be of such a character as to relieve the background of gloom. The light must shine on the object of interest and not in the eyes of the observer. All shades, globes, reflectors, etc., should have this simple object constantly in view. The best direction of light for close work is from the rear, over the left shoulder. A safe

<sup>11</sup> *Zeitschr. f. Biol.*, 1900, XXXIX, 524. *Ibid.*, 1903, XLIV, 16.

<sup>12</sup> *Wien. klin. Wochenschrft.*, 1910, XXIII, 963, 1820.

<sup>13</sup> This article also contains a good discussion and bibliography of the subject. *Journ. Med. Research*, XXXVIII, 3, July, 1918.

rule is that there should be enough diffused light from illumined walls and ceiling so that all parts of the room can be clearly seen. To this add directed light at the points of interest—the work table, piano, or book page.

Good artificial lighting is not a question of the kind of illumination, but of how the illuminant is used. Oil, gas, and electricity produce satisfactory lighting, but each can be abused. Neither ordinary daylight nor ordinary sources of artificial light contain radiations which are injurious to the healthy eye. Electric lighting is clean and does not vitiate the air, and is therefore hygienically superior to gas or oil.

Proper lighting has a direct bearing on the economic running of a factory,<sup>14</sup> and also on the efficiency of the men and the safety of the workpeople. The light must be directed onto the work in such a way that the greatest intensity will be where it is wanted. Under no conditions must the source of the light fall directly in the eyes nor should there be any surfaces which will reflect a strong light into the eyes of the workmen. Flickering lights should always be avoided. Good illumination can only be prescribed where the uses to which the light is to be put are known. See also pages 1335–1342.

**Method for Measuring Illumination.**—The amount of illumination is measured by candle meters or candle feet; that is, the illumination afforded by a standard candle at a distance of one meter or one foot. Shaw<sup>15</sup> believes that the illumination should provide at least 50 candle meters in the most unfavorable part of the room. The maximum hygienic value for illuminants has been found to be about  $2\frac{1}{2}$  candles for each square inch of illuminated surface.

The method which is recommended as a standard procedure depends on the use of photosensitive paper, such as can be obtained from any dealer in photographic materials. By exposing the sensitized paper through a slot in a cardboard for a sufficient period of time, and noting the number of seconds or minutes consumed to match in depth a standard shade or color, the intensity of light can be determined with accuracy. If a fresh piece of paper is exposed to the direct rays of the sun for three seconds it will assume a shade which can be used as a standard for a given series of tests. The intensity of light at other points may be compared with this by noting the number of seconds required to color a fresh piece of paper from the same lot to the same shade.

This method is inferior to photometers, several patterns of which are in use. It is not sufficient for the purposes of ocular hygiene to know the intensity of the light at any particular point. We must know the color and the amount of light that enters the eye; this amount

<sup>14</sup> Code of Lighting for Factories, Mills and Other Work Places. Welfare Work Series, No. 3, Adv. Com., Com. on Labor. Coun. Nat. Defense, Jan., 1918.

<sup>15</sup> Shaw, E. R.: "School Hygiene." The Macmillan Co., N. Y., 1902.

is governed by the size of the pupil, which in turn is governed by the direction of the light, and many other factors. There is therefore no single method for testing illumination with reference to ocular hygiene.

**Errors of Refraction.**—*Myopia* or *near-sightedness* is an error of refraction in which the eyeball is too long and rays of light coming from a distance are brought to a focus in front of the retina. Myopia of moderate degree is usually not progressive and therefore not a serious condition, but progressive (malignant) myopia is a frequent cause of partial or complete blindness. Myopia commonly develops about the eighth or tenth year, and is usually due to hereditary influence. Prolonged near work of all kinds is believed to favor its development. It is also believed that the full correction of myopia by glasses may check its progress. The eyes may apparently tolerate years of abuse, but by middle life the unfortunates may be forced to be sparing of their use at a time when physical limitations curtail the enjoyment of outdoor life. When there is a tendency towards myopia, parents and those engaged in the education of the young should realize the dangers of excessive reading and the prolonged use of the eyes in all kinds of fine near work.

*Hypermetropia* or *far-sightedness* is a condition in which parallel rays of light are brought to a focus behind the retina. Under such conditions clear vision is possible only when this defect is counteracted by contraction of the ciliary muscle, which shortens the eye focus. This constant and unnatural demand upon the ciliary muscle sooner or later results in fatigue, and may cause reflex symptoms such as headache, nervousness, or hyperemia of the conjunctiva or eyelids. It may also cause strabismus or other muscular errors.

*Astigmatism* is an error of refraction caused by an irregularity in curvature in one of the refracting surfaces, usually the cornea. It may cause great impairment of vision. Children supposed to be "backward" at school often may be greatly improved by correcting astigmatism, or other errors of refraction.

*Presbyopia* is the loss of the power of accommodation due to advancing years, caused by an increasing hardness of the crystalline lens. It usually makes itself manifest between 40 and 50 years, and increases until 55 or 60 years of age.

**Color blindness** was first accurately described in 1774 by Dalton, an English chemist, who himself was color blind. Color blindness may be partial or total, congenital or acquired. To those who are totally color blind, the world appears as though it were tinted with different shades of gray. In normal color perception, six colors are seen in the spectrum: red, orange, yellow, green, blue, and violet. Even in normal cases, with a diminution in the intensity of light, the orange, blue and yellow may be missed. Those who see only three colors—red, green



and violet—are markedly color blind; those who see only two colors—yellow and blue—are especially dangerous, because they cannot distinguish red from green.

Total color blindness is rare, but congenital partial color defect is common, occurring in about 4 per cent. of all males, but only in about 0.2 per cent. of females. The percentage is higher among Quakers. Color blindness of a degree dangerous in occupations requiring recognition of colored signal lights, occurs in about 3.1 per cent. of men and in about 0.7 per cent. of women. In total color blindness, consanguinity in the parents has been traced in 12.5 per cent. of the cases. The condition is usually inherited (page 650). The most common cause of acquired color blindness is the immoderate use of tobacco and alcohol (page 94).

The occupations in which the color sense is important are: All naval and marine officers, pilots and certain classes of seamen, locomotive engineers, and all occupations in the arts requiring mixing pigments or matching colors.

The Holmgren test consists in matching various colors from a confused mass of skeins of colored yarns. The three chief test colors are pale green, light pink and bright red. The Jennings self-recording worsted test is an improved modification of this skein test, but results in the rejection of a large percentage of subjects who should be accepted for sailors or trainmen, and it therefore should be supplemented with the Eldridge-Green, or the Williams lantern test.<sup>16</sup>

**Eye Strain.**—Any decided derangement in the build of the eyes or in the proper balance of the ocular muscles may exert a profound influence upon the general system. It is rare that these reflex symptoms arise in other than workers who employ many hours daily in close use of the eyes. The most common symptom caused by eye strain is headache. The eyes themselves may present nothing abnormal in the way of congestion. Other symptoms are print blurring, restricted distant vision, occasional double vision, in fine, those symptoms usually described under the term asthenopia. There may be digestive disturbances, vertigo, car sickness, choreic twitchings, faulty positions and spasmodic movements of the head, and a great variety of other manifestations. The prevention of eye strain requires proper correction of refraction, care to secure the right kind of illumination, and in some cases by systematical resting of the eyes.

**Care of the Eyes.**—Short periods of rest should interrupt all kinds of close work, during which the eyes should be directed on distant objects. This relaxes the muscles of accommodation. Reading in a recumbent posture should be avoided, and reading should never be persisted in when drowsy or physically tired. Books printed in very small

<sup>16</sup>Collins, G. L.: "Color Blindness." *U. S. P. H. Bull.* No. 93, 1918.

type or on poor paper should be avoided (page 1343). Automobiling and moving pictures are somewhat harmful to the eyes.

If the eyes feel hot and uncomfortable after exposure to irritants or undue strain, they may be washed with a saturated solution of boric acid. Bathing the closed lids with either very warm or cold water is refreshing and beneficial.

After measles and other fevers the softening and congestion of the ocular tissues requires a long period during which the eyes should be used but little at close work. The health of the eyes is dependent in large measure upon the health of the body.

Children should be taught as early as possible never to gaze long upon any near object brightly illuminated. Note must be taken of the harmful practice of riding babies in coaches with the full glare of the sun directly upon their faces. Children should be protected from all toys and articles with sharp edges or points which can injure the eyes. Workpeople also require protection against flying particles (page 94). When twilight supervenes, artificial lights should go on, unless the parent wisely utilizes this witching hour with amusement or instruction that rests the eyes.

For the purposes of ocular hygiene the direction, source, power and color of artificial illumination are all important. The amount of illumination should not be judged by the brightness of the lamps, but by the amount of light at the place it is needed. This varies; thus more light is needed for sewing on black cloth than on white cloth. The light should be steady. A flickering light tires the muscles that govern accommodation and leads to fatigue and pain. Reading in railway trains causes similar strain: the eye muscles tire of trying to follow the shaking page. It is contrary to the principles of ocular hygiene to face a glaring light, especially when reading, writing, or any other work requiring close application. Even though the light may come from above, glaring reflections from polished metal or brass, from brightly varnished surfaces, or even from glossy white paper may be very trying because a bright light from below falls on the part of the retina which commonly gets light only from grass or dark surfaces. For the same reason glare from snow and sand is not only disagreeable on account of its intensity, but because of the unusual direction from which it comes.

Vision should be tested by competent persons at regular intervals—frequently, during the period of growth and again at the presbyopic age, 40 to 60 years. See also pages 1334 and 1342.

The eyes are a more frequent portal of entry to infections than we have suspected. The conjunctivae communicate, through the lachrymal ducts with the nose, and there is a constant flow of tear secretion in this direction. Microorganisms introduced into the conjunctival sac

may be isolated from the nose in five minutes, from the throat in fifteen minutes, and from the stool in twenty-four hours.<sup>17</sup> Thus, diphtheria, common colds, influenza, pneumonia, and other respiratory infections and even intestinal diseases may be contracted. Face masks that do not protect the eyes are therefore inadequate.<sup>18</sup>

## ELECTRICITY

The question of electricity is also a question of vibrations, not of the air, but of ether, and one shrouded in much obscurity. The electric potential of the air varies considerably. It is highest in winter and lowest in summer, and shows diurnal variations. It is increased by winds and is especially increased by the condensation of vapor. It also increases as we ascend.

It is assumed that electric changes in the air and in other objects surrounding us exercise an influence on health and vitality, but the influence is obscure and mainly a matter of conjecture.

## RADIO-ACTIVITY

Soon after the discovery of radium by the Curies it was proved, chiefly through the investigations of Elster and Geitel, that the air and soil and certain mineral springs contained radio-active substances. Newly fallen rain and snow are also radio-active. Air drawn from the soil by means of a pipe, or air shut up in underground cellars and caverns, is especially radio-active, as is also the air on mountain tops. The air in clear weather has greater radio-activity than in dull weather.

Certainly radio-active substances have important physiological, physical, and chemical effects. They ionize the air, rendering it a conductor of electricity; they cause a fluorescence of certain chemical substances; they produce a sensation of light if they strike the eye; applied to the body in sufficient "dosage," radium,  $\alpha$ ,  $\beta$ ,  $\gamma$  and X-rays cause destruction of tissue, changes in the blood, and general constitutional symptoms. Local destruction of tissue is not specific, except perhaps for lymphoid structures, as in Hodgkin's disease. See Ultraviolet Rays, page 918.

<sup>17</sup> Maxcy, K. F.: *The Transmission of Infection Through the Eye*. *J. A. M. A.*, Mar. 1, 1919, Vol. LXXII, No. 9, p. 636. Posey, A. C.: "Hygiene of the Eye." *J. P. Lippincott Co.*, 1918.

<sup>18</sup> *Conservation of Vision Pamphlets*, I to XX, published by the American Medical Association. A series of popular articles on the care and preservation of good eyesight, prepared by the Committee on Conservation of Vision and issued by the Council on Health and Public Instruction.

## SMOKE

Smoke is a product of combustion and consists of a mixture of gases containing solid particles.<sup>19</sup> Ordinary smoke consists largely of unburned carbon particles, hydrocarbons, and other pyroligneous products; gases, some of them poisonous, such as carbon monoxid; also mineral acids, etc. Angus Smith give the following analysis of smoke from a common house fire:

*Smoke from a common house fire*

	Carbon Dioxid	Carbon Monoxid	Oxygen	Nitrogen
Gas from chimney 4 feet above the fireplace..... {	0.35 1.65	.... 0.38	16.93 19.29	80.02 78.68
Gas from the middle of a good fire. A great mass of coal over the fire, the gas taken from below the glow- ing mass..... {	19.46 20.90 17.50 17.44	0.09 0.10 .... ....	..... ..... 0.60 0.39	80.45 79.00 80.04 82.17
A heap of glowing coal, gas taken close to spot where carbonic oxid was burning..... {	15.43 18.17	3.49 2.48	0.96 .....	80.12 79.35
Gas from clear fire below..... {	16.10	....	4.95	78.95
Gas from the same fire at upper part, 1 inch below the surface..... {	17.21 18.20	.... 0.99	4.25 .....	78.54 78.21

Dr. Cohen of the Manchester Air Analysis Committee gives the following analysis of soot collected from the roofs of glass houses in Kew and Chelsea:

	Chelsea Per Cent.	Kew Per Cent.
Carbon.....	39.0	42.5
Hydrocarbons.....	12.3	4.8
Organic bases (pyridins, etc.).....	2.0	....
Sulphuric acid.....	4.3	4.0
Hydrochloric acid.....	1.4	0.8
Ammonia.....	1.4	1.1
Metallic iron and magnetic oxid of iron.....	2.6	....
Mineral matter (chiefly silica and ferric oxid).....	31.2	41.5
Water not determined (say difference).....	5.8	5.3

Large manufacturing chimneys are the chief offenders. There are two main causes of smoky chimneys: (1) insufficient boiler capacity, and (2) improper stoking. The cure of the smoke nuisance consists in the installation of boilers of sufficient power so that they need not

<sup>19</sup> Smoke consists largely of solid particles suspended in the air; fog, of liquid particles.

be forced, and the use of mechanical stokers. The electrification of railroads and the more general use of electric power generated from water pressure help materially to lessen the amount of smoke in cities.

The London County Council permits black smoke for five minutes after the lighting of furnaces. Other towns allow as much as 15 minutes. Most laws distinguish between black smoke and white smoke, although the one is about as pernicious as the other.

In Boston the density of the smoke is graded into four classes, in accordance with Ringelmann's chart. This is a rather complicated system, depending upon the character of the stack, the density of the smoke, and the time, as shown in Fig. 95.<sup>20</sup>

The amount of smoke in some manufacturing centers is almost incredible. Dr. W. N. Shaw estimates that London gives to the atmosphere every day about 7,000,000 tons of smoky air containing over 400 tons of soot, and he calculates that smoke deprives London of about one-sixth its possible sunlight and daylight in summer and about one-half its possible sunlight and daylight in winter.

The injurious effect of smoke on health has perhaps been overestimated. It acts directly and indirectly. Directly it irritates the mucous membranes of the upper respiratory passages, and Asher and also Rubner believe that it increases the mortality from acute pulmonary diseases. They state that smoke and soot predispose to acute pulmonary tuberculosis. Indirectly smoke is a source of dirt and general nuisance and leads to depression of the spirits. It shuts out the light, soils with soot, and deters the opening of windows in order to let in fresh air. The presence of mineral acids in the air has a corrosive influence upon inorganic substances, and doubtless acts injuriously upon plant and animal life. The economic losses from the soiling action of soot are enormous. Even if it were not injurious to health, smoke is so evident a nuisance that communities are justified in every effort to check and prevent this growing abomination.

Klotz<sup>21</sup> characterizes pulmonary anthracosis as a community disease. He found as much as 1.2 to 5.3 grams of carbon in the lungs of persons living in Pittsburgh, while only 0.14 and 0.4 gram in the lungs of two residents in Ann Arbor, Mich. Anthracosis then affects city dwellers in proportion to the amount of smoke in the air. The amount of carbon in the lungs is dependent upon the amount inhaled. Carbon in the lungs causes a loss of elasticity of the tissue; structural changes, especially fibrosis, about the anthracotic deposits; the air spaces are encroached upon, resulting in compensatory emphysema. When anthra-

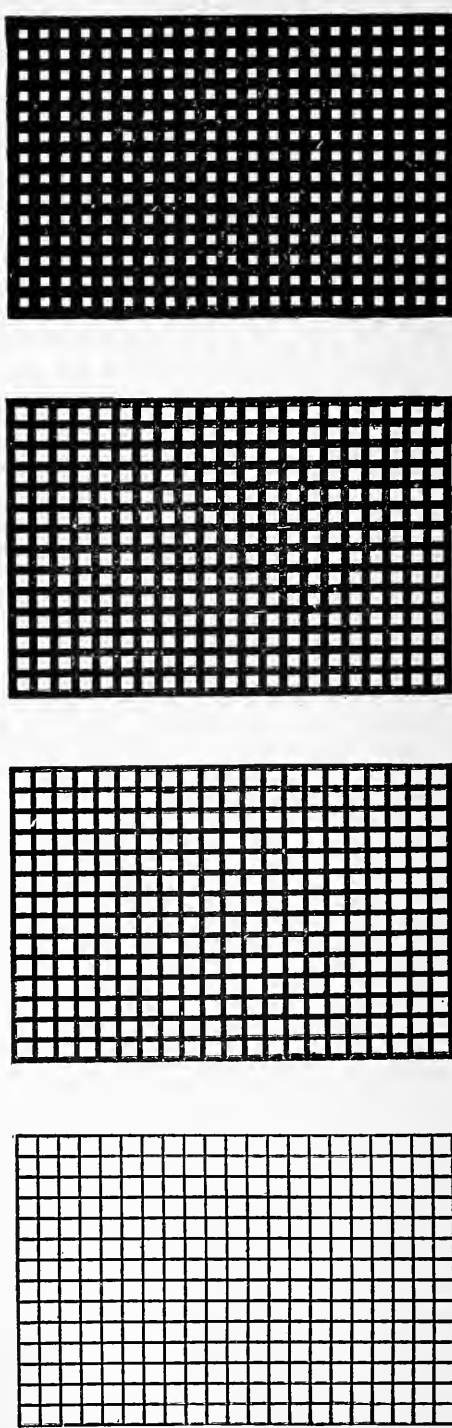
<sup>20</sup> For construction of Ringelmann's smoke chart and methods of taking smoke readings: *Smoke Investigation Bulletin No. 8*, p. 191, Mellon Institute.

<sup>21</sup> *Amer. Jour. Public Health*, 1914, IV, p. 887.

FIG. 95.—TABLE SHOWING THE DENSITY OF SMOKE, IN ACCORDANCE WITH THE RINGELMANN CHART, WHICH MAY BE EMITTED FROM THE VARIOUS CLASSES OF STACKS IN BOSTON, MASS., AND THE DURATION OF SUCH EMISSION.

CLASSES	1		2		3		4		5		6		LOCOMOTIVES MOVING TRAINS OF SIX CARS OR MORE	
	Chart No.	Mins.	Chart No.	Mins.	Chart No.	Mins.	Chart No.	Mins.	Chart No.	Mins.	Chart No.	No. seconds in 5-minute periods	Chart No.	No. seconds in 5-minute periods
1910.....	3	6	4	5	4	10	4	9	4	12	3	40	3	50
1911.....	3	4	3	10	3 including 4	20 including 5	3	12	3	15	3	30	3	40
1912.....	2	8	3	6	2 including 3	30 including 10	3	7	3	9	3	20	3	30
1913.....	2	6	3	3	2 including 3	25 including 5	3	3	3	5	3	20	3	30

### Reduced Copy of Ringelmann Chart



1. Equivalent to 20 per cent black  
 2. Equivalent to 40 per cent black  
 3. Equivalent to 60 per cent black  
 4. Equivalent to 80 per cent black

INSTRUCTIONS FOR USING THE RINGELMANN CHART.—Hang smoke chart on a level with the eye, about 50 feet from observer, as nearly as possible in line with chimney. Glance from smoke to chart and note corresponding number, recording same and time of observation. Repeat observations at one-fourth or one-half minute intervals. From these records the average density may be determined for each hour or for each day. No smoke is recorded as No. 0. 100 per cent black smoke is recorded as No. 5. Experienced observers often record in half chart numbers.

cosis is well marked it seriously impairs the function of the lungs. Pleural adhesions do not develop as a result of the deposit (page 931).

Smoke polluted with poisonous chemical vapors may be quite serious. Thus, hydrogen sulphid, found in large quantities in the smoke generated in sulphate of ammonia and tar works and from alkali wastes, is a poisonous gas. The arsenical vapors given off chiefly from lead and copper smelters kill vegetation for wide areas around.

## FOG

Fogs are caused by the condensation of water vapor on particles of dust. Dust particles have a varying capacity for condensing and attracting moisture, depending upon their power of radiating heat and on their affinity for water. Carbon dust is hygroscopic and, therefore, encourages fogs. The ammonia and sulphuric acid in smoky air also occasion and aggravate fog. The air of manufacturing cities, therefore, possesses all the elements to form a fine persistent fog which forms a "chemical pall" between the city and the sky.

The more carbon a fog contains the blacker it is. The general result of a fog is to shut out sunlight and fresh air and to "partially suffocate unfortunate citizens in clouds of noxious chemicals." Fog contains all the irritating properties of smoke in a concentrated form, and it also in a measure prevents the escape of the city-made carbon dioxide. The  $\text{CO}_2$  in the city air during a fog may rise to 10 parts per 10,000. If smoke is bad fog is ten times worse. It has been shown that during city fogs sickness increases and the death rate rises. From the economic standpoint fog causes greater financial losses than smoke. Russell calculates the annual loss to the people of London from fog to total about \$9,000,000 a year. The main items in this loss consist in extra washing, including extra soap, the damage to dresses, curtains, carpets, and textile fabrics, the replacing of wall-papers, and the painting of houses, the restoring of gilt and metal work, the slow destruction of granite, marble, and stonework of buildings, the extra cost of artificial illumination, etc. This estimate does not include the losses resulting from its action on health.

## DUST

Dust is not only a nuisance, but under certain conditions is known to be prejudicial to health. Dust is in reality a normal and very important constituent of the air; it exists everywhere in the atmosphere and profoundly affects some of the physical conditions of our environ-

ment. One of the most important functions of dust is to limit the humidity of the air by causing the precipitation of moisture in the form of rain, and to help control temperature by the formation of clouds, mists, and fogs. Aitken, who has made a special study of this subject, says that without dust "every blade of grass and every branch of tree would drip with moisture deposited by the passing air; our dresses would become wet and dripping, and umbrellas useless; but our miseries would not end here. The insides of our houses would become wet; the walls and every object in the room would run with moisture." Without dust there would be no rain, no clouds, no mist, for the water vapor which condenses upon each particle of dust forms the nucleus of a raindrop.

Dust disperses the light and decreases the transparency of the atmosphere, especially if the atmosphere be also humid. What is known as haze is really dust carrying a minute amount of moisture.

Although dust particles are universally present in the known atmosphere, they are very irregularly distributed. Organic dust exists only in the lower strata, while inorganic particles are found wherever the air has been examined. Ordinarily there is more dust indoors than in outdoor air. The size of the dust particles varies enormously, from gross masses to microscopic and ultramicroscopic particles. The vast numbers and universal presence of these particles may be realized by examining a sunbeam. Air free of dust is an artificial product obtained only with special care in small amounts in the laboratory.

Most of the dust is torn from the earth by the winds; much of it comes from the carbon and other particles in smoke; considerable amounts consist of minute grains of salt derived from sea spray; and great quantities are added by volcanoes. Finally, the air contains interplanetary particles which fall through it in a constant shower.

The spectrum shows the bands of sodium everywhere in the atmosphere. This is lifted into the air by the wind from the sea spray. The water evaporates, leaving the salt particles to float about at the will of the wind.

Organic dust consists of the dry and disintegrated particles which are blown into the air from the animal and plant kingdoms. They consist of epithelial scales, seed, spores, bacteria, pollen, plant cells, fluff of various kinds, bits of insects, starch, pus cells, algae, rotifers, fragments of hair, feathers, and bits of tissue, fibers of cotton, etc.

The inorganic dust, which is derived mostly from the soil, from the sea, and from interplanetary space, consists chiefly of silica, aluminium silicate, calcium carbonate, calcium phosphate, magnesia, iron oxid, sodium chlorid, etc.

Modern cities are dust producers. Whipple found the number of dust particles visible with a magnification of 100 diameters, at the air



inlets of some of the commercial buildings in Boston, as determined by microscopical counts, to range from 100,000 to nearly 1,000,000 per cubic foot.

The number of particles vary from one per cubic centimeter on mountain tops on exceptionally clear days to millions per cubic centimeter in ordinary indoor air. Considering only particles of hygienic importance, namely, those having a diameter of 0.0001 square millimeter or over, recent analyses show 900 particles per liter, or 0.11 gram per million liters of country air on a clear day. At the other extreme, 760 grams per liter or 24,000,000 particles per liter, have been found in the air of an abrasive factory.

The number of dust particles in a room is inversely proportioned to the amount of fresh air supplied. Ordinary air washers remove from 20 per cent. to 70 per cent. of the dust.

Dust particles may be carried enormous distances by the winds. Ehrenberg detected organisms belonging to Africa in the air of Berlin; and fragments of infusoria belonging to the plains of America in the air of Portugal. The smoke of the burning of Chicago reached to the Pacific coast. The volcanic dust of Krakatoa, consisting chiefly of glassy pumice, was found for years in our atmosphere, and it is assumed that some of it may have traveled several times around the world. Macfie has seen in the Canary Islands clouds of dust sufficient to obscure the sun, though the dust had come all the way from the African mainland. All of us living on the Atlantic seaboard have seen the yellow days caused by forest fires several thousands of miles away.

**Dust and Disease.**—"Normal" atmospheric dust, free from bacteria, causes no appreciable irritation to the healthy respiratory mucous membranes. Dust becomes injurious when excessive in amount or when irritating in character, or when it contains injurious microorganisms; the injury also depends upon the constancy of its presence and somewhat upon the susceptibility of the individual.

Dust may act indirectly as a predisposing cause of many infections, as well as directly irritating and inflaming the respiratory passages. The statement that dust opens the door to tuberculosis and other infections of the air passages, such as common colds, influenza, pneumonia, etc., can no longer be questioned. We must first limit ourselves to a consideration of the effect of dust free of noxious bacteria; in the next section we will discuss the question of bacteria in the air.

The general effect of mineral dust breathed for a long period of time is to cause an irritation of the mucous membranes and an inflammatory condition of the lung tissue. The term *pneumonokoniosis* is a general name for affections of this kind. The term is modified according to the various kinds of dust. Thus, *anthracosis* is caused by coal dust;

*siderosis* by iron or steel dust; *silicosis* or *chalicosis* by stone dust; *byssinosis* by cotton particles or vegetable fiber dust.

In certain cases the dust is retained as deposits in the lungs and neighboring lymph glands without further damage. The lungs and bronchial glands of all adults are more or less discolored from particles, which are constantly inhaled. The particles are taken up by the phagocytes and deposited in the lymphatic spaces of the lung or carried to the neighboring lymph glands, where they are enmeshed. Under certain circumstances the dust irritates the delicate structures and leads to infections and destruction of tissue. Thus, we hear of stone mason's phthisis, steel grinder's phthisis, and potter's rot. It is not always easy to distinguish between the fibrosis resulting from tuberculosis and pneumonokoniosis, except by repeated sputum examinations, sometimes extending over a number of years.<sup>22</sup> Among the dusty trades may be mentioned pottery and earthenware manufacture, cutlery and file-making, certain departments of glass-making, copper, iron, lead, and steel manufacturing, stone-cutting, chimney-sweeping, textile trades, etc. Oliver ("Disease of Occupation") examined the atmosphere in which the brushers-off, the finishers, and the porcelain-makers generally work, and found it to contain 640 million particles of dust per cubic meter of air, while several of the finishers, i. e., the persons whose work consists in removing the excess of the dried glaze on the ware, are often breathing an atmosphere containing 680 million particles of dust to the cubic meter. It is little wonder that bronchitis and phthisis are common.<sup>23</sup>

Winslow and Kligler<sup>24</sup> report an average of 49,200,000 microbes per gram in New York street dust, and between 3,000,000 and 5,000,000 per gram in indoor dust. Street dust includes the colon bacilli and acid-forming streptococci.

Dust consisting of inorganic particles is more harmful than dust consisting of organic particles, because the former are sharper and more irritating. House dust is more harmful than outside dust, not only because there is more of it, especially in badly ventilated and ill-kept rooms, but because it is more apt to contain living pathogenic bacteria. House dust may be kept down by cleanliness and avoidance of dry dusting and sweeping; by the use of vacuum cleaning; and by free ventilation. Much house dust is blown in from the outside, and some of it comes in on dirty shoes. In buildings ventilated with a mechanical system the air may be filtered through bags or passed through a water curtain, which will eliminate much dust. Oiling floors with a wax or paraffin mixture helps to keep down indoor dust. Carpets tacked down are

<sup>22</sup> *Journal Ind. Hyg.*, July, 1919, 1, No. 3, p. 366.

<sup>23</sup> For a discussion of the dusty trades, see chapter on Industrial Hygiene. Anthracosis is considered on page 927.

<sup>24</sup> *Am. Jour. Public Health*, 1912, II, 663.

sanitary abominations and should be replaced with rugs that permit outdoor cleaning and sunning.

Street dust contains coal dust, metallic dust from the operation of trolley cars, material swept from houses and from shaking rugs from windows, the grinding up of roadbeds by vehicles, ashes, and other materials blown from barrels and teams: the bacteria are derived from dried fecal matter from horses and other animals, dried sputum, the soil, and a variety of other sources. Street dust may contain pathogenic organisms, such as the tubercle bacillus, many varieties of cocci, the colon bacillus, *Bacillus aerogenes capsulatus*, and possibly, under special conditions, tetanus, malignant edema, and occasionally other pathogenic microorganisms. Street dust, therefore, becomes more than a nuisance, for it is not only irritating, but may be a source of infection.

To keep down street dust requires, first of all, a well-constructed road with a good surface, oiled or properly cared for; the control of animals; the covering of ash barrels and carts hauling dusty loads; the use of automobile vacuum cleaners to replace the old or the present-day methods of dry sweeping. Attention must also be given to spitting on sidewalks and streets, the enforcement of smoke ordinances, the more extensive flushing of streets, and general attention to cleanliness.

When dust is violently stirred up by dry sweeping or beating carpets, or still more by a March wind in a dry, dirty street, the quantity inhaled with attached microorganisms has a real sanitary significance.

The pollen of certain plants flying in the air as dust leads to hay fever in susceptible individuals.<sup>25</sup> See Anaphylaxis, page 593.

**Methods for Examining Dust.**—*Impaction Methods.*—The air is forcibly blown against surfaces specially prepared with sticky substances, such as gum acacia, glycerin, silicate of soda or resin, held by porcelain or glass plates, glass tubes or paper. The dust may be allowed to settle upon a Petri dish. Particles are then examined under the microscope or weighed. The well known effect of dust upon a photographic plate can be used to register the number and size of the larger particles.

*Electrostatic Method.*—The electrostatic precipitation of dust

<sup>25</sup> For data in regard to the influence of dust upon disease, see: Gohoe, B. A.: The Relation of Atmospheric Smoke and Health. Bull. No. 9, Smoke Investigation, Mellon Inst. of Indus. Research and Sch. of Spec. Ind., Pittsburgh, 1914, p. 7. Haythorn, S. R.: Some Histological Evidences of the Disease Importance of Pulmonary Anthracosis, *Jour. Med. Research*, 1913, XXIX, 259. Hoffman, F. L.: The Mortality from Consumption in Dusty Trades, Bull. No. 79, U. S. Bureau of Labor, Nov., 1909, p. 633. Klotz, O.: Pulmonary Anthracosis, a Community Disease. *Am. Jour. Pub. Health*, 1914, IV, 887. White, W. C., and Shuey, P.: The Influence of Smoke on Acute and Chronic Lung Infections. *Trans. Am. Climatol. Assn.*, 1913; also Bull. No. 9, Smoke Investigation, Mellon Inst. of Indus. Research and Sch. of Spec. Ind., Pittsburgh, 1913, 164.

particles depends upon the ionization of finely divided substances in an electric field. This method is based upon the laws of electrically charged bodies, and has recently been applied commercially to the recovery of valuable dusts. Its use for the sanitary analysis of air was studied by Bill.<sup>26</sup>

*Filtration Methods.*—Dust may be collected from the air by passing it through cotton, sugar, extraction thimbles, resorcinol, fine mesh wire, cloth, water, filter paper, collodion, wool, cheese cloth, canton flannel, etc.

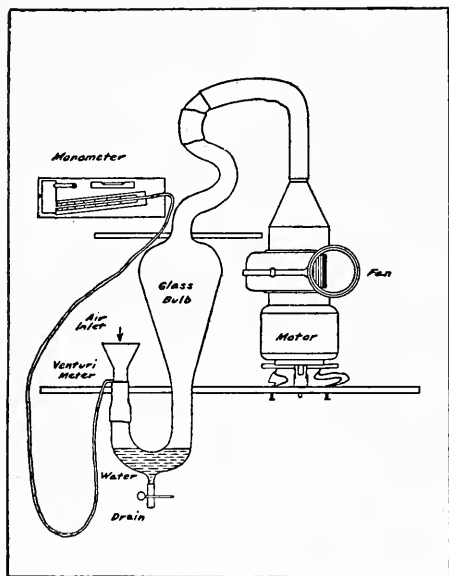


FIG. 96.—THE PALMER WATER-SPRAY APPARATUS FOR THE COLLECTION OF AËRIAL DUST.

New York State Commission on Ventilation.

The Palmer Water Spray Apparatus,<sup>27</sup> as worked out by Palmer, Coleman and Ward, is the most generally useful method; it is as follows: In air not visibly very dusty 200 to 400 cubic feet of air should be passed through the washer, while in more dusty air 100 to 200 cubic feet will suffice. About 40 c. c. of distilled water is placed in the trap and about once in five or ten minutes (depending on the temperature and humidity of the atmosphere) water is added to make up the loss from evaporation. After the run is completed the water with its suspended dust is

drained into a bottle, the bulb is rinsed several times with distilled water, and the original water plus the washings are made up to 100 c. c. One c. c. of this suspension after thorough shaking is transferred to a Sedgwick-Rafter cell and five fields, at the center and four corners, counted under a two-thirds inch objective. Where both light and heavy dusts are present this procedure must be repeated for the top and the bottom of the cell. A second c. c. is then placed in the cell and counted in the same way. The dust particles may conveniently be grouped in five classes, according to size, as follows:

1. Large masses about 100 standard units (.04 sq. mm.).
2. About 25 standard units (.01 sq. mm.).
3. About 1 standard unit (.0004 sq. mm.).

<sup>26</sup> *Journ. Ind. Hyg.*, 1, 7, Nov., 1919, p. 323.

<sup>27</sup> *Am. Journ. Public Health*, Jan., 1916, VI, p. 54.

4. About  $\frac{1}{4}$  standard unit (.0001 sq. mm.).

5. Dust too fine to count,—presence indicated by a plus sign.

A control count should always be made using the same slide and the same batch of distilled water; and the average of the five field counts obtained subtracted from the average of the ten field counts of the suspension of dust.

The remainder of the suspension should be filtered through a weighed Gooch crucible, the crucible and contents dried for one hour at approximately 100° C. and weighed to 0.1 mg.

*Condensation Methods.*—Condensation methods depend upon the condensation of water vapor about dust particles in a rarefied atmosphere.

The koniscope, invented by Professor John Aitken, consists of two brass tubes connected at right angles and suitably fitted with stopcocks and a small air pump. By exhausting the air from one of the tubes, allowing the space to become saturated with water vapor by evaporation from wet blotting paper within, and then allowing this moisture to condense upon the dusty atmosphere under examination, clouds of different degrees of density will form inside the tube. The approximate density of the clouds can be measured by looking through the tubes, windows being provided for this purpose. A table is supplied with the instrument to give the approximate number of dust particles corresponding to clouds of different degrees of density. This method has limited usefulness, because it makes apparent exceedingly minute particles that have little sanitary significance.

All the methods for examining dust in the air are faulty in one or more respects; none of them accounts for all the dust.

## CHAPTER IV

### BACTERIA AND POISONOUS GASES IN THE AIR

#### BACTERIA IN THE AIR

The number of bacteria in the air ordinarily has a direct relation to the amount of dust; in fact, many of the bacteria in the air are attached to dust particles. Bacteria in the air are commonly considered as one kind of dust, but on account of their significance they are given separate consideration.

Bacteria are not found everywhere in the air; uninhabited places are quite free; and the number diminishes as we ascend.

Bacteria do not multiply in the air; in fact, most of them soon die, especially when exposed in dry air to sunshine. For the most part, the bacteria in the air belong to the harmless varieties, although the number and kind vary greatly with circumstances. They come chiefly from the soil and are carried into the air by the wind and traffic movements; that is, bacteria in the air are derived from practically the same sources as dust. The dangerous bacteria in the air, however, come directly or indirectly from man and some of the lower animals.

The number of bacteria differs greatly with the local conditions. There are more in the air of towns than in the open country; few in high mountains, desert places, or at sea; more in windy weather than calm air; more indoors than in outside air; more in dry air than in moist air; more before than after rain. The air of badly ventilated rooms, especially if not kept clean, contains very many bacteria, and more when occupied, as the movements of the occupants stir up the dust.

Miquel of the Observatory of Montsouris studied the number of bacteria in the air of various localities. He found about 150 per cubic foot in the air of Paris, but only 6 after rain; on the top of the Pantheon he found  $1\frac{1}{2}$ ; in the streets about 12 per cubic foot; in a neglected hospital 3,170; in a gram of laboratory dust 75,000 and in a gram of house dust 2,100,000.

Flügge considers that on the average there are about one hundred microorganisms to a cubic meter of city air—an average evidently below that of Paris.

Dr. Jean Binot did not find a single bacterium in 100 liters of

outside air taken at the summit of Mont Blanc; and he found a progressive decrease in the number as the height increased. Thus, he found:

At Montanvert .....	49
At the Mer de Glace .....	23
At the Place de l'Aiguille .....	14
At the Grand Malet .....	8
At the Grand Plateau .....	6
On the summit .....	0

Again, Graham Smith found at the top of the Clock Tower of the Houses of Parliament in London only one-third of the number at ground level.

Whipple found 1,330 bacteria per cubic feet in the air, at the street level, while at the tenth story of the John Hancock building in Boston the air contained 330.

Speaking broadly, from two to three hundred times as many particles of dust as bacteria are found in the outside air of cities.

Haldane found 256 bacteria per cubic foot of air in an unventilated room compared to practically none in a ventilated room.

Pasteur, in experiments that will ever remain classic, exposed organic infusions in flasks to the air of various places, and used the results thus obtained to prove the presence or absence of bacteria in the air and to dispel the illusion of spontaneous generation. Of 20 such flasks exposed to the air of the Mer de Glace 19 showed no contamination. About the same time (1875) Tyndall exposed 27 flasks containing an infusion to the air of the Aletsch glacier (8,000 feet); none showed putrefaction, while 90 per cent. of the flasks opened in a hayloft were "smitten."

It is estimated that a person living in London breathes about 300,000 microbes in the inspired air each day. Winslow and Brown<sup>1</sup> examined 1,037 samples of air, both indoors and outdoors, with counts varying from two to 5,200 per cubic foot.

The expired air, during normal respirations, is practically bacteria-free, no matter how many may be contained in the inspired air. The moist mucous membranes of the upper respiratory passages act as a bacterial trap. When the expired air contains bacteria it is only as a result of coughing, sneezing, talking, or other forced expiratory efforts (see Droplet Infection).

The number of bacteria in the air is seldom a factor of sanitary significance, except under special circumstances, such as dairy conditions or studies in droplet infection.

The harmful bacteria in the air and the danger of contracting disease through air-borne infection are considered below.

<sup>1</sup> *Monthly Weather Rev.*, 1914, XLII, 452.

**Method for Determining Bacteria in the Air.**—A rough idea of the bacterial population of the air may be obtained by exposing suitable culture media in Petri plates for various periods of time, and counting the colonies which develop from the germs falling upon them.

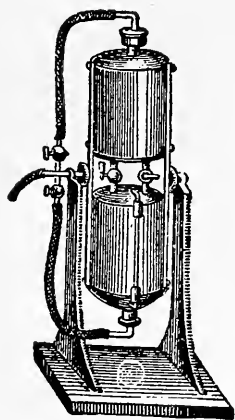


FIG. 97.—MAGNUS ASPIRATOR.

A large number of different devices have been described for a more accurate determination of the number of bacteria in the air. These are all adaptations of the three general methods: (1) filtration of air; (2) bubbling air through some liquid medium; (3) precipitating the bacteria from a given volume of air. Each of these methods can be made to give fairly satisfactory results in the hands of competent workers, but the Committee of the American Public Health Association recommend the following method of Petri on account of its simplicity and general applicability:

**Filtration Method of Petri.**—The filter tubes are glass tubes  $1\frac{1}{2}$  cm. in diameter and 10 cm. long. In the end of each is placed a perforated cork stopper, through which a glass tube 6 mm. in diameter is passed. The filtering material consists of sand which has been passed through a 100-mesh sieve. The sand in the filter tube is 1 cm. deep and supported by a layer of bolting cloth covering the cork. Two filter tubes are connected in tandem, and a measured volume of air, 10 liters or more, is drawn through at a constant rate by suction. The suction is applied by means of an aspirator of known volume, preferably one of the double or continuous type. Either the Magnus aspirator (Fig. 97) or the double aspirator (Fig. 98) are suitable for this purpose. Before using a pair of filter tubes a test for possible leakage is made by placing the thumb over the cotton stopper and applying the aspirator; if the suction is weak or absent the corks must be tightened or the tubes discarded. All corks should be tightened and connections wired and the apparatus sterilized before using the filters. The collection of the sample should take from 1 to 2 minutes per liter.

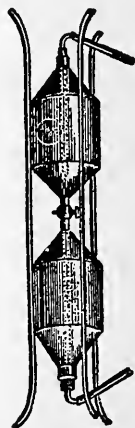


FIG. 98.—DOUBLE ASPIRATOR.

After filtering a definite volume through the tubes the sand is poured into 10 c. c. of sterile water, thoroughly shaken, and aliquot portions plated in ordinary nutrient agar, all plates being made in duplicate. The plates are incubated at room temperature for five days, when final counts are made.



*Rettger's Method.*—An improved method of enumerating air bacteria has been described by Rettger,<sup>2</sup> which commends itself as the best method yet devised. The method consists of bubbling a given quantity of air through salt solution. The bacteria in the air are trapped in the salt solution, which may then be planted in the usual way and the number of colonies counted.

**Air and Infection.**—The air was long regarded as the vehicle and even the source of the communicable diseases. Theories, such as noxious effluvia, poisonous emanations, and infectious miasms, gave way with the advent of bacteriology. When the early classical researches of Pasteur, Tyndall, and others showed that bacteria exist in the air almost everywhere in greater or in lesser numbers, the conclusion was jumped at that the air must be particularly dangerous. Within recent years, however, we have learned that the air is not very much to be feared on account of the bacteria it may carry, except under occasional circumstances. This change in our views during recent times is nowhere better illustrated than in the relation of the air to surgery. During the early days of antiseptic surgery so much fear was entertained for the bacteria in the air that Lister attempted to neutralize the danger with carbolic sprays and other means; now the surgeon pays little heed to the air of a well-kept operating room. Instead he ties several layers of sterile gauze over his mouth and nostrils and over his head to guard against particles falling from these sources.

It was one of the great surprises when bacteriologists demonstrated that the expired breath under normal conditions of respiration is sterile.

At one time many, if not most, of the contagious diseases were believed to be air-borne; many observations are on record purporting to prove that contagium may be carried long distances through the air. With the increase of our knowledge concerning the modes of transmission of infection the list of air-borne diseases has steadily dwindled. The theory is reluctantly given up, for it is the easiest method of explaining the spread of the readily communicable diseases. There are only two diseases of man, viz., smallpox and measles, which may possibly be air-borne, in the sense that this term is generally used. Both these diseases are so readily communicable that the virus seems to be "volatile"; it is assumed that the active principle is contained in the expired breath; however, there is no proof of this assumption, and some evidence to the contrary. Further, it is noteworthy that we are still ignorant of the causes and the precise mode of entrance of the contagium in both measles and smallpox. Even in these two diseases the radius of danger is much more limited than was once supposed to be the case.

<sup>2</sup>*Jour. of Med. Res.*, June, 1910, XXII, 3, pp. 461-468.

The more the transmission of the communicable diseases is studied the less the air is implicated. The fact that malaria (bad air), yellow fever, and other diseases are conveyed by mosquitoes has robbed the air itself of false accusations, and given a death blow to miasms, effluvia, and intangible theories. Pettenkoffer insisted that the air became contaminated with poisons that were generated in a polluted soil, and he believed that these emanations were responsible in part for typhoid fever and cholera. Some association between soil, air, and disease still persists in both medical and lay minds, but with a more precise knowledge of the causes and modes of transmission of infections, such as typhoid fever and cholera, the air becomes a negligible factor. Out-of-door air contains relatively few bacteria; further, the dilution is enormous. Most microorganisms pathogenic for man soon die when dried or when exposed to sunlight. Whatever danger, then, resides in the air, so far as living principles of disease are concerned, is found rather in indoor air, and especially in the air of badly ventilated, dusty, and crowded places. Here the danger may be either from the bacteria-laden dust or from droplet infection. In a crowded and stuffy street car, in a poorly ventilated office, or in a closed, close sickroom it would be very easy for the microorganisms of diphtheria, scarlet fever, whooping-cough, measles, pneumonia, influenza, common colds, tuberculosis, pneumonic form of plague, and other infections contained in the secretions from the nose and mouth to be held in the air in sufficient numbers so that exposed persons may contract the disease. This probably occurs more frequently than we are at present inclined to admit.

The radius of danger through droplet infection is quite limited. It is difficult to conceive that infection may be carried long distances in the air and still be dangerous. My own experience indicates that there is practically no hazard in establishing a hospital for contagious diseases upon the high road or even in a thickly inhabited part of the city. In fact, the communicable diseases are not conveyed in the air from ward to ward or even from bed to bed in well-managed hospitals.

Hutchinson found that prodigious bacilli in sputum droplets may be carried almost 2,000 feet when the temperature is low. It therefore seems probable that diphtheria bacilli would persist longer and carry farther in droplet infection in cold weather than in warm weather. This explanation has been given to account for the seasonal prevalence of plague, diphtheria, etc. The two chief ways in which bacteria are transferred through the air are (1) by droplet infection, and (2) by dust. Mouth spray is really a form of contact infection.

Chapin states that many contagious hospitals have been maintained for years with no increase of the disease in the vicinity, as, for instance, at Boston and Providence, R. I. At the Kingston Avenue Hospital in Brooklyn various diseases, as smallpox, measles, scarlet fever, and

diphtheria, are treated in wards only a few feet apart, with no evidence of aerial transference. At North Brother's Island the tuberculosis ward is only about 25 feet from the diphtheria ward, but the tuberculous patients do not contract diphtheria. A number of hospitals for communicable diseases have recently been built with entire disregard of aerial infection. At the hospital of the Pasteur Institute, Paris, the patients are cared for each in a separate ward opening into a common hall. The same nurses go from case to case. In  $2\frac{1}{2}$  years after it was opened in 1900 there were treated 2,000 persons, of whom 524 had smallpox, 443 diphtheria, 126 measles, 163 erysipelas, 92 scarlet fever, and 166 non-diphtheritic sore throat. The only evidence of the transfer of infection was the development of four cases of smallpox and two of erysipelas. In the Hôpital des Enfants Malades in Paris the beds, instead of being in separate rooms, are separated by partitions. Of 5,017 cases there were only 7 cross infections, 6 of measles and 1 of diphtheria. These were attributed to lapses in aseptic precautions. Dr. Moizard thinks that this experience proves that even measles is not air-borne. Dr. Grancher in another Paris hospital has two wards in which there are no partitions, but only wire screens around the beds, simply as a reminder for the nurses. He also insists that measles is probably not an air-borne disease, and that adjacent patients do not necessarily infect one another. At various English hospitals similar methods have been tried with success.<sup>3</sup>

While the air plays a minor rôle in the spread of the infections, bad air plays an important part in reducing vitality and predisposing to disease. This will be discussed presently.

## POISONOUS GASES IN THE AIR

Some of the poisonous gases of the air come from natural sources, as marshes, mines, or decomposing organic matter, but those that concern the sanitarian particularly are the gases which arise from the works of man. These gases are carbon monoxid, ammoniacal vapors, hydrochloric acid, carbon bisulphid, carbureted hydrogen, hydrogen sulphid, etc.

**Carbon Monoxid.**—Carbon monoxid (CO) is a frequent and serious cause of acute poisoning and also of chronic ill health. It has become one of the commonest forms of gas poisoning. Deaths from carbon monoxid in large cities now exceed those from any other poison.<sup>4</sup> It is usually found associated with other gases, especially from the incom-

<sup>3</sup>Chapin: *Jour. Am. Med. Assn.*, Dec. 12, 1908, Vol. LI, pp. 2048-2051.

<sup>4</sup>The total number of cases of gas poisoning in Cook County, Illinois, for 1916 was 501,—nearly 8 per cent. of the entire number of coroner's cases. (*J. A. M. A.*, July 27, 1918, p. 257.)

plete combustion of coal or wood. It is also one of the ingredients of illuminating gas, and is one of the constituents of the gases of coal mines. Burning charcoal gives CO in great abundance, and it is also given off from red hot cast-iron stoves; further, it is found about lime kilns and where open coke fires and braziers are used in confined spaces; also from iron and copper furnaces, the exhaust of gas engines and from many manufacturing processes.

The gases from stoves or furnaces contain 79.7 per cent. nitrogen, 10 to 13 per cent. oxygen, 0.6 per cent.  $\text{CO}_2$ , and 0.3 to 0.5 per cent. CO when formed by the incomplete combustion of wood or coal in closed spaces, that is, with the damper closed. Illuminating gas from coal contains from 6 to 10 per cent. CO; from wood 62 per cent.; water gas, 30 per cent. and more. Gases in coal mines contain from 4 to 10 per cent. CO, from 0.6 to 1 per cent.  $\text{H}_2\text{S}$ , and 53 per cent.  $\text{CO}_2$ . Gases from smokeless powder and gun cotton contain high quantities of CO and are quite dangerous.

For public health purposes the chief sources of CO are leaky gas fixtures, open coal fires, the premature closing of dampers of stoves and furnaces, or defects in apparatus burning coal, spent gases from automobiles and explosives in technical pursuits.

Air containing 0.4 per cent. of carbon monoxid may, in one hour, prove fatal. In higher concentration a person may be overcome at once and death soon ensues. Kinnicutt<sup>5</sup> states that breathing an atmosphere containing 0.3 per cent. of carbon monoxid, for any considerable period, is fatal, and the presence of 0.2 per cent. is capable of destroying life (Haldane). Gréhan found that inhalation of an atmosphere containing 1 part of CO to 275 parts of air was fatal to a dog, and that 1 in 70 killed a rabbit. Less than a gram of CO may kill a man. Breathing an atmosphere containing 0.05 per cent. of CO may cause unpleasant, even serious symptoms (Oliver). Even as little as 0.07 to 0.12 per cent for half an hour will render one quarter of the red corpuscles incapable of uniting with the oxygen. Chronic poisoning with smaller amounts may lead to anemia, depression, psychoneuroses, and other symptoms.

A child having relatively large respiratory exchange for its size is overcome more quickly than an adult. On this account, small animals, such as birds and mice, are overcome more quickly than men. Canaries are always carried by the rescue crews of the Bureau of Mines when carbon monoxid is suspected.

Carbon monoxid or carbonic oxid is a colorless, tasteless and practically odorless gas; it burns with a pale blue flame. Its poisonous action depends upon the fact that it combines with the hemoglobin of the red blood corpuscles to form carbon-monoxid-hemoglobin. This is

<sup>5</sup> *Jour. Am. Chem. Soc.*, 1900, Vol. XXII, p. 14.

a stable compound which, therefore, prevents the hemoglobin giving up its oxygen to the tissues. When present in only small amounts and for long periods of time, the effects of CO may be compensated for by a polycythemia—an increased number of corpuscles taking the place of those disabled. It is commonly stated that CO has a direct destructive action upon the cells of the central nervous system, causing paralysis in acute cases and psychoneuroses in chronic cases. Yandell Henderson, however, denies any direct action because tissue cultures will grow *in vitro* in a concentrated atmosphere of CO.

The symptoms depend upon the presence of CO in the air breathed, the rapidity of breathing, the presence of other gases, and the age of the individual. The quantity of CO present in the air is of more importance than the length of exposure to it.

*Acute Poisoning.*—The individual feels dizzy and complains of headache, noises in the ears, throbbing in the temples, and the feeling of sleepiness and sense of fatigue. There may be vomiting and a sense of oppression at the chest, palpitation, and an inability to stand or walk straight. Convulsions may or may not come on; pupils are dilated and react slowly to light; the face is red; consciousness is gradually lost, but owing to the great loss of motor power the individual, though aware of the danger, is often unable to escape from it. In animals the heart beat at first is slow, while the blood pressure is high; in man the action of the heart is frequently violent even during the stupor. When a man has recovered from the acute effects of carbon monoxid his life is still imperiled for some days to come. He runs the risk of dying as late as 8 days after the accident and then he has still to face the risk of glycosuria, or other serious sequelae.

When a person is removed from the poisonous atmosphere there is slow return to consciousness, but headache, nausea and weakness persist for a long time. In case of continued inhalation of the poison there is a marked dilatation of the peripheral vessels, causing extensive red spots on the skin.

Death occurs from paralysis of the respiratory apparatus. If a case does not terminate fatally, there may be serious sequelae, such as apoplexy followed by softening of the brain, or blisters, decubitus, or paralysis may develop, also chorea, idiocy, or minor grades of psychoneurosis.

The post-mortem appearance, following acute intoxication with carbon monoxid, shows the following: Features placid, face and skin bright ruddy color, both arterial and venous blood bright cherry red, and showing the spectrum of carbon-monoxid-hemoglobin. The muscles, brain, and all organs are more pink than usual. Lungs may be emphysematous, and red patches may be observed on the surface of the abdominal viscera; occasional submucous hemorrhages in the stomach and intestines.

*Tests.*—The presence of carbon monoxid in air may be determined with considerable accuracy with a solution of blood. A few cubic centimeters of normal blood solution are shaken to saturation with the sample of air. A dilute blood solution is yellow; it becomes pink when treated with traces of carbon monoxid. By comparing the color with carmin this method will serve for quantitative purposes.<sup>6</sup> More accurate determinations may be made by the iodine pentoxid method of Seidell.<sup>7</sup>

**Illuminating Gas.**—Illuminating gas may be harmful either from the products of its combustion or, more so, when the unconsumed gas escapes in the household. The two principal illuminating gases used are coal gas and water gas. The poisonous effects of both are due mainly to the carbon monoxid which they contain.

*Coal gas* is made by the destructive distillation of coal. It contains hydrogen, marsh gas, and carbon monoxid, occasionally also ethene, acetylene, and carbon dioxid. A cubic foot of coal gas completely burned gives to the atmosphere about one-half a cubic foot of  $\text{CO}_2$  and about 1.34 cubic feet of water vapor. An ordinary gas jet burns about 6 cubic feet of gas per hour, and thus produces about 3 cubic feet of  $\text{CO}_2$ .

*Water gas* is made by blowing a current of steam through incandescent coke or coal. The water is decomposed into hydrogen and oxygen. The hydrogen passes on and the oxygen unites with the carbon to form carbon monoxid. Water gas so produced burns only with a pale blue flame. It is, therefore, enriched in a carburetor with vaporized petroleum; this furnishes the hydrocarbons necessary to give a luminous flame. Water gas contains about 30 per cent. of carbon monoxid.

One of the most common sources of carbon monoxid<sup>8</sup> in the household is from illuminating gas. Illuminating gas may pass from a broken gas main through the soil into the cellar and thence permeate a dwelling; this is aided by the suction and pumping action of the heating apparatus in the cellar. In passing through the soil illuminating gas may be robbed of its characteristic odor, thus rendering it so much more dangerous because not perceived. The danger from this source is further increased in the winter time and in cities with asphaltum and concrete pavements, because under these circumstances the escape of gas into the air is hindered and the chance of more of it reaching the house through the cellar is favored. An occasional source

<sup>6</sup> For methods for determining carbon monoxid and other gases in the air, see: Haldane, J. S.: "Methods of Air Analysis," J. P. Lippincott and Co., 1912. Dennis: "Gas Analysis," New York, 1913. Melzel, A.: "Ueber den Nachweis des Kohlenoxydhämoglobins," Verhandlungen der Physikal.-Med. Gesellschaft zu Würzburg. Neue Folge. Vol. 23, p. 47. Müller, F.: "Biologische Gasanalyse." Handbuch der Biochemischen Arbeitsmethoden. III, 2. Berlin, 1910.

<sup>7</sup> *Jour. Ind. and Eng. Chem.*, VI, 321,

<sup>8</sup> See also page 1308.

of CO in the air of houses is through hot-water heaters, using illuminating gas as fuel. The soot gradually collects in these devices and may become incandescent, thus furnishing ideal conditions for the production of carbon monoxid. In the arts CO is formed by passing water vapor over incandescent carbon. I know of one case in Washington where CO from a water heater collected in a kitchenette in such concentration that three persons were overcome upon entering the room and died.

Most coal contains sulphur, which appears in coal gas as sulphuric acid, which is irritating and poisonous. Most of the sulphur compounds in coal gas are removed by processes of purification during manufacture, but, owing to the difficulty of complete removal, 20 grains of sulphur in every hundred cubic feet are generally allowed by law. The sulphur restrictions have recently, but unwisely, been removed in England. In Massachusetts the legal limit has been raised to 30 grains per hundred cubic feet. These changes were brought about by the claims of gas companies that it is much more difficult than formerly to procure coals low in sulphur, so that the processes for the removal of the sulphur have become costly and burdensome.

Illuminating gas is required by law, in Massachusetts and in many other places, to be free from ammonia as well as sulphurated hydrogen, but this is more because of injury to fixtures than because of danger to health.

The effect of these carbonaceous illuminants is to elevate the temperature and increase the moisture of a room. They also add carbon monoxid, carbon dioxid, nitric and nitrous acids, compounds of ammonia and sulphur, marsh gas, carbon particles (soot), acids of the fatty group in small but variable amounts. The following instructive table gives the comparative candle power and also the gases and heat produced by the usual forms of illuminants:

	Quantity Consumed	Candle-power	Oxygen Removed	Carbon Dioxid Produced	Moisture Produced	Heat Calories Produced	Vitiation Equal to Adults
	grains		cu. ft.	cu. ft.	cu. ft.		
Tallow candles.....	2,200	16	10.7	7.3	8.2	1,400	12.0
Sperm candles.....	1,740	16	9.6	6.5	6.5	1,137	11.0
Paraffin oil lamp.....	992	16	6.2	4.5	3.5	1,030	7.5
Kerosene oil lamp.....	909	16	5.9	4.1	3.3	1,030	7.0
Coal gas, No. 5 Batswing burner.....	cu. ft. 5.5	16	6.5	2.8	7.3	1,194	5.0
Coal gas, Argand burner	4.8	16	5.8	2.6	6.4	1,240	4.3
Coal gas, regenerative burner.....	3.2	32	3.6	1.7	4.2	760	2.8
Coal gas, Welsbach incandescent.....	3.5	50	4.1	1.8	4.7	763	3.0
Electric incandescent light.....	lb. coal 0.3	16	0.0	0.0	0.0	37	0.0

Water gas is cheaper than coal gas, and is, therefore, preferred by gas companies. Usually a mixture of the two gases is supplied. Ex-

perience shows that if water gas is properly diluted with coal gas the danger is greatly lessened. Illuminating gas containing 6 per cent. of carbon monoxid is not hazardous. Most cities limit the amount to 10 per cent. In 1890 the 10 per cent. statute was repealed in Massachusetts, and it is since then that the marked increase in illuminating gas poisoning has occurred. There were 1,231 deaths caused by illuminating gas in Massachusetts during the years 1886 to 1909. About one-half of these deaths were suicidal. This only represents the fatalities, and does not take into account the many cases of chronic poisoning which occur in the home and in the industries where much illuminating gas is used.

Sedgwick and Schneider<sup>9</sup> state that the death rate from poisoning by illuminating gas in Massachusetts and Rhode Island has become nearly equal to that of scarlet fever or measles.

Gas pipes in a dwelling should be tested from time to time with a pressure gauge, and minor leaks from faulty stopcocks, from "rubber" tubing used for droplights, etc., should be carefully searched for and corrected. A flaring gas burner is not only wasteful, since it implies the escape of unburned gas, but is also harmful to health. A gas jet should burn steadily without jumping and flaring.

*Methane* ( $\text{CH}_4$ ), also called "marsh gas," "fire damp" or "light carbureted hydrogen," is found in nature as "natural gas" in and about coal and oil regions. Methane is very light compared to air (specific gravity 0.5596), and forms an explosive mixture as soon as it amounts to 1/18th of the volume of the air. Fortunately, the mixture does not ignite readily, but is nevertheless the cause of many accidents in mines. The gas has no odor, is slightly soluble in water, burns with a pale smokeless flame, yielding watery vapor and carbon dioxide—"after damp." Methane forms a large proportion of illuminating gas. It is usually regarded as an indifferent gas, but it probably has slight toxic properties. Haldane found that 5.5 per cent. of methane had no effect on man; 45 per cent. causes slower and deeper breathing, and 70 per cent. endangers life. With 70 per cent. the oxygen is reduced to only 6.3 per cent. and the nitrogen to 23.7 per cent.

Methane is also given off in large quantities from decomposing matter in swamps, sewers and septic tanks. Methane may constitute 70 to 80 per cent. of the gases found in a septic tank. The gases from an Imhoff tank may be used for illumination and heating.

The table on the following page shows the percentage composition of illuminating gases, with the gases of an Imhoff tank, for comparison.

**Other Gases in the Air—Ammoniacal Vapors.**—Ammoniacal vapors irritate the conjunctiva, but have no other evident effect on health in the amounts ordinarily found in the air.

*Hydrochloric Acid Vapors.*—Hydrochloric acid vapors in large

<sup>9</sup>*Jour. of Infect. Dis.*, Vol. IX, No. 3, 1911.



ILLUMINATING GASES: COMPOSITION IN PERCENTAGE<sup>10</sup>

	Imhoff Tank	Natural Gas	Water Gas	Coal Gas
H.....	8.6	1.31	30	47.49
CH <sub>4</sub> .....	84.1	87.75	24	38.67
CO <sub>2</sub> .....	4.6	6.6	....	1.04
N.....	3.1	4.34	2.5	.85
CO.....	....	....	29	6.74
O.....	.4	....	.2	....
H <sub>2</sub> S.....	....	....	1.5	....
C <sub>2</sub> H <sub>4</sub> .....	....	....	12.5	5.21

quantities are very irritating to the conjunctiva and respiratory mucous membranes. In the alkali manufactures they are sometimes poured into the air in sufficient quantity to destroy vegetation. When in sufficient concentration they may induce bronchitis, pneumonia, and even destruction of lung tissue, as well as inflammation of the eyes.

*Carbon Bisulphid.*—Carbon bisulphid is given off in the vulcanizing of India rubber. It produces headache, vertigo, pains in the limbs, formication, sleeplessness, nervous depression, and loss of appetite; sometimes deafness, dyspnea, cough, febrile attacks, and even paraplegia. The effects seem due to a direct anesthetic action on the nervous tissue.

*Hydrogen Sulphid.*—Hydrogen sulphid is a colorless, transparent poisonous gas possessing the smell of rotten eggs. It is a product of the putrefaction of organic substances, containing sulphur, and therefore found where vegetable or animal matter is undergoing decay. It is also generated by the decomposition of organic matter by anaërobic bacteria in deep lakes and ponds, tainting the water, in which it is soluble, or coming to the surface and tainting the atmosphere where its presence is indicated by the discoloration caused to neighboring dwellings painted with white lead. Small sluggish streams receiving the sewage of towns become defiled with this gas from which source it may be discharged in noticeable quantities as it is carried by the wind in different directions. Hydrogen sulphid is formed spontaneously whenever a soluble sulphate remains in contact with decaying organic matter with deficiency of air. It is also formed directly by the union of sulphur and hydrogen, and indirectly by the action of acids on sulphids; it is found in the gases contained in some ground waters; further, in some mining, smelting, and other industrial processes; and in illuminating gas, which contains traces. Its intense odor enables it to be recognized when present in minute quantities, 1 part in 10,000 being easily noted. It is slightly heavier than air—specific gravity, 1.1912.

*Toxic Action.*—As a toxic agent, hydrogen sulphid stands between hydrocyanic acid and carbon monoxid. Appreciable quantities in the

<sup>10</sup> *Engineering Record*, Febr. 5, 1916.

air may have a toxic action, which is due, in part, to the formation of sulphmethemoglobin, but mainly to a direct action upon the nervous system. The susceptibility of man to this gas varies. Its dangerous nature is fully recognized in all chemical laboratories. The effects of small amounts are not well understood; Thackrah could find no bad effects. On the other hand, Hirt believed it produced chronic poisoning, the symptoms being chiefly weakness, depression, anorexia, slow pulse, furred tongue, and marked pallor.

According to Lehman an atmosphere which contains 0.7 to 0.8 of  $H_2S$  per 1,000 liters of air is dangerous to human life, while air containing 1 to 1.5 per 1,000 destroys life rapidly. Vivian Lewes states that man is killed in one and one-half minutes after breathing air containing 0.2 per cent. of  $H_2S$ . The sudden death of men when working in sewers is sometimes supposed to be due to sulphurated hydrogen.

The symptoms caused by exposure to considerable amounts of hydrogen sulphid are redness and pain of the eyes, nasal catarrh, and irritation of the mucous membrane and bronchi, dyspnea, cough, rapid beating of the heart, dizziness, headache, numbness, and cold perspiration. Sudden exposure to large volumes of the gas causes death with striking rapidity; respiration stops before the heart. Death results from complete paralysis of the central nervous system, and even though persons are rescued, they may subsequently succumb from bronchopneumonia, caused by the irritating nature of the gas.

Autopsies performed immediately after rapid death disclose no changes, not even in the blood. In case of slow death edema of the lungs or pneumonia will be present, and the body has the characteristic odor of hydrogen sulphid. If death comes more slowly asphyxia is added to the nervous symptoms; the blood is dark and its hemoglobin may be altered, while the urine may contain albumin or sugar.

*Hydrogen Sulphid in Sewers.*—Workmen in excavations are sometimes overcome by  $H_2S$ , when a spring containing this gas is tapped. Workmen are also occasionally overcome in the dead ends of sewers, in gate chambers or manholes, and in these cases  $H_2S$  is sometimes said to be the cause of the accident.

Hydrogen sulphid is formed from sewage by the breaking down of protein and also by bacterial action upon inorganic sulphates.

In America, and, so far as known, in Europe, there are no data indicating that this gas ordinarily is present in measurable quantities in sewers. At Worcester it is stated that careful examination of large volumes of sewer air failed to show the presence of either hydrogen sulphid or carbon monoxid. At Lawrence it is also stated that hydrogen sulphid has never been detected in measurable amounts in the gas of any of the septic tanks.

On the other hand, it is known that hydrogen sulphid makes its presence known around a number of septic tanks by the discoloration of lead paint, and even from the odor of the gas, as well as its disintegrating effects upon masonry. Mr. W. Thwaites<sup>11</sup> records from 0.2 to 1.1 per cent. of free hydrogen sulphid per volume and 0.2 to 0.9 per cent. of combined hydrogen sulphid in the sewerage system of Melbourne, Australia. The sewage of this city flows for a distance of about 18 to 25 miles and is applied to sewage farms. Hydrogen sulphid combines readily with basic constituents of sewage and thus differs from methane, nitrogen, hydrogen, and other gases arising from decomposition.

The spent liquors from tannery wastes sometimes contain calcium sulphid, which is used to remove the hair from the hides, and also sulphuric acid which is used in one of the processes of tanning. When the acid meets the calcium sulphid, hydrogen sulphid is evolved, endangering those in the sewers or along the trunk lines. Two fatalities which were attributed to this cause occurred in Stoneham, Massachusetts.

The amount of hydrogen sulphid ordinarily found in "sewer gas" which may escape into houses as a result of defective plumbing, is so small and so dilute as to produce no known symptoms. Hydrogen sulphid is by no means the only malodorous product of the decomposition of sewage; indol, skatol, cadaverin, mercaptan and other ill-defined products are even more offensive than hydrogen sulphid.

*Sulphur Dioxid.*—Sulphur dioxide is extremely irritating and causes bronchitis. Those exposed to the fumes in the bleaching of cotton and worsted goods are frequently fallow and anemic.

## SEWER GAS

Sewer gas, once a hygienic bugaboo, is now not seriously regarded by sanitarians. Sewer gas became the residual legatee of Murchinson's pythogenic theory, namely, that typhoid fever was "produced by emanations from decaying organic matter." People naturally cling to the notion that anything that smells bad must be detrimental to health; sanitarians know however that our sense of smell is a very poor sanitary guide.

Sewer "gas" is nothing more or less than air containing the volatile products of organic decay coming from sewers and drains. Sewer gas is a variable mixture both as to composition and concentration. Some of these gases are more or less poisonous, but not in the great dilution ordinarily found in sewer air. As a matter of fact, the air of sewers is ordinarily freer of dust and bacteria than the corresponding outside

<sup>11</sup> Thwaites, W.: *Tr. Am. Soc. of Civil Eng.*, Vol. LIV, Part E, pp. 214-30.

air, although it may be a little higher in carbon dioxide—10 to 30 volumes per 10,000. It is absurd to regard sewer gas as the cause of diphtheria, typhoid fever, scarlet fever, and other communicable diseases. So far as unpleasant odors are concerned, they are more apt to come from defective drains or unclean and unventilated house plumbing than from a well-constructed sewer. The subject of putrid odors from sewers is a highly complicated one. Odors are due, in most part, to decomposition products, such as hydrogen sulphid, ammonia, indol, skatol, phosphin, mercaptan, phenol, and various acids, such as acetic, butyric, valerianic and other compounds. Workmen employed in sewers and about sewage ordinarily remain hale and healthy. "Sewer gas" as a rule is no more hurtful than the gases and odors a farmer subjects himself to on the manure pile.

Winslow and Greenberg<sup>12</sup> exposed guinea-pigs to strong odors and gases from putrefying feces, and found that there was a reduction in the rate of growth during the first week, but the animals soon became accustomed to the odor and attained after two weeks a normal growth.

Delepine<sup>13</sup> could not detect any influence of sewer air either upon the growth curve of cats, rabbits, and guinea-pigs, or upon their susceptibility to a spontaneous epidemic due to infected food.

**Bacteria in Sewer Air.**—When it was found that there are no dangerous volatile poisons in sewer air attention was focused upon the bacteria; however, Nägeli as long ago as 1877 showed that putrescent liquids kept in the same sealed vessel for over two years did not infect each other. Sir Edward Frankland then showed that lithium carbonate in solution did not contaminate the air, but that when effervescence was produced the breaking of the bubbles on the surface of the liquid carried the lithium a distance of 21 feet up a vertical tube. The inference was that sewage through fermentation or splashing may send bacteria into the air. Pumpelly in 1881 and others since have shown that bacteria are not given off from a liquid if the surface remains unbroken, even though the air may blow over it. In 1893 Miquel began a monumental work upon bacteria of the air. He made routine observations at the Montsouris Observatory, and for four years compared the bacteria in the air of a Paris street with the air of sewers. He found sewer air relatively pure from a bacteriological standpoint. Carnelly and Haldane in 1877 found fewer bacteria in the sewers under the House of Parliament and other places than in the air of adjacent streets. The number of bacteria was largest in the best-ventilated sewers, because these brought the street bacteria along with them. Abbott in 1894 showed that cul-

<sup>12</sup> *Proceed. Soc. Exp. Biol. and Med.*, May 15, 1918.

<sup>13</sup> Report of Sewer Ventilation Committee upon the Effects on Health of the Air of the High Street Sewer in Manchester, 1909.

tures of *B. prodigiosus* are not carried over in bubbles produced by natural fermentation (yeast in a carbohydrate medium), but may be carried a short distance by blowing air at considerable velocity through the culture. He concluded that the danger of bacteria being transmitted from sewage into the air under ordinary circumstances is practically negligible. In 1907 Horrocks revived this question by placing *B. prodigiosus* in the water-closets of a large military hospital in Gibraltar, and recovering them on plates suspended on top of the soil pipes and in manhole openings. His work gave countenance to the views of a number of English sanitarians, who maintain the reality of the danger from this source. Winslow repeated Horrocks' experiments in 1909, using the ordinary sewage of Boston, and by using quantitative methods threw a different light upon Horrocks' conclusions. He found that a vigorous foaming produced very slight bacterial infection of the air—only five *prodigiosus* colonies in 30 liters of air. Further, the infection always remained localized. Generally he found the air of house drains singularly free from bacteria. It, therefore, seems theoretically possible, but very improbable, that infection may take place in this way. Practically the question seems to have little importance. Thus, out of a series of examinations of plumbing systems in actual use, Winslow found intestinal bacteria only four times in 200 liters of air, and these directly at the point of local splashing.

If there is any danger of sewage bacteria coming into our houses, it is rather that they are dragged in by rats, roaches, water bugs, and other vermin that use sewers and drains as highways.

**Accidents in Sewers.**—Workmen who enter parts of a sewerage system are sometimes overcome. Practical sewer men know that the danger is found in the dead ends, gate chambers, manholes, and similar places where the gases can accumulate; also in suddenly relieving an obstruction in a sewer, thus permitting a blast of gases. There are no such dangers in a well-ventilated sewer. Stagnant sewage and sludge, combined with lack of ventilation, form conditions resembling a septic tank, and it is this combination that menaces the workers. A free flow of sewage promotes ventilation and diminishes the chances of gases accumulating.

The principal gases given off from sewers are methane, carbon dioxid, hydrogen, ammonia, and sometimes hydrogen sulphid. None of these gases is particularly poisonous, excepting the last. When carbon monoxid is found in sewer air it does not come from the decomposition of the sewage, but from illuminating gas which leaks in. Many analyses of sewer air in many different places show that hydrogen sulphid is usually absent.

The following table gives the percentage of gases found in settling tanks in various cities of the United States:

SETTLING TANK GASES: PERCENTAGE OF CONSTITUENTS <sup>14</sup>

	Methane	Nitrogen	CO <sub>2</sub>	O	H
Atlanta.....	84.1	3.1	4.6	.4	8.6
Chicago.....	84.9	6.2	8.6	....	...
Urbana.....	81	6.1	12.3	.13	...
Columbus.....	83.5	9.3	8.1	....	...
Worcester.....	57.7	32.5	8.2	1.2	...
Lawrence.....	78.9	16.3	3.4	.5	...
Manchester....	73	16	6	....	5

The danger in entering manholes, gate chambers, or dead ends of sewers is from: (1) illuminating gas which has leaked in; (2) asphyxia on account of an accumulation of carbon dioxid and methane; (3) trade wastes containing volatile substances, such as petroleum products from garages, dry cleaning establishments, oil works, or gases caused by spent liquors from tanneries, chemical works, etc.; (4) poisonous gases, as hydrogen sulphid, which are said sometimes to accumulate in appreciable amounts.

*Explosions in sewers* are due to illuminating gas from leaks; benzin, naphtha, and gasolene from garages, dyeing and cleaning works, and also from lithographic works; hydrocarbon oils used by railroads to prevent freezing of switches, and other inflammable and explosive substances. The gases may be fired by open lights carried by workmen, by the sparks from trolley cars or fire engines passing over manholes, or by lightning. The prevention is constant ventilation; traps for catch basins, and furnishing workmen with electric lights or safety lamps to replace ordinary lanterns.

### ILLUSTRATIVE CASES OF DEATH BY SEWER GAS

*Case No. 1.*—The main sewer of the town of Revere, Mass., discharges into the sea near the southerly end of Revere Beach. In order that the sewage might not discharge on the incoming tide, a covered tank was built near the seashore into which the sewage collected, and the tank was constructed of such capacity that the sewage would not rise as fast as the tide. On the other hand, the bottom of the tank was somewhat above low tide. In consequence, the flow of the sewage was shut off by a tide gate when the tide was high for several hours and subsequently discharged automatically as the tide went down and the sea had fallen below half tide. Two men were sent to clean the tank, which was done by stirring up the sediment with a stream from a 2½-inch fire hose at about the time the tank would discharge. It appears that trouble

<sup>14</sup> *Engineering Record*, Febr. 5, 1915.

had been previously experienced by gases in the tank chamber at such times, and the man in charge was warned of this, but he neglected to warn his helper whom he sent down into the tank; the helper was overcome and drowned. In the lawsuit the main question raised was whether the town agents exercised due care in the matter, and the jury decided that they did not, and awarded full damages to the plaintiff. No evidence was presented to show the character of the gas which doubtless caused the accident except that the evidence showed that the gas was odorless. It was generally believed by those interested in the case that the gas was  $\text{CO}_2$ .

*Case No. 2.*—On August 6th Henry G. Parker,<sup>15</sup> an able and valued member of the staff of the Engineering Department of Los Angeles, lost his life while inspecting a weir chamber of the outfall sewer connecting the Los Angeles sewer system with the Pacific Ocean. Mr. Parker and Mr. Derby entered the chamber to test the working of the gate, which was raised and lowered by means of a hand-wheel and screw. In attempting to raise the gate they were overcome with the foul air and were required to retreat to the surface three separate times. The third time Mr. Parker suddenly fell a distance of twenty feet, and the body slipped from the sluiceway and was sucked into the sewer before rescue could be accomplished. Death was doubtless due in large part to the effect of the gases and the fall of twenty feet, and not to drowning, as very little water was found in the lungs. Just what gases were present is not stated.

*Case No. 3.*—During the pumping out of a manhole in Charleston, S. C., in May, 1911, a small boy was sent down to remove some chips which threatened to obstruct the suction pipe. He succumbed almost immediately. One of the workmen went down to rescue him; he also became unconscious. A third party, with a rope tied around him, went to the rescue of the two. When taken from the manhole, the small boy was dead, and the second man was unconscious. The symptoms reported by Dr. Jager and Dr. Jerdey were those of hydrogen sulphid poisoning. A qualitative analysis of the air of the manhole made at a later time showed the presence of hydrogen sulphid and no appreciable quantities of carbon monoxid. It is assumed in this case that the hydrogen sulphid in the manhole probably accumulated and became concentrated in the bottom of the manhole, although it was recognized that other gases may have contributed to the gravity of the condition.

*Case No. 4.*—A laborer went into an intercepting sewer on Market Street in Lynn, Mass., to inspect it, and after he had proceeded into the sewer about 250 feet his lantern exploded, covering him with blazing oil. The cause was assumed to be illuminating gas that had leaked into the sewer from some unknown place. The man had his hair singed and

<sup>15</sup> *Engineering Record*, Aug. 28, 1909, LX, 9, p. 252.

his face badly blistered, and was partly overcome. The sewer was not ventilated, nearby manholes having been closed.

**Prevention of Accidents in Sewers.**—To prevent accidents in manholes, and other parts of the system where sewer gases may collect, it is advisable for men always to work in pairs, and to be ready with rope, tackle and tripod in case of emergency. Accidents may be prevented by clearing out cul-de-sacs where sewer gases are likely to collect, before the men enter such places. This may be done by an air blast, but as this is usually not at hand the same purpose may be accomplished by a water spray having a good head and volume. This stirs up the air and ventilates the pocket.

Other precautions to determine the presence of dangerous or irrespirable gases consist in lowering a candle, a safety lamp, or small animals (canary or mouse) in a cage.

**Ventilation of Sewers.**—Sewers cannot be constructed airtight on account of the numerous openings into them. The tension of the air in sewers is generally not very different from that of the atmosphere outside. The movement of the air is generally in the direction of the flow of the current. The simplest plan of ventilation is by means of a shaft from the top of the sewer to the surface of the street or road above, where the opening of the shaft should be covered by an iron grating. These openings are usually placed at intervals of 100 yards or so. This system, which is in common use, has been much criticized, mainly on account of the fact that the objectionable gases are discharged more or less immediately under the noses of passers-by. To meet this objection it has been proposed, and actually come about in some places, to locate tall iron shafts at suitable intervals to permit the discharge of air and gases at a level well above the roofs of houses. As a matter of fact, if sewers are well constructed, have sufficient fall and flow of water, there will be no accumulation of foul gases. One of the main causes of decomposition is due to dead ends. These should not be tolerated by the engineer in charge of the sewage department. Recently an agitation has been started to solve this question of sewage ventilation by advocating the abolition of the intercepting traps on the house drains between the sewer and the house, thus converting every house drain and every soil pipe into so many sewer ventilators. There are many objections to this plan, as it would destroy the drain isolation between the houses, which is now possible from the sewer, and from the neighboring houses of the district.



## CHAPTER V

### FRESH AND VITIATED AIR

#### THE BENEFITS OF FRESH AIR

Fresh air is nature's tonic. It stimulates digestion, promotes assimilation, improves metabolism, strengthens the nervous system, and increases our resistance against some diseases. It is a common experience that fresh air gives us a general feeling of well-being. Much of the benefit of an outdoor life comes also from the exercise, diversion, sunshine, and other factors. The stimulating effect of outdoor air varies considerably with the temperature and movements of the air. The ceaseless variations in the rate of cooling, evaporation and absorption of radiant energy, in outdoor conditions, relieve us of monotony and stimulate tone and metabolism. Cold air is especially stimulating, and much of the good of sleeping out of doors is perhaps secondarily due to the tonic action of cold. Sleeping out of doors or with open windows atones for much bad air during the daytime. However, the good results of fresh air may be neutralized by undue exposure to cold, especially in the young, the aged, and the feeble—or even in robust individuals not properly protected.

“We may write and talk as much as we please about the horrors of bad air and the importance of fresh air, but we should never induce people to sit in cold drafts and shiver for the sake of pure air, and, in fact, we would not want to do it ourselves” (Macfie). Extremes in this as in all matters hygienic are to be avoided. It is important that those who sleep out of doors or sit out should be warmly clad and sufficiently fed.

#### THE EFFECTS OF VITIATED AIR

The effects produced by an atmosphere vitiated by the breath and other exhalations from human beings may be divided into acute and chronic. The acute effects are usually lassitude, headache, vertigo, nausea, vomiting, and even collapse. In extreme cases death may ensue. The chronic effects, so far as is known, include anemia, debility, and disturbances of digestion. Prolonged exposure to vitiated atmospheres also influences nutrition and metabolism, depresses vitality, and

lowers the resistance to certain infections, especially to the pyogenic cocci, the tubercle bacillus, the pneumococcus, and to the microorganisms causing common colds. It is often difficult, especially in the poorer classes, to know how much is due to bad air and how much to crowding, poor food, overwork, loss of sleep and rest, worry, and other inflictions of poverty. There is plenty of evidence to show that men living in insufficiently ventilated barracks and other habitations have a high death rate. The lower animals under like conditions in crowded and poorly ventilated stables also have a high mortality. The statistical evidence of the English Barrack and Hospital Commission, published as long ago as 1861, shows that men living a considerable portion of their time in badly ventilated rooms have a higher death rate than those having well-ventilated rooms, other conditions being about the same.

The high morbidity and mortality in crowded places are due, in part at least, to the favorable conditions for the spread of the communicable diseases, and must not be laid entirely to the effects of vitiated atmospheres.

**Some Extreme Cases.**—The acute and fatal effects caused by breathing a seriously vitiated atmosphere, under unusually severe conditions, are well illustrated by the three following instances:

After the battle of Austerlitz 300 Austrian prisoners were shut into a prison in a small cellar, and 260 were killed by the impure air in a few hours.

In the tragedy known as the Black Hole of Calcutta, the military prison of Fort William, January 18, 1756, 146 adults were shut into a room only 18 feet square and with but two small windows on one side to ventilate it. They were shut in at 8 P. M., and within an hour some were dead, and when the door was opened at 6.20 next morning only 23 were found to be alive. One of the survivors gives the following description of the horrors of the night: "At this period so strong a flavor came from the prison that I was not able to turn my head that way for more than a few seconds at a time. Everybody except those at the windows now grew outrageous and many delirious. By eleven o'clock greater numbers were dead or dying, and those living were in an outrageous delirium and others quite ungovernable. A steam now arose from the living and the dead, which most awfully affected those who were still alive. At six o'clock next morning it came to the ears of the Indian governor the havoc death had made in this fearful place, and he ordered their release. At 6.20 there came out of this living grave 23 *half-dead creatures*, being all that remained of the 146 souls who had entered the Black Hole prison, and these were in such a condition that it seemed very doubtful whether they would see the morning of another day. Many of the survivors developed putrid fever and boils. The remaining 23 were poisoned by exhalations from their own lungs and bodies."

An almost equally terrible tragedy took place on the steamer *Londonderry*, going between Sligo and Liverpool. The episode is thus described by G. Henry Lewes ("Physiology of Common Life"):

"On Friday, December 2, 1848, she left for Liverpool with two hundred passengers on board, mostly emigrants. Stormy weather came on, and the captain ordered every one below. The cabin for the steerage passengers was only 18 feet long, 11 feet wide, and 7 feet high. Into this small space the passengers were crowded; they would only have suffered inconveniences if the hatches had been left open; but the captain ordered these to be closed, and—for some reason not explained—he ordered a tarpaulin to be thrown over the entrance to the cabin and fastened down. The wretched passengers were now condemned to breathe over and over again the same air. This soon became intolerable. Then occurred a horrible scene of frenzy and violence, amid the groans of the expiring and the curses of the more robust; this was stopped only by one of the men contriving to force his way on deck, and to alarm the mate, who was called to a fearful spectacle: seventy-two were already dead, and many were dying; their bodies were convulsed, the blood starting from their eyes, nostrils, and ears."

The foregoing instances are exceptional, and for practical purposes may be regarded simply as the results of suffocation. The usual conditions never approach such extremes, but are, nevertheless, important, for they may be serious. We must first consider the question why an atmosphere vitiated by the presence of human beings produces ill effects.

Three explanations have been offered: (1) increase of carbon dioxid and diminution of oxygen; (2) poisons in the expired breath; (3) physical changes of the air. Each of these explanations will be considered separately.

#### **The Effects of Increased Carbon Dioxid and Diminished Oxygen.—**

According to the older theories, the sensations of discomfort, arising in inclosed places, had their origin either in an excess of carbon dioxid or an insufficiency of oxygen. Thus, in the early experiments of Claude Bernard (1857) animals were confined in atmospheric air and in mixtures both richer and poorer in oxygen than atmospheric air. He explained the poisonous effects of carbonic acid when respired to be due to the fact that it deprived the animal of oxygen. Similar results were reported by Valentin and by Paul Bert. Richardson in 1860-61 found that a temperature much higher or lower than 20° C. had the effect of shortening very considerably the lives of animals confined in an unventilated jar. Pettenkoffer in 1860-63 cast the first serious doubt on the correctness of these theories. He believed that the symptoms observed in crowded, ill-ventilated places were not produced by the excess of carbonic acid nor by a decrease in the proportion of oxygen in the air. He further did not believe that the impure air of dwellings was directly

capable of originating specific diseases, or that it was really a poison in the ordinary sense of the term, but that it diminished the resistance on the part of those continually breathing such air.

Hermans<sup>1</sup> showed that an atmosphere containing only 15 per cent. of oxygen and as much as 2 to 4 per cent. of carbon dioxid may not be harmful. On removing the carbon dioxid there was no great discomfort, even when the oxygen was reduced to 10 per cent. The air of certain breweries examined by Lehmann<sup>2</sup> contained 1.5 to 2.5 per cent. of carbon dioxid, and men worked continuously in this for years without any ill effects. The CO<sub>2</sub> occasionally rose to 6 per cent. and more, but this amount produces panting and distress. It is now generally admitted, upon the testimony of numerous experimenters, that an atmosphere containing as much as 3 per cent. of carbon dioxid and as little as 15 per cent. of oxygen has no toxic effects and produces no disturbing symptoms. In the most poorly ventilated rooms the carbon dioxid never reaches this amount, especially when produced by respiration alone. It is unusual to find 0.5 per cent. In the most crowded rooms the oxygen rarely reaches as low as 20 per cent. In mines the oxygen is often deliberately kept down to 17 per cent. with the object of avoiding dust explosions. It is, therefore, plain that we must look to other causes for the effects of vitiated air. See also pages 867 and 872.

**Poisons in the Expired Breath.**—In 1863 Hammond believed he demonstrated the presence of organic matter, because when vitiated air is passed through potassium permanganate, it decolorizes that strong oxidizing agent. Hammond confined a mouse under a jar in which the CO<sub>2</sub> was taken up by baryta water as fast as it was formed and the moisture absorbed by calcium chlorid. Nevertheless, the mouse died in 40 minutes. The observation was repeated a number of times, and death ensued invariably in less than one hour. Brown-Séquard and D'Arsonval in 1888-9 claimed to be the first to demonstrate poisonous bodies in the expired breath. They condensed the moisture in the exhaled breath, which was injected into the veins of rabbits. Death usually took place in a few days, sometimes in a few weeks. They believed from this that they had discovered a volatile organic poison of the nature of an alkaloid, similar to Brieger's ptomains. These experiments were repeated with variable results, but in 1889 they reported ingenious experiments in which they obtained additional evidence in support of their former statements. Rabbits were confined in a series of jars connected with rubber tubing, permitting a constant current of air to be passed. The animal in the last jar received the air from the lungs of the animals in the other jars. This animal died after an interval of some hours,

<sup>1</sup>Hermans: "Ausschaltung organischer Substanzen durch den Menschen," *Archiv f. Hyg.*, 1883, I, 1.

<sup>2</sup>Lehmann: "Untersuchung über die langdauernde Wirkung mittlerer Kohlensäuredosen auf den Menschen," *Arch. f. Hyg.*, 1899, XXXIV, 335.

and the animal in the next jar was the next to die. The first and second animals usually remained alive. When absorption tubes containing concentrated sulphuric acid were placed between the last two jars, the animal in the last jar remained alive while the one in the jar just before was the first to die. These results confirmed their belief in the existence of a volatile poison absorbed by the sulphuric acid. Haldane and Smith repeated the experiments of Brown-Séquard and D'Arsonval, using five bottled mice. They continued the exposure for 53 hours without ill effects to the mice. Beu in 1893 also repeated these experiments, and came to the conclusion that acute poisoning through the organic matters contained in the expired air was not possible, and that the death of the animals was due to changes of temperature and accumulation of moisture in the jars. Rauer in 1893, also Lübberd and Peters, concluded from similar experiments that there are no organic poisons in the expired air. In fact, Merkel stands almost the only sponsor for the correctness of the conclusions of Brown-Séquard and D'Arsonval, and with some slight changes of technic he was unable to get uniform results.

Lehmann and Jessen in 1890 collected from 15 to 20 c. c. of condensed fluid per hour from the breath of a person exhaling through a glass spiral laid in ice. This fluid was always clear, odorless, neutral in reaction, and contained slight traces of ammonia with good teeth; more with poor teeth. Inoculation of this condensed fluid into animals gave negative results. Many other experiments, including von Hoffman-Wellenhof, Lehmann and Jessen, Haldane and Smith, Billings, Weir Mitchell, and Bergey, have shown that the fluid condensed from the breath is no more toxic than distilled water, when injected into animals. This has strengthened the general belief that poisonous bodies are not present.

In 1894 Brown-Séquard and Davis reported further experiments in which they inoculated over one hundred animals with the condensed fluid of respiration, and not only confirmed their former statements, but were unable to understand the failure of other experimenters, and emphatically reaffirmed that the breath contains a volatile poison and that the death of animals under experimental conditions is not due to an excess of carbon dioxid nor a deficiency of oxygen. These experiments were repeated by Billings, Mitchell, and Bergey<sup>3</sup> in 1895, who came to the conclusion that the ill effects of vitiated atmosphere depend almost entirely upon increased temperature and moisture, and not on an excess of carbon dioxid or bacteria or dust of any kind. They admit that the cause of the musty odor in unventilated rooms is unknown.

<sup>3</sup>Published by Smithsonian Institution, 1895. Contains a summary of the literature to date, with references to authorities.

In addition to reducing potassium permanganate, it has been shown that the breath contains traces of ammonia and traces of hydrochloric acid. These have their origin in decaying teeth and decomposing particles of food or other putrefactive or pathological changes occurring in the upper respiratory passages. The ammonia and hydrochloric acid exist in such small quantities that they have no practical bearing upon the question under consideration.

Weichardt<sup>4</sup> calls attention to the fact that putrefactive processes go on in the excretory products of the respiratory tract, especially in older persons. He states that the bronchial mucus of corpses contains a poison resembling kenotoxin (the toxin of fatigue). When injected into laboratory animals it produces a lowering of temperature, a slowing of respiration, and death. According to Weichardt, fluids condensed from the expired air and then concentrated, when injected into mice, produce like results. This investigator also evaporated some of the condensed moisture from the expired breath and obtained a weighable residue (9 milligrams from 10 c. c.). This he regards as partly organic matter. As further proof that the organic matter in the expired breath is active, he obtained from the expired breath of a tired old man the condensed fluid which he then concentrated. This concentrated fluid has a distinct inhibitory effect upon the oxidizing power of the ferments in blood, as shown by the guaiac indicator. Also by means of the epiphanin reaction Weichardt considers that he has demonstrated protein-split products in the vitiated air of a room. He concludes that substances having such important biological power should not be longer overlooked. These results lack confirmation, and the methods are open to criticism.

Rosenau and Amoss<sup>5</sup> demonstrated the presence of minute traces of non-poisonous protein matter in the expired breath through the reaction of anaphylaxis. The first injection into guinea-pigs of the fluid, obtained by condensing the moisture of expiration, is harmless, but the animals become sensitized, so that they react to an injection of human blood serum after an interval of several weeks. These results lack confirmation, in fact Weisman and also Winslow obtained negative results. In any event there is no evidence that the expired breath contains a poisonous substance.

**Physical Changes in the Air.**—Owing to the failure of chemistry to demonstrate the cause of the ill effects produced by a vitiated atmosphere, attention has recently been focused upon the physical changes, such as the increase in temperature, increase in humidity, and the stillness of the air in a poorly ventilated room. Hermann in 1883 first

<sup>4</sup>Weichardt: "Ueber Eiweißspaltprodukte in der Ausatmenluft," *Arch. f. Hyg.*, 1911, 74 Bd., Heft 5.

<sup>5</sup>"Organic Matters in the Expired Breath," *Jour. of Med. Research*, Vol. XXV, No. 1, Sept., 1911, p. 35.

pointed out that heat and moisture were probably the factors that produced the harmful effects of bad air rather than its chemical composition. Important experiments were carried out about five years ago in the Institute of Hygiene in Breslau by Heymann, Paul, and Erclentz. Flügge,\* who was then the director of the institute, has admirably summarized and interpreted the results as follows:

Paul placed healthy individuals in a cabinet of 3 cubic meters' capacity, where they were kept for a variable time up to four hours, and until the carbon dioxid had risen to 100 or 150 parts in 10,000—an accumulation of gaseous excretion practically never developed under ordinary conditions. In these experiments no symptoms of illness or discomfort developed so long as the temperature and moisture were kept low. Tests of the psychic fatigue of these individuals by means of the esthesiometer and ergograph, or by means of computations, gave negative results throughout, under similar conditions of temperature and moisture. Tests in a crowded schoolroom were similarly negative. Erclentz made the same observations on diseased persons. Those suffering from emphysema, heart diseases, kidney diseases, etc., with the exception of a few peculiarly susceptible anemic and scrofulous school children, bore the highly vitiated air for hours without any evidence of bodily or mental depression.

The results were very different, however, when the temperature and moisture of the air of the cabinet were allowed to increase. At 80° F. with moderate humidity, or at from 70° to 73.5° F. with high humidity, practically all persons began to show depression, headache, dizziness, or a tendency to nausea. The susceptibility was not alike for all. School children reacted slightly and emphysematics slightly, while those with heart troubles were most susceptible. By means of certain objective signs of heat stagnation—the surface temperature of the forehead and the temperature and moisture of the clothed parts of the body—it was determined that subjective symptoms appeared only when the surface temperature reached a certain height. This was, for healthy people, 93° F. to 95° F. on the forehead; for the more susceptible and diseased, 89.5° to 91.5°; and with the moisture of the skin increased by 20 or 30 per cent. Under these conditions the normal dissipation of body heat is interfered with, and it is under these conditions that

\* Flügge: *Ztschr. f. Hyg.*, 1905, XLIX, 363. Crowder: *Archives of Internal Medicine*, Jan., 1911, Vol. VII, pp. 85-133. Contains an admirable summary and references to the literature upon the subject. More recent references will be found in Crowder's article, *Arch. of Int. Med.*, Oct., 1913, p. 420. Winslow, C.-E. A., and Palmer, G. T.: *The Effect upon Appetite of the Chemical Constituents of the Air of Occupied Rooms*. *Proceed. Soc. Exp. Biol. and Med.*, 1915, XII, 141. Hill, L., Flack, M., McIntosh, J., Rowlands, R. A., and Walker, H. B.: *The Influence of the Atmosphere on Our Health and Comfort in Confined and Crowded Spaces*, *Smithsonian Miscel. Col.*, 1913, No. 22, LX. Henderson, Y.: *The Unknown Factors in the Ill Effects of Bad Ventilation*, *Trans. 15th Inter. Cong. on Hyg. and Demog.*, Washington, 1913, II, 622.

symptoms appear which are in every way similar to those developed in overfilled and "stuffy" rooms.

Now, when these people in the cabinet suffering from such symptoms were allowed to breathe the fresh outside air through a tube, such air being raised to the temperature and relative humidity of that within, it gave them no relief whatever; nor did the internal air produce any symptoms when breathed through a tube by one outside of the cabinet. But the symptoms of discomfort and illness experienced by the person within could be almost immediately relieved either by drying the air of the cabinet or by cooling it, or by putting it in rapid motion by means of a fan, without any chemical change being made in the air. The effect of these measures is simply by purely mechanical means to enable the body to throw off its heat more rapidly, and thereby all symptoms disappear; heat stagnation is the cause of the discomfort.

From the long series of experiments, carried out with great care as to all the details of observation and control, it is concluded that all of the symptoms arising in the so-called vitiated atmosphere of crowded rooms are dependent on heat stagnation in the body, and that the thermic conditions of the atmosphere, its moisture, and its stillness are responsible for the effects. To change any one of these elements is to change the rapidity of the loss of heat. If the change is such as to increase this loss, comfort is restored. It is also considered proved beyond any reasonable doubt, by their own as well as by previous research, that there is no gaseous excretion into the surrounding air, either from the breath or from other sources, deserving of the name of poison.

Angelici,<sup>7</sup> working independently at about the same time, concurs in these opinions; and Reichenbach and Heymann<sup>8</sup> later determined that objective evidence of heat stagnation in the body always precedes the development of subjective symptoms of discomfort under natural conditions, in the same way it does under the artificial conditions of the cabinet.

Leonard Hill<sup>9</sup> of England also has confirmed these general results and conclusions.

The New York Commission on Ventilation<sup>10</sup> found that the power to do mental or physical work, measured by the quantity and quality of the product by subjects doing their utmost, is not at all diminished by a room temperature of 86° F., with 80 per cent. relative humidity, but the inclination to do physical work is diminished by high temperatures.

<sup>7</sup> Angelici: Quoted by Reichenbach and Heymann, *Ztschr. f. Hyg.*, 1907, LVII, 23.

<sup>8</sup> Reichenbach and Heymann: "Untersuchungen über die Wirkungen klimatischer Factoren auf den Menschen," *Ztschr. f. Hyg.*, 1907, LVII, 23.

<sup>9</sup> Hill, Leonard, Rowland, R. A., and Walker, H. R.: "The Relative Influence of the Heat and Chemical Impurity of Close Air," London Hosp. Med. Col., *Journal of Physiology*, LXI, 1911.

<sup>10</sup> *Amer. Jour. of Public Health*, Vol. V, February, 1915, No. 2, p. 85.



The only effect of stagnant air, even when it contains twenty or more parts of carbon dioxid, is slightly to diminish the appetite.

The experiments seem to indicate that overheated rooms are not only uncomfortable, but produce well marked effects upon the heat regulating and circulatory systems of the body and materially reduce the inclination of occupants to do physical work. The most important effects of even a slightly elevated room temperature, such as 75° F., are sufficiently clear and important to warrant careful precautions against overheating. A warm atmosphere, especially if moist and still, causes a rise in bodily temperature and this in turn disturbs metabolism, decreases working power, and causes early onset of fatigue. It is now clear that most of the symptoms caused by poorly ventilated rooms are due to the prevention of heat loss owing to the physical conditions of the air. See also pages 904-913.

**Reinspiration of Expired Air.**—By this phenomenon is meant the immediate reinspiration of a portion of our expired breath. This occurs quite commonly, in fact may almost be regarded as a normal accompaniment of respiration during the major part of our lives. Lehmann<sup>11</sup> and also Heymann<sup>12</sup> determined the CO<sub>2</sub> of the inspired air, compared this with the CO<sub>2</sub> of the surrounding air, and from the difference computed the proportion of the breath which was reinspired. They found this proportion to vary greatly. It was sometimes more than 6 per cent., but dropped to zero in the open air, and in a breeze of 3 meters per second. Crowder<sup>13</sup> confirms these observations and extends them much further. He shows that under many conditions the air about the face contains much more CO<sub>2</sub> than the surrounding air. The path of the expired air may roughly be seen by watching the course of smoke blown from the nostrils. The expired air leaves in a cone-shaped expansion, part of which lies quite close to the body, and then rises slowly by convection currents. Inspiration follows expiration immediately, therefore every chance is offered for some of the expired air to be again drawn in, except when facing a breeze of from 200 to 300 feet per minute, or when walking, riding, or fanning. When the back is turned to a breeze a little of the expired air is often reinhaled in spite of the current.

The position of the head influences the amount of air rebreathed. Thus Crowder has shown that while sitting upright the reinspiration was 2.3 per cent.; lying down with a pillow tilting the head forward, 1.3 per cent.; lying flat, head thrown back, none at all. In the ordinary position in bed, with the head on the side and flexed, with pockets or

<sup>11</sup> Lehmann: "Der Kohlensäuregehalt der Inspirationsluft im Freien und im Zimmer," *Arch. f. Hyg.*, 1899, XXXIV, 315.

<sup>12</sup> Heymann: "Ueber den Einfluss wieder eingeathmeter Expirationsluft auf die Kohlensäure-Abgabe," *Ztschr. f. Hyg.*, 1905, XLIX, 388.

<sup>13</sup> Crowder: *Archives of Internal Med.*, Oct., 1913, Vol. XII, pp. 420-451.

dead spaces for the air to stagnate, there will be a greater retention of expired air. This occurs especially when the head sinks into a soft pillow.

It may be concluded that when one lives indoors and remains quiet he will immediately rebreath from 1 to 2 per cent. of his own expired air; in bed it will be more, from 1 to 5 per cent., and even 10 to 18 per cent., depending on the position in which he lies. Nor does sleeping in the open insure "pure" air, for breathing, especially when one buries his head between pillows and bedclothes for the sake of warmth. On the other hand, it is plain that "a little extension of the dead space beyond the tip of the nose is of no consequence."

### SUMMARY

It is now perfectly plain that the ill effects resulting from a vitiated atmosphere are not due to an increase of carbon dioxide nor to a diminution in oxygen. Upon this point all are agreed. The general consensus of opinion also excludes poisonous bodies in the expired breath as a factor.

Sanitarians are satisfied, with the evidence presented, that most of the discomfort is due to physical changes only. If a normal heat interchange can be maintained between the body and the air the symptoms which are commonly attributed to poor ventilation do not develop. According to this view the vital element of the ventilation problem becomes that of regulating the temperature, moisture, and motion of the air. When the air is still we are surrounded by an "aërial envelope" with a temperature and moisture resembling the open air on a hot and humid day. The symptoms caused by crowd poisoning, such as oppression, malaise, headache, vertigo, nausea, vomiting, and even collapse, indeed resemble those of heat exhaustion.

Metabolism is reflexly retarded by a warm aërial envelope, and stimulated by cool moving air, the consumption of oxygen by the tissues and the production of  $\text{CO}_2$  by them being much less in warm air than in cold air.

Even those who look upon the physical changes in the air as the sole cause of the discomfort rather than the possibility of chemical changes admit that a certain amount of fresh air must be supplied. Flügge himself urges that life in the open should be more and more resorted to, but he would have the motive correctly understood, not that the chemical condition of inside air is harmful, but that it is the overheating of rooms that causes disturbances of health. Flügge states that one should go into the open not because he may breathe chemically purer air, but because its almost constant motion carries away the body

heat and causes a beneficial stimulation of the skin and reflexly brings about a heightened cell activity that aids in the development of sturdy health. The chemistry of air and "crowd poisons" have little or no part to play in the explanation of outdoor benefits or of indoor discomforts. These are both dependent upon physical conditions, and their explanation rests with the physics of heat interchange between the body and its surrounding medium.

There is some danger in regarding the ill effects of poor ventilation as due to thermal and other physical factors alone. According to this theory it is only necessary to keep the temperature and moisture down and keep the air in motion; a closed office with an electric fan would take the place of any system of ventilation. There is already a clamor against the laws requiring fresh air in workrooms, based upon Flüggé's views. This is a natural corollary of Flüggé's views. If rebreathing the same air is not hurtful, the ventilation of living rooms may be greatly simplified by simply keeping the physical conditions of the air within the limits of comfort. Furthermore, a great economy would be effected. It is, however, not scientific to insist that the chemical changes in a vitiated atmosphere may be disregarded, because we cannot at present demonstrate immediate relationship between cause and effect; neither is it safe to deny dogmatically the existence of injurious substances in a vitiated atmosphere simply because in the present state of our knowledge chemistry has failed to demonstrate them, and because most of the symptoms may be explained upon disturbances of thermic interchange.<sup>14</sup>

Furthermore, most of the observations have been based upon short exposures; it is very probable that a decrease in mental and physical efficiency would result from a prolonged exposure to a vitiated atmosphere, even though it were kept dry and cool. The improvement in appetite, nerve vigor, blood quality, and muscular tone which follows open air treatment, even in the rich and well-fed, shows the paramount importance of fresh air.

<sup>14</sup>See also Sewall, *Interstate Med. Jour.*, XXIII, Jan. 1, 1916.

## CHAPTER VI

### VENTILATION AND HEATING

#### VENTILATION

The problem of ventilation is apparently a very simple one; all that is required is to furnish a never-ending stream of fresh air from the inexhaustible supply without to replace that which is constantly being vitiated. To do this under the artificial conditions of house and factory life is often extremely difficult, and under certain circumstances practically impossible. Further, the problem of ventilation must take into account not only the quantity of air, but its physical condition, in order that the human machine may operate at the highest level of health and efficiency.

Ventilation must serve a number of purposes and comply with a number of conditions before it can be considered satisfactory: (1) it must bring pure air from without in order to dilute and remove the products of respiration, as well as other sources of vitiation; (2) it must maintain the air within the room at a proper temperature and humidity, and, further, must keep the air of the room in gentle and continuous motion; (3) it must remove the gases, odors, bacteria, dust, and other substances that contaminate the air of inclosed spaces; (4) it must dilute and remove the impurities produced by the burning of gas, candles, lamps, and other sources.

The problem of ventilation is physical rather than chemical, cutaneous rather than respiratory.

The purpose of ventilation is not to bring outdoor conditions indoors; the art of ventilation consists in adapting indoor conditions to indoor life. Indoor life is necessary in order to perform the delicate manipulations which cannot, as a rule, be effectively conducted outdoors. Indoor life, then, involves quiet and protection from sudden changes or extremes.

It is a simple mechanical problem to condition the air of an apartment. The ventilating engineer finds no difficulty in regulating the temperature and humidity within narrow limits, and in furnishing definite quantities of fresh, moving air. To maintain these conditions, however, the doors and windows must be kept shut. Herein arises the

first difficulty between the theory and the practice of ventilation, for it is plain that the simplest and often the best way to ventilate a room is through open windows. The second difficulty arises from the fact that the conditions within and without the room to be ventilated are not constant. The principal factors here concerned are the force and direction of the wind, changes of outdoor temperature, and, to a less degree, movements within the room. It is, therefore, much easier to maintain constant air conditions in a sub-basement than in a room exposed to wind and weather. Air conditioning is now an established engineering science, and the engineer is prepared to supply any kind of air that is desired.

The efficiency of any system of ventilation must be measured by the results obtained at the breathing zone. It matters little what the composition or the condition of the air is near the ceiling, provided the heated, moistened, and vitiated aerial blanket which surrounds us is constantly removed and replaced with a fresh supply properly conditioned.

Ventilation is far from satisfactory if the air brought into the room is smoky, dusty, or bacteria-laden, or if it is contaminated with gases or odors from cellars or surroundings. Attention should, therefore, be given to the sources of the air, and it is always an advantage to wash or filter it. There is a practical limit to the amount of fresh air that may profitably be forced into a room, especially warmed air in the winter time. Ventilation and heating naturally go hand in hand.

The belief is growing that it is not dangerous to rebreathe air, and the view is spreading that the hygienic value of ventilation for the purpose of maintaining a chemically pure atmosphere in dwellings, schools, and hospitals is not so great as is commonly supposed. According to this view it is more important to ventilate in the interest of the heat economy of the body, by the establishment of a suitable temperature and air movement, and by the regulation of the humidity in the atmosphere. The established facts, that the principal causes of the ill effects of vitiated air are due more to the heat and humidity and stillness of the air than to changes in its chemical composition, have led some hygienists to recommend rebreathing the air, provided the physical conditions are kept favorable.

Satisfactory ventilation should not only take into account the physical conditions of the air, but also demands a generous supply of fresh air in order to keep the chemical composition within reasonably normal limits. Clean air in motion and of proper temperature and humidity is necessary to indoor comfort.

The rigor of a cold climate makes of its inhabitants a house-dwelling race. Under these conditions houses are commonly overheated, if not by fire and steam, then by the heat of the inhabitants' bodies. When

people do this they complain of poor ventilation, regardless of whether the air supply is large or small.

The problem of ventilation is immediately related to clothing, bathing, diet, exercise and other factors in personal hygiene that stimulate the vasomotor mechanism and make it vigorous and effective. In other words, the problem of ventilation concerns itself chiefly in conditioning the air so as to favor the heat regulating mechanism of the body.

Dwelling houses are usually constructed with little regard for ventilation. It is desirable that adequate provision should be made for the ventilation of every house that is built. This requires just as much care and forethought as the system of heating the house, or furnishing it with water, gas, electricity, plumbing for the disposal of wastes, and other household conveniences. Whatever system of ventilation may be adopted, it is wise to flush rooms frequently with fresh air and flood them with sunshine. This helps to blow out the accumulated dust and bacteria, to oxidize organic matter that collects as a film on all surfaces, to diminish odors, and generally to purify the apartment.

In all systems of ventilation the factor of faithful and intelligent operation is essential to success. No method is fool proof and no method will work by itself. Even window ventilation requires watchful attention of those in charge of individual rooms. "Constant vigilance is the price of pleasant and wholesome air conditions" (Winslow).

**Air Washing.**—The process of air washing consists of passing the air horizontally through a chamber in which water is falling in drops as rain, or into which it is sprayed. The sprays are obtained by forcing the water out of perforated pipes or through nozzles placed across ducts. When the sprays intersect they are said to form a "curtain." The object is to bring the air and water into intimate contact. Besides the washing chamber there are heating or tempering coils in the ducts, or in a separate chamber, and devices for controlling the temperature. The water used for washing is circulated by means of a pump so that it may be used over and over in the spray chamber for a considerable time.

The New York State Commission on Ventilation found that air washing does not remove body odors.

Washing takes out many of the impurities in the air, as bacteria, molds, dust, epithelial scales, particles of various descriptions, also some odors and gases, but not  $\text{CO}_2$ . Washing is the best way to cleanse the air as it imitates nature's process through a rain shower. If desired, the water may be cooled in the summer time so as to influence the temperature of the air. Several forms of air washers are on the market, essentially similar in principles, but differing in details of construction.

**Recirculation.**—The cost of heating large volumes of cold air has naturally stood in the way of efficient ventilation of schools and factories during the cold weather. Another question has been the low indoor

relative humidity produced by heating outdoor air to a comfortable room temperature. Washing and recirculating the air overcomes both of these objections because it furnishes an ample supply of conditioned air in motion. The method has attracted favorable attention. Naturally there must be a limit to the continued use of the same air, but ordinary leakage and the use of a certain percentage of outside air prevent the concentration of any substances not removed by the washer.

The only advantage of washing and recirculating the air lies in the great saving of fuel in cold weather. At the gymnasium of the International Y. M. C. A. College at Springfield, it was estimated that a saving of from 40 to 50 per cent. of coal resulted from recirculating the air. The success with the method at Springfield was probably due to the enormous air supply of the gymnasium. The method has many objections for schools and workshops. The New York Committee on Ventilation was quite unable to wash the air enough to remove body odor. There are factors still imperfectly understood.

Recirculated air is not equal to outside air washed. The great objection is that washing the air does not remove odors; it is therefore not very practical. Recirculation may be subject to abuse, and if used must be carefully watched.

**Vitiation by Respiration.**—An adult individual at rest breathes at the rate of about seventeen respirations a minute. At each respiration about 500 c. c. (30.5 cu. in.) of air pass in and out of his lungs. The air in the lungs loses about 4 per cent. of oxygen and gains 3.5 to 4 per cent. CO<sub>2</sub>. The nitrogen remains unchanged. In addition the expired air is raised in temperature to nearly that of the blood, 98.4° F.; it also contains much aqueous vapor.

The amount of CO<sub>2</sub> which is given off by an adult male person at rest can be calculated from the above figures, and will be found to be 0.71 cubic foot in one hour. Thus:—

$$\frac{17 \times 30 \times 60}{1728} = 17.7 \text{ cubic feet breathed per hour.}$$

$$4 \text{ per cent. of } 17.7 = 0.71 \text{ cubic foot per hour of CO}_2.$$

From actual experiment it has been determined that an average adult gives off 0.9 of a cubic foot of CO<sub>2</sub> during gentle exertion, and possibly as much as 1.8 during hard work. The adult female gives off about one-fifth less under similar circumstances, and an infant is said to give off about 0.5 cubic foot of CO<sub>2</sub> per hour. In a mixed assembly at rest, including male and female adults and children, the CO<sub>2</sub> given off per head is, therefore, taken as 0.6 of a cubic foot.

**Vital Capacity of the Lungs.**—The volume of air inspired and expired depends on the rate and extent of the respiratory movement, but in an adult man of average size and vigor about 500 cubic centi-

meters of air are inspired and expired during quiet breathing. This volume of air is known as the *tidal air*, and since the total volume of air in the lungs is about 3,500 c. c., it is evident that in normal breathing a large amount of air—3,000 c. c.—remains in the lungs at the end of expiration. The air which remains behind is known as *stationary air*.

By forced expiration about half of the stationary air, i. e., 1,500 c. c., can be expired, and this portion of the stationary air is known as the *supplemental or reserve air*, while the final 1,500 c. c., which no effort can expel, is known as the *residual air*. The total of 3,500 c. c. of air in the chest, then, at the end of ordinary inspiration is made up as follows:

Tidal air.....	500 c. c.
Stationary air { Supplemental or reserve.....	1,500 c. c.
Residual air.....	1,500 c. c.
	<hr/>
	3,500 c. c.

When, however, inspiration is forced, another 1,500 c. c. of air, known as *complemental air*, can be inspired, making altogether 5,000 c. c.

The total amount of air (complemental, tidal, supplemental) which can be inspired after forced expiration is known as the "respiratory capacity" or "vital capacity" or "extreme differential capacity," and the amount varies considerably according to height, weight, vigor, age, etc.

Peabody and Wentworth<sup>1</sup> furnish the following standards for the vital capacity of the lungs of normal men: For men over 6 feet tall, 5,100 c. c.; between 5 feet 8½ inches and 6 feet, 4,800 c. c.; between 5 feet 3 inches and 5 feet 8½ inches, 4,000 c. c. In women of the same height, it is about one-fifth less.

Vital capacity is a good index of vigor, endurance and reserve power.

**Dead-space Air.**—With each breath, we take back into the lungs the air contained in the nose and larger bronchi—the "dead-space" air. This dead-space air constitutes about one-third of the whole volume of quiet inspiration, and not less than one-tenth of deep breathing. To all intents and purposes it is expired air which is constantly re-inspired. Rebreathing of the ordinary dead-space air is a normal and conservative process; it prevents pure cold air from entering the lungs and reducing the CO<sub>2</sub> below the amount required for stimulating the respiratory center; it makes of breathing a regular and continuous rather than an irregular and interrupted function. Douglas and Haldane have recently shown that the volume of the dead-space, instead of being a fixed quantity, is automatically altered so as to give greater or less resistance to the air-flow to and from the lungs with changing exertion. They go

<sup>1</sup>Arch. Int. Med., Sept., 1917, pp. 433 and 443.



so far as to state that rather marked variations may occur; and, while the mechanism is not fully understood, they think the regulation is as perfect as is that of the vasomotor mechanism for controlling the blood flow.

**Factor of Safety.**—Bernard and Mantoux<sup>2</sup> have shown that the lungs are capable of performing the respiratory function even when the capacity is reduced to one-sixth of the normal. Furthermore, we should remember that the possibility of increase in the depth of inspiration is 400 to 500 per cent., and that by changing the rate and the completeness of expiration the alveolar ventilation may be increased considerably more than 1,000 per cent. From this great margin of safety it is easy to understand why a slight increase of  $\text{CO}_2$  in the inspired air falls far below the limits of our conscious effort. From the experiments of Haldane and Priestley<sup>3</sup> an actual increase of 100 per cent. in the pulmonary ventilation passes almost unnoticed. The factor of safety which Meltzer<sup>4</sup> has so well described as belonging to all well understood physiologic processes, is here a very generous one.

**The Amount of Air Required.**<sup>5</sup>—Omitting from consideration the question of temperature and moisture, a certain amount of pure air is necessary for good ventilation. This amount is determined from the amount of carbon dioxid taken as an index of the impurities from respiration and combustion, and may be ascertained either by direct observation or from physiological data. The accepted amount of pure air required per person per hour is from 2,000 to 3,000 cubic feet. The external air contains 3 parts of  $\text{CO}_2$  per 10,000 (0.03 per cent.), and the permissible limit for indoor air is placed at from 6 to 10 parts. The volume of air in itself is not as important a factor in ventilation as the necessity for the maintenance of air movement to facilitate evaporation and the elimination of heat. It is interesting to note that it requires just about as much air to regulate heat interchange as to dilute the  $\text{CO}_2$  to permissible limits. The amounts necessary to remove odors and dust are about the same as that required to keep the  $\text{CO}_2$  within

<sup>2</sup>Bernard and Mantoux: "Capacité pulmonaire minima compatible avec la vie," *Jour. de Physiol. Exper.*, 1913, XV, 16 (Ed. Abstr. in *Jour. Am. Med. Assn.*, 1913, LX, 1794).

<sup>3</sup>Haldane and Priestley: "The Regulation of the Lung Ventilation," *Jour. Physiol.*, 1905, XXXII, 225.

<sup>4</sup>Meltzer: "Factors of Safety in Animal Structure and Animal Economy," *Harvey Lectures*, New York, 1907-8, p. 139.

<sup>5</sup>Methods of Testing Ventilation Equipment.—Final Report of the Committee on Standard Methods for the Examination of Air of the Laboratory Section of the American Public Health Association. *Am. Jour. Public Health*, 1917, No. 1, Vol. VII. Kimball, D. D., Lyle, J. I., and Ohmes, A. K.: The Testing of Atmospheric Conditions and Heating and Ventilation Equipment. *Am. Soc. of Heating and Ventilating Engineers*, Chicago, July 18, 1917; reissued by the Society October 1, 1917. Report of a Committee on Standardization of the Use of the Pitot Tube. *Trans. Am. Soc. of Heating and Ventilating Engineers*, 1914, XX, 210-215.

reasonable limits. The amount of air needed in good ventilation, therefore, remains about the same as formerly, but our reasons for supplying it have changed.

It has been found from actual observation that an adult in an air-tight compartment will vitiate the air as follows:

In a room	3,000	cubic feet	CO <sub>2</sub>	= 0.06	per cent.	in 1 hour
" " "	2,000	"	"	= 0.07	"	" " " "
" " "	1,500	"	"	= 0.08	"	" " " "
" " "	1,200	"	"	= 0.09	"	" " " "
" " "	1,000	"	"	= 0.10	"	" " " "

The same results may be obtained from physiological data. Thus, the average adult expires 0.6 cubic foot of CO<sub>2</sub> per hour. The difference between the permissible limit, 0.06 per cent., and the amount of carbon dioxid in the air, 0.03 per cent., is 0.03. It follows that the amount of fresh air required per hour by an adult to keep the CO<sub>2</sub> down to 0.06 per cent. may be determined from the following equation:

$$0.03 : 0.6 :: 100 : x$$

$$x = 2,000 \text{ cubic feet}$$

If the normal amount of carbon dioxid in the air is taken as 0.04 instead of 0.03, the result is 3,000 cubic feet, the amount generally accepted, which, however, is somewhat in excess—as it should be. This does not mean that there should be 3,000 cubic feet for each person in an inhabited room, for it is sufficient if the air-space is 1,000 cubic feet, provided, of course, the air is changed three times an hour.

The same results may be obtained by using the formula:

$$\frac{E}{P} = D$$

E=the amount of carbon dioxid exhaled by one person in one hour; the general average for an adult being 0.6 cubic foot.

P=the amount of added CO<sub>2</sub> permitted, stated in cubic feet; or 0.06—0.03=0.03 per cent., or 0.0003 cubic foot.

D=the required delivery of fresh air in cubic feet per hour.

$$\frac{E}{P} = D, \text{ or } \frac{0.6}{0.0003} = 2,000 \text{ cubic feet.}$$

The primary value of E in this equation varies with different conditions.

A male adult	(160 pounds) exhales 0.72 cubic foot of CO <sub>2</sub> per hour
A female adult	(120 pounds) exhales 0.60 cubic foot of CO <sub>2</sub> per hour
A child	( 80 pounds) exhales 0.40 cubic foot of CO <sub>2</sub> per hour
Average	0.60

These values vary also with rest or work. Thus, factories or workshops where men are actively employed need more air proportionately. In light work a man weighing 160 pounds exhales 0.95 cubic foot, while at hard work 1.84 cubic feet, of CO<sub>2</sub> per hour.

$$\text{The formula suggested by DeChaumont is } D = \frac{A}{B - C}$$

A=quantity of CO<sub>2</sub> given off per hour per person=0.6 cu. ft.

B=proposed permissible maximum quantity of CO<sub>2</sub> per 1,000 cu. ft.=0.6 per 1,000.

C=amount of CO<sub>2</sub> present in 1,000 cu. ft. of fresh air (0.3 cu. ft. per 1,000 cu. ft.).

D=amount of fresh air required per head each hour to maintain the standard B expressed in thousands of cu. ft.

$$\text{Then } D = \frac{A}{B - C} \text{ or } \frac{0.6}{0.6 - 0.3} = \frac{0.6}{0.3} = 2,000 \text{ cu. ft.}$$

of air needed per head per hour.

In case of individuals doing light work and giving off 0.95 cu. ft. CO<sub>2</sub> per hour, then

$$D = \frac{0.95}{0.6 - 0.3} = 3,166 \text{ cu. ft.}$$

This is a convenient formula, for it may be used not only to determine the amount of fresh air required, but, knowing the other factors, the amount of cubic feet of fresh air that has been admitted to a room per head may be determined. Further, probable conditions of the atmosphere of a room into which a known amount of fresh air has been supplied can be determined by finding the value of B, thus:

$$B = \frac{A}{D} + C$$

**Standards of Purity—Efficiency of Ventilation.**—There is no single standard by which the purity of the air or the efficiency of ventilation can be determined. We must know at least five factors: (1) the temperature; (2) the humidity; (3) the movements of the air; (4) the amount of CO<sub>2</sub> it contains; (5) dust, bacteria, gases, etc. In a general way it may be stated that the best results are obtained when the temperature is between 62° and 68° F.; the moisture not above 50 per cent. relative humidity (the wet bulb under 70° F.); the movement gentle, without draft; CO<sub>2</sub> not in excess of 6 parts per 10,000; and, finally, freedom from excessive dust, bacteria, gases, etc. Even where all these

factors are found satisfactory there is still one test that must be made in order to be sure that our ventilating system is nowhere at fault—that is the clinical test. Persons occupying the room should suffer from none of the well-known effects produced by air in poor condition. The room should be free from unpleasant odors. If our tests seem right, but the air seems close, something must be wrong with the tests. The evidence of our senses and clinical experience cannot be disregarded.

Where any ventilating device is installed it is readily possible to measure, by means of the anemometer, the amount of air passing through inlets or outlets, but it is often difficult to trace the course of the air in the room. The measured volume of air passing through inlets and outlets does not necessarily determine the efficiency of ventilation in maintaining a continuous renewal of the air at the breathing zone.

The volume of fresh air entering the breathing zone may be estimated with considerable accuracy by determining the proportion of  $\text{CO}_2$  which this zone contains. The air supplied is inversely as the respiratory contamination. It may be computed from the following equation:

$$A = \frac{vp}{x-N}$$

$v$ =the  $\text{CO}_2$  produced by one person; that is, 0.6 cubic foot per hour.

$p$ =the number of people in the room.

$x$ =the proportion of  $\text{CO}_2$  per cu. ft. in the inside air.

$N$ =the proportion of  $\text{CO}_2$  per cu. ft. in the outside air (0.0003).

$A$ =the air supplied to the room in cubic feet per hour.

$$A = \frac{0.6 p}{x-0.0003}$$

It will be seen in this equation that  $vp$  represents the  $\text{CO}_2$  produced by occupants and  $x-N$  represents the respiratory contamination.

In such computations, as also in the direct measurement of air supplies, it is the averages which are most important. From average contamination we may find average air supplies. Erroneous conclusions are very likely to be drawn from single determinations.

Another method of determining the efficiency of ventilation is intentionally to vitiate the air of a room, and then, after a lapse of a certain time, find how far ventilation has removed the carbon dioxide. The amount of air which has entered the room may be found by the formula:

$$C = 2.303 m \log \frac{P_1 - a}{P_2 - a}$$

$C$ =amount of air which has entered; 2.303 is a constant.

$m$ =capacity of the room.

$P_1$ =the amount of carbon dioxid originally present (found by experiment).

$P_2$ =amount of carbon dioxid present after vitiation.

$a$ =amount of carbon dioxid in the outside air.

**The Size and Shape of the Room.**—These are exceedingly important factors in any system of ventilation. It at once becomes evident that a man in a diving suit with a good circulation of fresh air is better off than occupants of a spacious but poorly ventilated apartment in which the air has become vitiated through long occupancy. The air in a small cabin on a steamship may be infinitely better than the air in a large room of a country home. A ratskeller in the sub-basement may, with a modern system of ventilation, have much better air than that found in a department store with acres of floor space and high ceilings. In other words, a small space is sufficient if properly ventilated; a large space inadequate if improperly ventilated.

The size of rooms for dwellings and workshops is somewhat of an economic question, but they should be large enough to allow the air to be replaced two or three times an hour without causing perceptible drafts. The minimal space, in accordance with this standard, is about one-third the quantity of air required per hour; that is, from 700 to 1,000 cu. ft. per person. The amount of space naturally varies with dwellings, factories, schools, theaters, prisons, hospitals; also with the length of time the room is occupied and the nature of the work there carried on. Thus, in hospitals where ordinary cases are cared for, from 1,800 to 2,000 cu. ft. of air is desirable for each patient, while no less than 2,500 cu. ft. should be allowed for each fever patient. Soldiers in barracks are allowed 600 cu. ft. per head, and the limit for lodging houses is usually fixed at from 300 to 500 cu. ft. The U. S. Emigration Law requires 500 cu. ft. per head in the steerage. In figuring the amount of air space in a room allowance should be made for furniture, projecting surfaces, and other objects which diminish the available space. The table on page 976 from Parkes and Kenwood shows the attempts made by Great Britain to fix the minimum space allowed per head by legislation.

A little consideration, however, will show that such regulation of space is by itself of little value. Unless there be movement of air, space alone is futile. However large the space may be, the air will become impure unless fresh air circulates through it, and however small the space the air may be kept pure by sufficient circulation.

As the result of many analyses that have been made by Haldane and Osborne, they found that the carbon dioxid bears no relation to

	Minimum Space per Head in Cu. Ft.	Authority
Common lodging houses (sleep-rooms).....	300	Local Government Board (Model By-Laws).
Registered lodging houses—		
Rooms occupied by day and night	400	Ditto.
Rooms occupied by night only...	300	Ditto.
Non-textile workrooms.....	250	Factory Act, 1901.
Non-textile workrooms during over-time.....	400	Ditto.
Underground bakehouses.....	500	Order under Factory Act, 1901
Above-ground bakehouses where night work is carried on by arti- ficial light other than electric light.....	400 between 9 p. m. and 6 a. m.	Ditto.
Army Barracks.....	600	British Army Regulations.
Army hospital wards.....	1,200	Ditto.
Public elementary schools.....	80	Educational Department.
London County Council Schools...	130	London County Council.
Canal boats (persons over 12 years).....	60	Local Government Board, Regulations under the Canal Boat Act, 1877.
Canal boats (persons under 12 years).....	40	Merchant Shipping Act.
Seamen's cabins.....	72	Local Government Board, Model Regulations under the Dairies, Cowsheds, and Milk-shops Order.
Cows in cowsheds.....	800	

the amount of air space under practical conditions. In fact, the most highly vitiated air found was in a room with an air space of about 10,000 cu. ft. per person.

It is not alone the air space but the shape of the room that influences ventilation. It is a mistake to suppose that a lofty room is, therefore, an airy room, for a stratum of warm vitiated air soon occupies the upper portion of such a space, and, so far as good air is concerned, has the effect of lowering the effective height of the ceiling to the top of the door or nearest outlet. Anyone may convince himself of this fact by getting up on a stepladder in a room with a high ceiling, improperly ventilated, and occupied for some hours. The upper stratum of air in such rooms is frequently stifling. Ordinarily 12 feet is high enough for the ceiling of school rooms, museums, hospitals, etc., and 9 feet for the rooms of private dwelling houses. Where there is little or no movement of the air it soon becomes offensive, no matter what the height of the ceiling.

Floor space is more important than height. The necessity for an abundant floor space is shown by the fact that a small inclosure with four high walls and without a roof, if crowded, speedily becomes oppressive. In fact, the four walls are not necessary to demonstrate this, for

“crowd poisoning” in the open air upon a still, warm day is a common experience. According to Harrington, when the allowance is only 500 cubic feet per inhabitant, the floor space should be 42 square feet ( $8\frac{1}{2} \times 5\frac{1}{2}$ ). In the English barracks the soldiers are allowed 50 square feet of floor space. For school rooms the British Educational Code requires 120 cubic feet per child in average attendance and a floor space of 10 square feet.

**Inlets and Outlets.**—Whether a room is to be ventilated by natural or mechanical means, proper inlets for the fresh air and outlets for the vitiated air must be provided. No general statement as to the best size and position of these openings will apply under all circumstances.

Knowing the velocity of the incoming air, the area of the inlets may be proportioned so as to permit the movement of the necessary amount of air. The size of the openings under specified conditions is, therefore, a matter of simple arithmetic. In measuring the effective area of inlet and outlet tubes allowance must be made for friction and for the guards or fretwork which protect the openings. These often diminish the effective area about one-half.

In order to provide the air supply of 30 cubic feet per minute, the inlet registers in any room should have a total area equal to 0.1 square foot per capita. The air ducts must be so constructed as to lead the air evenly to the different parts of the building. Each room should be controlled independently by individual ducts and dampers.

It is usually better to admit the incoming air into a large apartment through a number of openings rather than through one large one; the same holds true of outlets. Outlets should be about the same size as inlets and should be placed with reference to them.

All air ducts tend to become soiled with dust and soot and should, therefore, be guarded with wire gratings, or other protecting devices, and they should also be cleaned periodically; further, it should be borne in mind that ventilating ducts are favorable highways for mice, roaches, and vermin. Inlets opening upon the floor are objectionable, as they collect unusual amounts of dirt and dust, which are then blown into the room.

Whether the air is to be admitted near the floor and taken out near the ceiling or *vice versa* is a question much discussed among ventilating engineers. Various possibilities are shown in the diagram, Fig. 99. The natural course of the warmed vitiated air is upward, and it would seem that the upward system has advantages over the downward system. However, a little study will soon convince one that if the incoming air is warm it will rise at once, and the maximum efficiency will be lost at the breathing line, which, after all, is the essential stratum of air in the room. A good arrangement under certain circumstances is to have the inlet above and the outlet below—both upon the same side of

an inner wall. For crowded spaces the best system is doubtless the upward plan, which takes advantage of the natural currents. When this plan is used, the air should be admitted to various parts of the room; in theaters, under each seat.

Outlet ventilation may be arranged by placing a bell cover or glass globe over the gas lights and conveying the heated air thence to the outer air by means of ascending tubes. This not only removes the products of combustion, but, if the outlet tubes have a sufficient area,

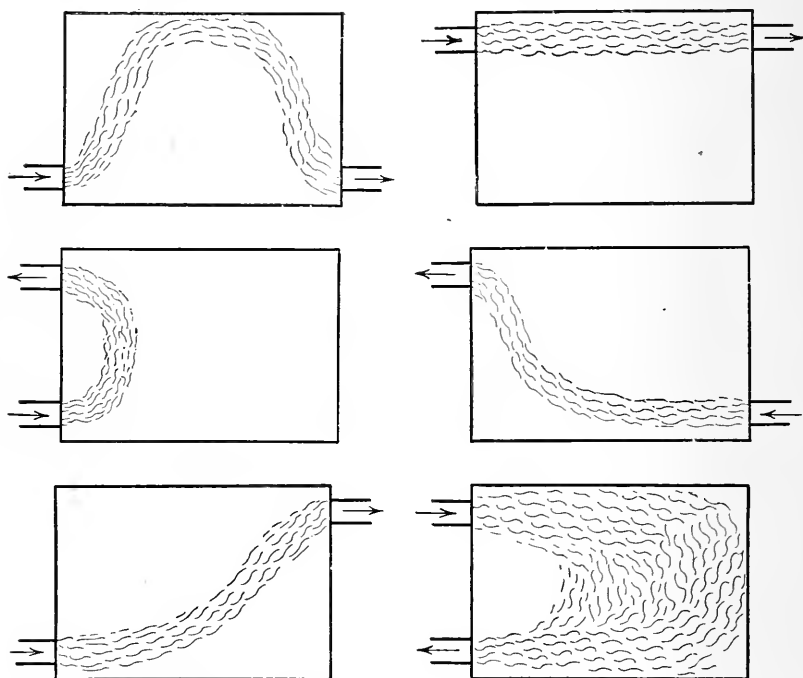


FIG. 99.—THE POSITION OF INLETS AND OUTLETS, AND THEIR RELATION TO THE AIR CURRENTS IN A ROOM.

affords a very good system of ventilation. An automatic system of taking the air out of a room may also be provided by placing a shaft either around the chimney flue or against one side of it. The column of heated air in the ventilating duct will rise and draw the vitiated air out of the room with which it is connected. The same may be accomplished by placing a steam jet or a gas burner within the ventilating duct to create a draft.

Ventilating ducts usually extend up the walls of the building through the roof, and should be in as direct a line as practicable. The openings upon the roof may be protected by an umbrella-like covering against rain, or they may be cowled to prevent down drafts. It appears that



none of the exhaust cowls cause a more rapid current of air than prevails in an open pipe under similar circumstances.

Too little attention has been paid in the past to the cleanliness of the air supplied to our buildings. Fresh air inlets are often located with the grossest disregard for the quality of the incoming air. It is not uncommon to see them placed on the sidewalk level; or facing a vacant piece of ground that is swept by clouds of dust; or where smoke, the spent gases from automobiles, or objectionable odors may be taken in.

Crowded buildings and dusty city streets will often render it impossible to secure clean air from the outside atmosphere without resorting to artificial purification.

**External Ventilation.**—Model city planning should provide streets of sufficient width, and should regulate the height of buildings and also limit the extent upon which the land may be built, so as to allow a free circulation of air about all structures and admit a flood of sunshine for at least a few hours during the day. Some of our metropolitan streets resemble canyons rather than city thoroughfares. Crowded tenements, facing upon narrow streets with



FIG. 100.—WINDOW VENTILATOR.

shafts for courts and backing almost directly upon the houses in the rear, and further surrounded by tall buildings which prevent the free movements of the outer air, and shut out the sunshine, should be prohibited, whether used as dwellings or workshops. In such places the ground stays moist, the air becomes stagnant, natural ventilation is greatly retarded, and the conditions upon a hot, still, moist day in summer become almost intolerable.

Generous parks, which are the lungs of a great city, should be scattered throughout the residential and business sections; playgrounds, boulevards, and small open areas treated as parkings not only beautify but help to ventilate a city and add to the comfort, happiness, and health of its inhabitants.

**Natural Ventilation.**—Natural ventilation depends upon openings, such as doors and windows, also upon the air that comes through the pores of plaster, brick, and stone and through floors and ceilings and through the cracks and crevices about window frames, etc.

Natural ventilation depends mainly upon three principal factors:

(1) perflation and aspiration; (2) gravity or thermal circulation; (3) diffusion of gases. These factors constantly operate, whether in the presence or absence of any mechanical system. In fact, most schemes for mechanical ventilation are simply an application of these natural forces.

Perflation is simply the blowing of the air into the room as a result of the movement of natural air currents. Aspiration is the sucking action of the wind which draws air out of a space that it is blowing

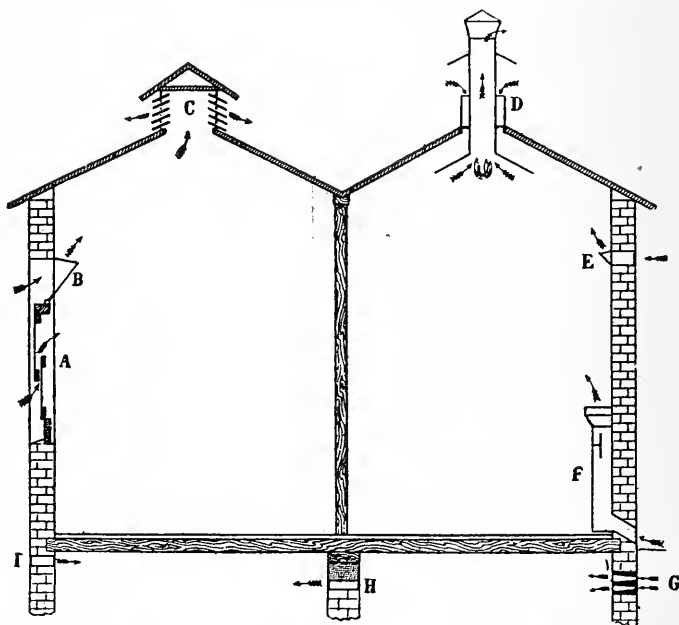


FIG. 101.—DIAGRAMMATIC SKETCH OF VARIOUS PROVISIONS FOR VENTILATION.

A, Sash window with Hinckes-Bird's arrangement. B, Hopper sash-light falling inwards. C, Louvred outlets. D, McKinnell's ventilator. E, Sheringham's valve. F, Tobin's tube (showing valve open). G, Ellison's conical bricks. H and I, Grid ventilators below floor joists. (From "Hygiene and Public Health," by Drs. L. C. Parkes and H. R. Kenwood, London, H. K. Lewis, Philadelphia, Blakiston, 1911.)

across. Thus, a wind blowing across an open tube carries along with it some of the air in the upper part of that tube. This causes an upward movement of the air in the tube. The same phenomenon takes place when wind blows by a window. The aspirating action of air is well demonstrated in the construction of an ordinary atomizer.

The air is kept in almost constant motion through changes in temperature. Warm air expands, is therefore lighter, and rises. This is a familiar phenomenon in the hot-air balloon. Thermal circulation, though often imperceptible, is constantly in operation, especially in occupied rooms. Even in calm weather there is considerable ventilation

owing to differences in temperature, and hence differences in pressure between the air of the room and the outside.

More air than is commonly supposed enters or leaves a room through the cracks about doors and windows and other crevices. From the standpoint of natural ventilation it is, therefore, not advisable to have windows fit too snugly. The use of weather-strips, tongue and grooved metal strips, and similar devices to keep out the cold air saves coal bills, but is a considerable hindrance to natural ventilation.

Under certain conditions very considerable amounts of air pass through the building materials used in the construction of walls, floors, and ceilings. Ordinary mortar is most permeable, then comes brick, then sandstone, next plaster of Paris, while enamel and tile are impervious. Under a pressure of 108 millimeters of water the following amounts of air pass in one hour through one square meter of:

Mortar .....	3,264	liters
Plaster of Paris.....	146	"
Bricks .....	312-1,396	"
Sandstone .....	426- 496	"

A pressure of 108 millimeters of water is equivalent to the pressure of a strong wind. The amount of air that will pass through porous materials varies, of course, with the temperature, moisture, and other factors.

Märker and Schultze, in their researches on the spontaneous ventilation of stables, found that the following interchange of air occurred per hour over one square yard of free wall at 9.5° F. difference of temperature:

With walls of sandstone.....	4.7	cu. ft.
Quarried limestone.....	6.5	" "
Brick .....	7.9	" "
Tufaceous limestone.....	10.1	" "
Mud .....	14.4	" "

It is possible to force sufficient air through an ordinary brick to deflect the flame of a candle on the other side. This demonstration is usually accomplished by coating the edges and exposed portions of the brick with sealing-wax and arranging glass funnels on either side. Air forced with a bellows through one funnel may be measured either as to its amount or velocity as it comes out of the opposed funnel.

Natural ventilation is better in winter than in summer, owing to greater differences in temperature. It may be almost *nil* on a hot calm day. Too much moisture in the air of a room settles upon the surfaces and thus stops the pores of building materials, and also prevents the escape of carbon dioxid. Rain has a similar effect on the outside. An ordinary brick will soak up a pint of water. Ventilation through the walls is also hindered by oil and enamel paints and by wall-paper.

Outside obstacles, such as excessive foliage and narrow streets, are also considerable factors.

Natural ventilation may be greatly favored by simple devices. This may be demonstrated by placing a lighted candle in a bottle with a narrow neck. The flame soon dies out, but by placing a partition in the neck of the bottle, so that the products of combustion will escape on one side and the fresh air enter upon the other, natural ventilation proceeds so that the candle remains lighted. There are numerous simple devices that may be placed at the top or bottom of windows which favor the entrance of fresh air or the exit of vitiated air. An arrangement shown in Fig. 100 gives very satisfactory results. One of the upper window panes may be valved or fitted with a fan to permit the entrance of fresh air or the exit of vitiated air. A somewhat similar arrangement used at Fairfield, Conn., is shown in Fig. 102. Openings in ceilings, ridged ventilators, Sheringham's valves, Ellison's bricks, Tobin's tubes, and Stevens' drawer-ventilator are all useful accessory devices to aid natural ventilation.

Ellison's bricks are bricks with conical perforations, the widened end of the conical opening debouching on the interior of the wall. The holes through the bricks are about  $\frac{2}{10}$  inch in diameter externally and  $1\frac{1}{4}$  inches internally.

Tobin's tube consists of a large upright tube, about 5 or 6 feet high, which conducts outside air into the room through the wall.

The Sheringham valve is a small vertical flap door in the wall near the ceiling, balanced by a counterpoise, and hinged so as to fall forward toward the room; it is cased in at the sides and front, so that the current can only pass upward.

Stevens' drawer ventilator is like a drawer lacking its back. It is made to fit into a hole in the wall in such a way that when the drawer is shut the hole is airtight, and when the drawer is open air can enter.

Hinckes-Bird ventilator is made of the opening between two ordinary window sashes when the lower is raised, and the lower opening closed by means of a specially high sill or by an accurately fitting block of wood.

These various devices should be protected with valves so that they may be regulated. Sometimes it is advisable to provide gauze or cotton filters to keep out the dust.

Natural ventilation is greatly aided by means of warming the air in the outlet duct. The best example of this is the open fireplace, or other devices for warming the air in outlet tubes already referred to.

In dwelling houses, where there is no overcrowding, natural ventilation through cracks and crevices, through walls and windows, is ordinarily sufficient for practical purposes.

Wherever possible, open windows are the best and simplest means

of ventilating a room. Any system of mechanical ventilation at best is costly and frequently unsatisfactory. Open windows are cheap and adequate, but the limitations and disadvantages of natural ventilation are obvious, and, therefore, we are frequently required to resort to mechanical means.

*The Fairfield System.*—An ingenious and simple system of modified window ventilation, devised by Mr. S. H. Wheeler of Bridgeport, Conn., and first installed at the Sherman School, Fairfield, Conn., eliminates the disadvantages of the ordinary natural ventilation while retaining some of its peculiar advantages. According to this plan fresh air is admitted through the windows, but direct drafts are prevented by placing slanting window boards on the sashes so that the incoming air is deflected upward and mixed with the general good air of the room. This incoming current is furthermore tempered by placing the radiators used for direct heating under the windows and by making these radiators large enough to extend over the entire width of all the windows. Finally, a duct is provided for the egress of warm, vitiated air passing from near the ceiling of each room to the outer air, the upward current in this duct being maintained by the temperature difference between the outdoor and indoor air.

In industrial establishments where crowding is not great the same general principle has been applied by providing special air inlets to individual rooms with heating coils placed directly in front of them.

*The King System.*—An interesting system of ventilation, known as the King system, is in use in cow stables, which secures much better air conditions than those to which human beings are frequently exposed. Louvred openings at the ridge pole furnish an exit for the warm, vitiated air, while fresh air is admitted through ducts in the walls. These ducts open to the outside at the bottom of the wall and to the inside of the stable four or five feet above the floor, the inflowing current of air being induced by the difference in temperature between the stable and the outer air.

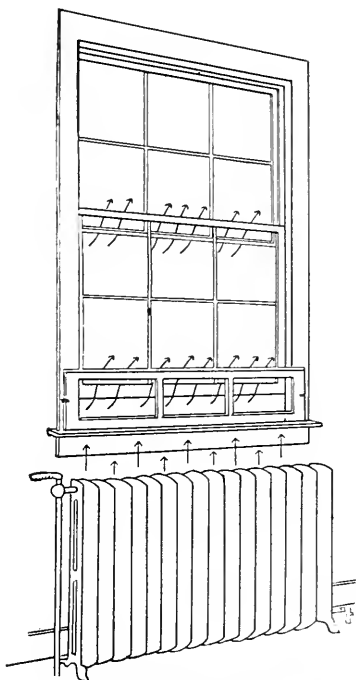


FIG. 102.—FAIRFIELD SYSTEM OF WINDOW VENTILATION.

**Mechanical Ventilation.**—All “artificial” systems of ventilation depend upon one of three methods: (1) plenum system, which consists in the mechanical propulsion of air into the room; (2) the vacuum system, which consists of the mechanical extraction of the air out of the room; (3) a combination of the plenum and vacuum systems.

Air may be propelled into a room either by means of a warming apparatus or by mechanically propelling the air by means of rotary fans. Every heating apparatus is secondarily a ventilating device, especially hot-air furnaces, and the direct-indirect systems in use with hot-water or steam pipes. Stoves, open fireplaces, and similar heating arrangements are also good ventilating devices in that, if well constructed, they take out large quantities of air from the room.

For the mechanical propulsion of air either fans or “blowers” are used. These may be run by electricity, gas, or steam power. The air is forcibly driven through ducts to where it is wanted. Without this system of mechanical ventilation the great office buildings, basement restaurants, large passenger steamships, and other modern structures would not be habitable.

If dependence is placed solely upon drawing the vitiated air out of a room we are leaving to chance where the fresh air is coming from to replace it. In other words, it is impossible when the so-called vacuum system alone is used to control the source of the fresh air and insure its purity. Exhaust systems of ventilation are therefore of value only in connection with a positive air supply. As a rule, all well-ventilated structures depend neither upon the plenum nor the vacuum systems alone, but combine the two.

A complete plenum system consists of (1) screens which strain out dust and large particles, (2) a fan to force the air through the system, (3) tempering coils to heat the air to a moderate degree—50° to 70° F., (4) spray chambers to humidify and wash the air; (5) baffle plates to remove excess moisture, finally (6) heating coils to bring the temperature of the air to the final point desired.

The disadvantages of the mechanical systems of ventilation are that they are expensive as to first installation and as to maintenance; furthermore, they are most effective when the doors and windows of the room are kept closed. The advantages are that they are effective in all kinds of weather, and require less space for the air ducts than natural ventilation.

## HEATING

Heating and ventilation go hand in hand. A large share of the cost of heating is chargeable to ventilation, hence, if ventilation is overdone, it is an unnecessary expense. The artificial warming of

houses has a similar action to clothing. "Burning fuel in the furnace saves fuel in the human machine." It especially saves the strain upon the metabolism of the young, the old, and the feeble. The tendency in winter is to wear too much clothing indoors. This results in coddling—that is, loss of vasomotor tone of our peripheral capillary circulation, from the constant bathing of the skin in a still, warm, moist layer of air. This in turn results in susceptibility to drafts and liability to colds. It is quite unnecessary to wear heavy winter clothing in rooms and offices properly heated and ventilated. Dependence should be placed on warm overcoats when going out of doors.

Most of our American houses are overheated with abnormally dry air in the winter time. This is a mischievous combination. It causes excessive evaporation from the skin and mucous membranes, which gives rise to a feeling of chilliness. It also causes dryness of the skin and mucous membranes, irritation of the throat, and thus predisposes to colds and respiratory infections. Warm dry air does not give the same sense of warmth and comfort afforded by a cooler moist air. Thus, air at 62° to 65° F. and a relative humidity of 70 per cent. feels warmer than air at 70° to 72° F. and a relative humidity of 50 per cent. or less. Furnace heat, hot-water, and steam pipes tend to dry the air, and thus it becomes necessary to overheat our offices and houses before they become comfortable.

Heat is measured by the *British thermal unit* (B. T. U.), which is the quantity of heat required to raise the temperature of a pound of pure water one degree at its point of maximum density, 39° F. The *French thermal unit* is the Calorie and is the amount of heat required to raise one kilogram of water one degree centigrade at corresponding temperature (4° C.). One calorie equals 3.968 B. T. U.

Heat travels by *radiation*, *conduction*, and *convection*. All three routes are constantly in operation in any system of heating. Thus, with an open fireplace the heat radiates in straight lines to the nearest objects, where they are absorbed or reflected, just as light passes through space independent of the atmosphere. That is why our face toasts and our back freezes before an open fireplace. The heat absorbed by any object passes through that object from particle to particle by conduction. Most metals are good conductors; air is a very poor conductor of heat. Convection is the process by which heat is communicated through gases and liquids as a result of their mobility. Thus, the air is warmed by our bodies, by hot-water pipes, and by all heated objects, and therefore rises and establishes convection currents.

There are five main methods of heating: (1) open fires; (2) stoves; (3) hot air furnaces; (4) hot-water or steam pipes; (5) electricity. The control of the temperature of a building is more a question of management than of the system used.

**Open Fires.**—The open fireplace heats mainly through direct radiation. It has the advantage of being cheerful and a good ventilator. It has the disadvantage of being wasteful and very unequal if depended upon as the chief source of heat.

Parkes and Kenwood estimate that, in an ordinary medium-sized sitting room with an ordinary fire, from 10,000 to 15,000 cu. ft. of air are drawn up the chimney in an hour, the current being generally from 3 to 6 ft. a second. "As ventilating agents," say Notter and Firth, "the best types of open fireplace cause some 2,600 cu. ft. of air to pass up the flue per pound of coal consumed, or the passage of about 18,000 cu. ft. up the chimney per hour." A *fireplace* will change the air of an ordinary room in one or two hours.

**Franklin Stoves.**—Franklin stoves consist of coal fires in a cast-iron stove, the products of combustion being carried off through a stove-pipe. Such stoves, standing free in the room, are very efficient, so far as heating is concerned, and also favor ventilation through the circulation of air, which is drawn into the stove to support the burning of the fuel. The heating of the room is unequal, as it depends largely upon radiation and somewhat upon convection. Such stoves are apt to become red-hot, in which case it is believed they allow carbon monoxid to pass through the cast iron. The organic dust in the air falling upon the hot stove is burned and produces an unpleasant smell.

**Open Gas and Oil Heaters.**—Open gas and oil heaters without flues to carry off the products of combustion are objectionable, from a sanitary standpoint. These heaters consist of a variety of designs. The heat is imparted to the room by convection and also by radiation. Such devices may contaminate the air with carbon monoxid from leakage or from unconsumed gas, or from the formation of soot, which becomes incandescent. Such heaters also contaminate the room with  $\text{CO}_2$  and other products of combustion. The "rubber" tube feeding these gas heaters often leaks, and there is frequently a perceptible odor of gas in rooms where these devices are used. Open heaters burning oil are less objectionable than those using gas.

**Hot-air Furnaces.**—A hot-air furnace consists of a coal fire which heats a series of tubes or plates in the dome of the furnace. The air, which is usually taken from the outside through a duct, flows into this dome, where it comes in contact with very hot surfaces, and is thus conducted by thermal circulation through a series of ducts into the rooms of the house. A hot-air furnace of this kind constantly pumps fresh air into the house and is, therefore, a very efficient system of ventilation. The objection to the hot-air furnace is that the air is excessively dry and often partly "burned" in passing over the heated surfaces in the dome. The odor caused by the burning of the organic particles in the air may frequently be noticed in houses heated with a



hot-air furnace. The heated air entering the rooms is usually allowed to escape as it will. In order to overcome the disadvantage of the dryness of the air furnished by the hot-air furnace, water pans are always provided, from which the water is supposed to evaporate. These pans are ridiculously small and cannot possibly furnish sufficient moisture for the great volume of air constantly passing through one of these furnaces. For instance, according to Harrington, air at  $25^{\circ}$  F. saturated with moisture and then heated to  $70^{\circ}$  F. would need half a pint in every thousand cubic feet to give it a humidity to 65 per cent. Ingersoll calculates that a house containing 17,000 cu. ft. of space would require for a relative humidity of 40 per cent. at  $70^{\circ}$  F. in the air already containing 20 per cent. humidity and changed once an hour, about 15 gallons of water a day. The little water pockets in the average hot air furnace are insignificant and inadequate.

The air from a hot-air furnace is drier than that furnished by any other system of heating or ventilation. Thus, an out-of-door air in winter at a temperature of  $0^{\circ}$  F., with a relative humidity of 50 per cent., when heated to  $70^{\circ}$  F., will have a relative humidity of only 3 per cent. This is drier than the air of the driest climate known, which is seldom less than 30 per cent. The average relative humidity in Death Valley, Calif., is 23 per cent.; at Yuma, Arizona, it is 35 per cent. during the driest month of the year; at Santa Fe, New Mexico, it is 29 per cent.; and at Pueblo, Colorado, it is 38 per cent. It is not unusual for the excessively dry air of a furnace-heated house to cause the woodwork to shrink and fall apart, the bindings of books to crack, etc. Living in such an atmosphere is not normal and must be harmful (page 912).

**Hot-water and Steam Pipes.**—This is a very simple and effective system of heating buildings. The hot-water system is especially applicable to small buildings and steam pipes to large buildings. The hot water is more readily controllable than steam, which has a tendency to overheat. Special furnaces are found on the market to heat the water or to generate the steam, which then circulates through pipes to the rooms where wanted. If the hot-water radiators or steam coils are exposed directly in the room, the system is known as the "direct." In the indirect system the hot-water pipes or steam coils are placed in a special box where the air from the outside is heated, and this heated air flows by thermal circulation through ducts into the rooms where wanted. The best practice uses a combination, namely, the direct-indirect system. In the direct system the air of the room is simply heated and reheated over again, while in the direct-indirect system the fresh warmed air is constantly pumped into the building and it is, therefore, an efficient method of ventilation. In both these systems the air is abnormally dried, just as it is in the hot-air furnace, though

not to the same degree. Actual tests during the winter time of the air of a steamheated office in a modern building at Topeka, Kansas, showed the average indoor relative humidity to be 23 per cent., with an average temperature of 72° F. The outdoor humidity at the same time averaged 82 per cent.

**Electric Heating.**—Electric heating is clean, easily regulated, but expensive. It has the disadvantage of being insufficient as a ventilating device, unless special inlets and outlets are provided. Electric heaters consist simply of resistance coils which heat the room mainly through radiation and convection.

**The Cooling of Rooms.**—Much attention has been given, through necessity, to the heating of rooms in winter time, but heretofore little attention has been given to the cooling of rooms in the hot season. It is quite as practicable to cool rooms as it is to heat them, and sometimes quite as important to health.

The principle of practically all cooling devices depends upon the fact that when a fluid evaporates to its gaseous state it absorbs a considerable amount of heat—latent heat. This heat is taken from the surrounding objects which, therefore, become correspondingly cold. Cold may also be produced by the expansion of air. This was pointed out in 1845 by Joulé. Thus, if a jet of air at 60° F. were blown into a room under pressure of 10 inches of mercury above the ordinary barometric pressure, the sudden expansion of this compressed air would reduce it to a theoretical temperature of 13.3° F. below freezing. This principle of dynamic cooling has been applied to refrigerators.

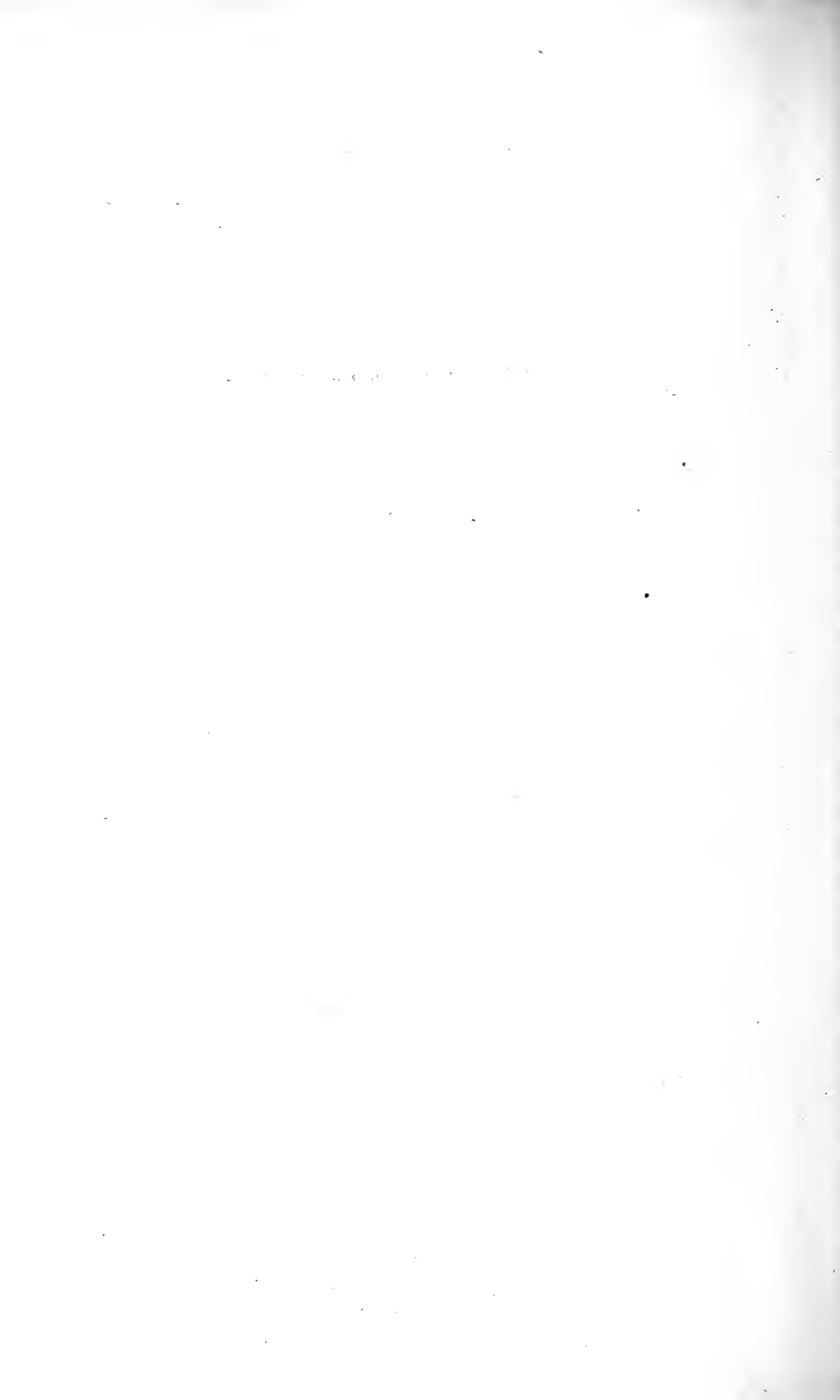
Ammonia gas is now almost universally employed in freezing machines. This gas is readily condensed into a liquid. The compressed gas is allowed to expand into tubes, and the cold thus produced utilized directly; more frequently an indirect method is used by which the expanding gas first cools a freezing mixture consisting of a saturated solution of calcium chlorid; this chilled brine is then pumped through a series of pipes to the refrigerator or apartment where it is desired. Humidifiers and air washers are also used to cool rooms and buildings.

A simple method of cooling a room is by the rapid evaporation of water. Dr. Manning was able satisfactorily to cool a large room in the Government Printing Office at Washington by blowing air by means of an electric fan over a moist sheet. This sheet, about a yard wide, was hung near the ceiling, and constantly wetted by a stream of water flowing over it.

The Mt. Sinai Hospital in New York provides a specially cooled room for babies with summer complaint, in view of the direct relation between heat and infant mortality.

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## SECTION VII

### SOIL

#### CHAPTER I

##### GENERAL CONSIDERATIONS

The upper layer of the earth's crust, known as the soil, is derived from the disintegration of rocks and the decay of animal and vegetable matter of all kinds. It varies from a few inches in depth to several feet. The sub-soil also varies from a few feet to hundreds of feet in depth, to hard pan or an impermeable stratum.

From a sanitary standpoint the soil must be regarded as our friend rather than our enemy. Enormous quantities of organic matter and infections of all kinds find their final resting place in the soil and are there disposed of and rendered harmless by nature's beneficent processes. In fact, a closer study of the functions of the superficial layer of the soil shows that it is not only the organ of digestion and respiration of the earth, but, like the liver, it is the great organ in which toxic substances of all kinds are neutralized or destroyed.

The sanitarian does not look upon the soil as dead and inert, but rather as a living being, for it presents many of the vital phenomena that characterize life: digestion, metabolism, assimilation, growth, respiration, motion, and even reproduction. The soil breathes, it absorbs oxygen and exhales carbon dioxid; it is capable of digesting and assimilating vast amounts of organic matter by a complex process of metabolism; the waste products are excreted. If these wastes are retained the soil may be choked or killed by an accumulation of its own poison—a sort of auto-intoxication. The soil, like all living things, demands water, but it may be drowned by an excess. A water-logged soil dies in very much the same sense that an individual dies who has suppression of urine. Sedgwick speaks of the "living earth" in the sense that it is teeming with life; bacteria, molds, amebae, and many of the primitive forms of the animal kingdom, as well as worms, insects, snakes, birds, rodents, and many other animals, make their temporary or permanent homes in the upper layers of the earth. Earthworms by their plowing action, so beautifully shown by Darwin in 1881, constantly turn over the upper layers of the earth. The soil, therefore, is in con-

stant peristalsis, which helps its digestive functions. The rise and fall of the ground water is analogous to the movements of the diaphragm and assists the respiratory functions of the soil.

**Classification of Soils.**—Soils are variously classified, depending upon the amount of sand, gravel, clay, loam, humus, peat, muck, rock, alkali, etc., which they contain. The difference between a sandy and gravelly soil depends mainly upon the size of the particles. These soils interest the sanitarians because hookworms live and flourish in them better than they do upon clay or rock formation.

Clay exists in particles of the smallest possible size. It is very cohesive, possesses a high degree of plasticity, and plays a very important part in determining the fertility of soils, their texture, and their capacity for holding water. Its plasticity is due to the presence of a small proportion of hydrated silicate, and is modified very greatly by the addition of less than a hundredth part of caustic lime. It is exceedingly impermeable to water, and when wet dries with great slowness. Clay may be regarded as a plastic colloid, but its special properties are only seen when a certain amount of water is present. The separate particles of clay are so small that, when placed in water, they assume a state of Brownian movement and sink only very slowly in spite of their high specific gravity. Traces of electrolytes have a profound effect on these properties; small quantities of acids or salts cause the temporary loss of plasticity, impermeability, and the property of remaining long suspended in water without settling; the clay is now said to be flocculated. The change can be watched if a small quantity of any flocculating substance is added to the turbid liquid obtained by shaking clay with water; the minute particles are then seen to unite with larger aggregates which settle, leaving the liquid clear. There is, however, no permanent change; deflocculation takes place and the original properties return as soon as the flocculating agent is washed away. Alkalies (caustic soda, caustic potash, ammonia, and their carbonates) deflocculate clay, causing it to remain suspended in water for long periods. Clay is thus an electro-negative colloid, its reaction probably being conditioned by a trace of potash liberated by hydrolysis. It shows the general properties of electro-negative colloids as elucidated by Schultz and by Hardy; thus, it is flocculated only by a solution containing ions or particles of opposite electrical sign, and the extent of flocculation increases rapidly with the valency and concentration of the ion.

Loam consists of a mixture of sand, clay, and humus. If the sand predominates the soil is said to be light; if the clay predominates, heavy. A rich soil contains an abundance of humus.

By humus is meant the products of vegetable decomposition in their various intermediate stages of decay. It is the essential element of

vegetable mold, and is necessarily of most complex composition. It is composed of a great number of closely related definite chemical compounds.<sup>1</sup> Humus contains a high percentage of nitrogen, especially marked in some of our prairie soils and in the "black soil" found in the provinces of the Ural Mountains, which, according to von Hensen, contains as much as from 5 to 12 per cent. of organic matter.

**Surface Configuration.**—Geodesy, or surface configuration, has an important relation to health. Low and swampy ground is a breeding place for the malarial mosquito. Highlands are apt to be drier and more healthful than lowlands. A slope affords better drainage than flat lands, and thus diminishes the dangers from soil pollution, but increases the risk of infection being washed down from those living above. In narrow valleys the air stagnates, the moisture is excessive in both the soil and the air, and there is an unpleasant blanket of cold layers of air at night. Mountain sides are notoriously windy. High plateaux suffer from extremes of temperature. Thus, at Mexico City (about 8,000 feet above sea level) there is a sharp contrast between the temperature during the day and night, and even during the daytime between the sunshine and the shade. At Quito, which is 9,350 feet above the sea level, the daily variation of temperature at some periods of the year is no less than 34° F. Northern exposures do not get enough sunshine, and southern exposures sometimes too much.

The relation of the surface configuration of the land to health is intimately interwoven with the whole question of climate, and must take into consideration temperature, air movements, humidity, sunshine, barometric pressure, precipitation, and the seasons with their endless varieties from tropical to arctic.

**Composition of the Soil.**—Much attention was formerly given to the hygienic importance of the chemical constituents of the soil. The presence of organic substances was regarded not only with suspicion, but even as a serious menace to health. It was claimed that organic pollution of the soil made a good culture medium for the germs of infectious diseases. The gaseous products of decomposing organic matter in the soil have long been looked upon as particularly injurious. These gases, with other ill-defined but unknown volatile substances, are spoken of as miasma or effluvia.

We now know that very few, if any, of the bacteria pathogenic for man grow and multiply in the soil under natural conditions. The spores of tetanus, malignant edema, and anthrax may live in garden earth for many years, but it is doubtful whether these microorganisms, especially the anaërobcs, ever find conditions favorable for growth and multiplication in the soil. Ordinarily typhoid, dysentery, and cholera bacilli do not flourish in the soil; on the contrary, they soon die there. It has

<sup>1</sup> See Bulletins of the Bureau of Soils, Dept. of Agriculture.

been shown that cities built upon polluted soils have sometimes suffered relatively less from typhoid and cholera than cities built upon rocky or virgin soil. In some cities (as Budapest) it has been pointed out that the greatest morbidity and mortality rate was in that part of the city built upon made ground filled in with trash and much organic waste. These instances have been largely coincidences, for, as a rule, the low-lying, polluted soil happened to be the poor, crowded tenement district. A sanitarian does not recommend polluted soils for building sites, but it seems that their influence upon health has been overstated, especially where cellars are properly constructed. While a polluted soil may not be hazardous in the ways just indicated, it may be dangerous so far as hookworms and other parasites are concerned, or indirectly it may lead to contamination of drinking water, food, etc. See *Pollution of the Soil*, page 1004.

*Mineral Matters in the Soil.*—By far the most abundant element in the soil is oxygen. According to various estimates, from 33 to 50 per cent. of the solid crust of the earth consists of oxygen. The other elements found in abundance in the soil are: silicon, carbon, sulphur, hydrogen, chlorine, phosphorus, fluorine, aluminium, calcium, magnesium, potassium, sodium, iron, manganese, and barium. Aluminium silicate or clay makes up perhaps two-thirds of the inorganic components of soils. Other compounds are lime and magnesia carbonates (limestone) and numerous chlorides, sulphates, phosphates, oxides, etc., of the various bases.

Iron is universally present and gives the red color to soils. Nitrogen exists in soils in three distinct forms: (1) protein and its split products, (2) ammonia and its salts, and (3) nitric acid and nitrates or nitrous acids and nitrites.

*Vegetable Matter in the Soil.*—The vegetable matter exists in the soil in various stages of decomposition. One result of the decay of vegetable substances is the formation of organic acids, which have considerable power to dissolve mineral substances, accounting in part for the plumbisolvant action of acid-reacting surface waters from swampy lands.

Peat or muck results from the incomplete decay of vegetable matter under water.

*Animal Matter in the Soil.*—Organic matter of animal origin in soils results chiefly from the decomposition of carcasses or from contamination with the excreta of animals. As a rule, animal matter is neither so abundant nor so widely distributed in the soil as vegetable matter. From a sanitary standpoint soils polluted with organic matter of animal origin present a greater danger than soils polluted with vegetable matter.

**Physical Properties.**—In general it may be said that the physical properties of a soil are more important, from the standpoint of health,



than its chemical composition. It is a spongy mass, radio-active and contains numerous colloidal bodies.

*Porosity.*—By the porosity, or pore volume, of a soil is meant the volume of the interstices between the particles, which may be filled with water or air, or both; in other words, the power to absorb water. Porosity is expressed as a percentage of the whole mass. Ordinarily the pore volume in soil amounts to about forty per cent.; some apparently compact masses, such as sandstone, have as much as thirty per cent. The pore volume of the soil is independent of the size of the individual grains.

*Permeability.*—The permeability of a soil is its ability to allow the passage of water; it does not depend upon the pore volume, but upon the size of the individual pores. Rocks may have a high porosity, but slight permeability, due to the extreme fineness of the pores. Clay has a high porosity, but its permeability is slight, owing to the extremely small size of the pores, although their aggregate capacity is rather large. The presence of fissures and joints in the rock will greatly increase its transmitting power.

*Water Capacity.*—The water capacity of the soil is the amount of water held in the interstices of the soil when saturated, while the *water-retaining capacity* is the amount of water held back after a saturated soil is drained.

*Soil Temperature.*—The sun is the principal source of the soil temperature. Some heat is produced from chemical changes, but not in considerable amounts. The original heat of the earth's interior furnishes a constant source of heat that is of much importance.

The heat absorbed and given off by the soil has a notable influence upon the atmospheric temperature. Some soils and moist surfaces absorb heat from the sun and give it off again when the sun has set. The most heat-absorbent soils are sandy soils. The sand of the desert may be heated to 200° F., and when this hot sand is raised by simoons the temperature of the air in the shade may reach 125° F. or more. The power of absorbing or reflecting solar heat also depends upon the color of the soil.

*Adsorption.*—The soil has, to a remarkable extent, the property of adsorbing odors and gases, and ordinarily it is very hygroscopic. The soil is also capable of holding toxins, colors, and other substances through the physico-chemical property of adsorption. In this respect it acts like charcoal. Illuminating gas from leaky mains may be divested of its odorous constituents in its passage through the soil, so that its presence in houses may be undetected, thereby greatly increasing the danger. In the experiments made by Abba, Orlandi, and Rondelli about the filtering galleries of the Turin water supply the property of the soil to hold back substances in solution was shown. Cultures of

*Bacillus prodigiosus* in large volumes of water poured into the ground at various points made their appearance 200 meters away in 42 hours, whereas dyes, such as methyleosin and uranin, could not be detected until after 75 hours.

**Soil Air.**—Air is present in all soils, even in the hardest rocks. Sandstone may contain from 20 to 40 per cent., sand from 40 to 50 per cent., and humus as much as 2 to 10 times its own bulk. The soil air differs markedly in composition from that of the atmosphere. It is usually very moist and contains various gases, especially carbon dioxid, resulting from the decomposition of organic matter. For the same reason soil air contains less oxygen than the free atmosphere. The soil air varies greatly, according to the character of the soil, the climate, the season, and rainfall. There is a continual interchange between the air of the soil and the air of the atmosphere. This interchange is influenced by differences in temperature, by rainfall, and by the movements of the ground water and by barometric pressure. Rain chokes the pores and checks soil ventilation. The soil air is in constant motion.

Following the teachings of Pettenkofer, the amount of carbon dioxid in the soil air was for years taken as an index of the amount of soil pollution. It is now well known, however, that this is not a reliable index, for the reason that many conditions influence the amount of  $\text{CO}_2$  in soil air. A soil recently manured may contain from 2 to 5 or even 10 parts of  $\text{CO}_2$  per thousand. In a gravelly soil the proportion may be as high as 80 parts per thousand.

Soil air may influence health when contaminated with poisonous gases, such as carbon monoxid. This occasionally happens. In the open these gases would be so greatly diluted that they could scarcely exert a deleterious influence, but when concentrated, as they sometimes are in dwellings, and breathed for a long period of time they may be responsible for anemia, headache, and other symptoms. Soil air containing carbon monoxid may be sucked into a dwelling from long distances in a lateral direction. Leaky gas pipes may thus render the air of a dwelling impure if the cellar is permeable. This is favored by the pumping action of the furnace, especially when the surface of the ground is frozen.

Soil air is practically sterile; that is, under ordinary conditions it contains few bacteria. Odors sometimes contained in the air from a polluted soil have no known injurious effect.

**Soil Water.**—The passage of water through the soil is essential to soil activity. The moisture favors the bacterial growth by which soils purify themselves and favors vegetation. Nitrates, chlorids, and other soluble substances are dissolved in the water and pass into the subsoil, or furnish food to the roots of plants. A soil absolutely dry, as

a desert soil, is lifeless. A soil with an excess of moisture, that is, one in which the ground water level is at or near the surface, delays and alters the natural decomposition of organic matter. In the deeper layers of the soil, where no bacterial action takes place, vegetable matter may remain almost permanently without change. Thus, wooden piles are not attacked after centuries.

Water exists in the soil in two principal forms: (1) *soil moisture*, which comprises the water present in the interstices of the upper partly saturated layer, as well as the watery vapor contained in the soil air; and (2) *ground water*, or subsoil water, in which case the interstices of the soil are completely filled.

The soil moisture is estimated by determining the loss of weight by drying 10 grams of soil at 100° C. to constant weight. The dry sample may then be exposed to air saturated with moisture under a bell jar and again weighed. The increase in weight indicates the absorptive power of the soil.

Water may also be regarded as existing in the soil under three conditions, viz., hygroscopic, capillary, and gravitation. The hygroscopic water is that which adheres to the surface of the soil particles in the presence of air. The capillary moisture is that which is held within the spaces that are capillary in their nature. The gravitation water is that which drains through the soil and accumulates in the subsoil over an impermeable stratum. For a discussion of ground water see chapter on Water.

It is generally stated that a persistently low ground water level, viz., 15 to 20 feet, is healthful, and that a persistently high ground water level, viz., 3 to 5 feet, is unhealthful, and that a ground water level that fluctuates suddenly is still more unhealthful. Pettenkofer found that typhoid fever was more likely to occur at Munich, Berlin, and Leipzig when the ground water level was at its lowest. His explanations to account for this were ingenious, but we now know that the relation was only a coincidence, for the same does not hold in other places.

Subsoil drainage is usually considered more of an agricultural necessity than a public health question. Large tracts of our land in the Middle West and in other parts of the world have normally a high ground water level, and it is necessary to bring this down in order to increase the fertility of the soil. This is done by draining the subsoil, which also abolishes marshy and swampy lands, and thus puts a check upon malaria.

One of the principal influences of the soil upon general health is through soil moisture. Dampness in or near the surface of the soil may affect the health of those dwelling nearby. Such a soil is cold, and the atmosphere immediately above it is liable to be damp, and this

appears to conduce to rheumatism, neuralgia, and diseases of the respiratory tract. Investigations seem to indicate that the general health of those dwelling on damp soils is inferior to that of those more favorably circumstanced in that regard.

**The Nitrogen Cycle.**—The most interesting of the vital phenomena taking place in the soil is the disposal and utilization of organic matter. This may best be illustrated by the nitrogen cycle, which must be understood in order to have a clear conception of soil pollution, water purification, and sewage disposal.

The nitrogen cycle is a complex series of events which protein matter undergoes, in which it is reduced to simple and stable inorganic compounds, and then returns through plant life to the animal kingdom. One phase of the cycle, namely, the breaking down of animal and vegetable matter, is due almost entirely to bacterial action. The other phase, namely, the building up of complex living organic matter from simpler compounds and elements, is mainly a function of living plants.

The nitrogen cycle is a process in which the anabolism or synthesis occurs in plants, while the catabolism or analysis is brought about chiefly through bacterial action. Hence the series of events constituting the nitrogen cycle largely depends upon the plant kingdom. The important phases of the cycle occur upon the soil and in its superficial layer. It will presently be seen that this cycle has a fundamental importance in sanitary science, and has a special significance in preventing soil pollution, in the purification of water, and in the disposal of sewage. It is evident that any permanent break in this cycle would result in the cessation of life upon the earth.

As soon as an animal or plant dies its protein constituents are at once attacked by putrefactive bacteria. The proteolytic microorganisms (aided by the larvae of insects) growing in and upon the nitrogenous matter break it up into secondary and simpler products, which have a striking resemblance to the cleavage products of gastric and pancreatic digestion. Some of the putrefactive bacteria, of which the *Bacillus subtilis* and the *Bacillus proteus* are important types, liquefy protein matter during the process of putrefaction. Other bacteria, of which the colon bacillus is a type, break down organic matter without evident liquefaction. Very many other species of bacteria take part in this stage of the cycle. For the most part the microorganisms pathogenic for man are killed during the process of putrefaction; they die in the struggle for existence. The processes of decomposition are essentially the same, whether the organic matter is the carcass of an elephant, a beetle, a tree, or a leaf, provided that the necessary moisture, warmth, and other conditions for bacterial growth are present. The breaking down of vegetable matter is slower and more difficult than the break-

down of animal matter. This is due in part to the fact that the latter contains larger percentages of putrescible protein and also usually contains more moisture, which favors bacterial activity.

The breaking down of the complex protein molecules to simpler and stabler compounds is usually spoken of as mineralization, and may be regarded as a series of oxidations. According to our present chemical conception, it is really a series of hydrolyses. The complicated molecular structure of protein matter is analyzed into amino compounds of simpler and simpler composition, until nitrogen finally ap-

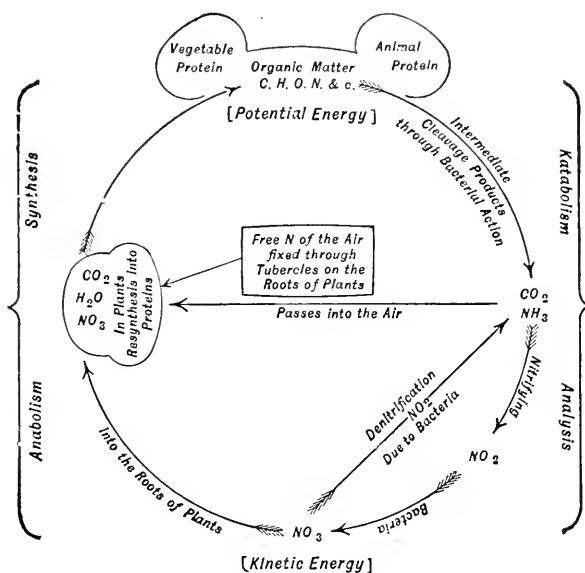


FIG. 103.—THE NITROGEN CYCLE.

pears in the form of ammonia. We know little of the chemistry of the early stages of protein decomposition. The process seems hopelessly complicated from the intricate structure of the molecule. Eventually from the seething caldron of molecular disintegration there appear simpler substances, such as proteoses, peptone, ptomains, amins, leucin, and tyrosin, and other amino substances, as well as organic acids, indol, skatol, phenol, and finally sulphurated hydrogen, mercaptan, carbonic acid, and ammonia. One of the final products of the process is carbon dioxid, part of which passes into the atmosphere and part of which is retained in the soil as carbonates of alkalies or alkaline bases. The ammonia, as such, cannot be used by plants. Some of it may escape into the atmosphere, but for the most part it is retained in the soil as ammonium chlorid or ammonium carbonate. In the soil the ammonia is oxidized by the action of nitrifying bacteria into nitrates. This

nitrifying action of bacteria, elucidated by Winogradsky<sup>2</sup> in 1888, was one of the brilliant discoveries in bacteriology. Through his ingenious work and that of later workers, it is now known that this process is usually accomplished in two distinct steps. The ammonia is changed to carbonate, which is rapidly oxidized by nitromonas into nitrite, and this by nitrobacter into nitrate.

These nitrous or nitrite bacteria were called by Winogradsky nitromonas and nitrococcus. This action is very specific. The ammonia is changed to ammonium carbonate which is rapidly oxidized by nitromonas into nitrite. Nitromonas occur in several forms, mostly oval or

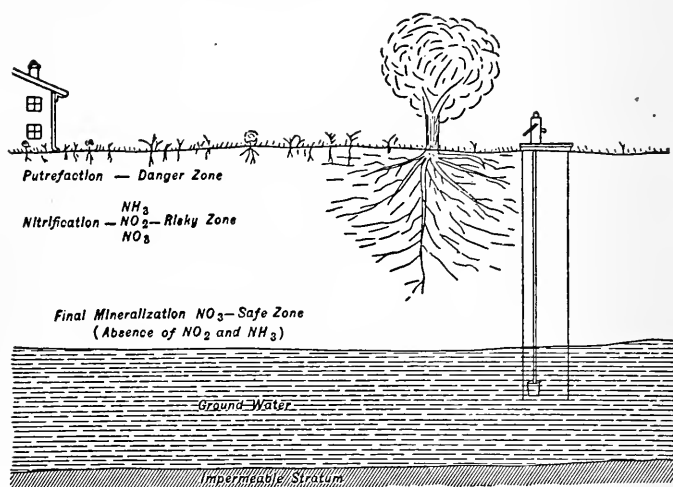


FIG. 104.—THE NITROGEN CYCLE IN DIAGRAMMATIC VERTICAL SECTION.

coccus-shaped; a zoögleal stage is also found. It is spore-free, requires an alkaline medium, aerobic, and widely distributed.

The nitrites exist in the soil probably as salts of potassium and sodium. They remain as the lower oxid a very short time and, therefore, never accumulate, and are never found in any large amount for they are unstable and readily oxidized to nitrates. The special nitric or nitrate bacteria (*nitrobacter*) were first accurately described by Winogradsky. Nitrobacter is also very specific in its action. It is rod-shaped, aerobic, spore-free, requires an alkaline medium, and is widely distributed. No other organism is known with certainty to produce nitrates in soil. The nitrates are stable and represent the final stage of the mineralization of nitrogenous matter. In certain arid parts of the world large deposits of nitrates ( $KNO_3$ , saltpeter) are found as the result of the nitrification of bird excrement (guano), which is

<sup>2</sup> Winogradsky, S.: *Ann. de l'Inst. Pasteur*, 1890, IV, pp. 275 and 760; also *Arch. des Sci. Biol.*, St. Petersburg, 1895, III, 297.

rich in available nitrogen. These collections, however, do not occur in places where there is enough rain to carry away the readily soluble nitrates.

Ordinarily the nitrates go into solution in the ground water and are either taken up by the roots of plants or are washed away in the ground water. In a sanitary analysis of water taken from the soil the presence of nitrates and nitrites, therefore, has a special significance. If nitrites are found in soil water it indicates pollution and signifies active bacterial action and the presence of organic matter. Nitrates in soil water, without nitrites, are an index of past pollution (see Water Analysis).

In 1886 Gayon and Dupetit described two organisms, *B. denitrificans*  $\alpha$  and  $\beta$ , capable of completely reducing nitrates. Many bacteria have this power of denitrification, a sort of reversible process by which nitrates are reduced to nitrites, and then to ammonia, and further to gaseous nitrogen. This is characteristic of very many of the well-known micro-organisms, such as the colon group, pyocyanus, subtilis, and other soil bacteria. Maassen found this action in 85 of 109 kinds of microorganisms studied. Denitrification, however, does not occur in a well-ventilated soil, for it requires lack of air, presence of much decomposable organic matter and of nitrates,—a combination rarely found in nature.

In plant metabolism the nitrates are used to build up new protein. Certain plants get some of their nitrogen through the bacterial tubercles on their roots, which have the power of fixing the free nitrogen of the air. These small nodules are abundant on the roots of various leguminous plants (peas, clover, etc.). Pure cultures of the legume or nitrogen fixing bacteria, such as *Bacillus radicicola* of Beijerinck,<sup>3</sup> may be obtained from these root tubercles. Bacterial inoculation of soils to replace nitrogenous manuring is a fascinating possibility, but has not been realized in practice.

It should be noted also that certain bacteria (azobacter) have the ability to fix the free nitrogen of the air independently of plant life and may grow under either aerobic or anaerobic conditions. One of the first known of this group was an anaerobe described by Winogradsky in 1895 and named by him *Clostridium pastorianus*.

It will be noted that in the nitrogen cycle all the essential steps, from proteolysis to mineralization of the organic matter, nitrification, oxidation, and reduction, as well as the fixation of free nitrogen from the atmosphere, are all the result of bacterial action. Each stage of the complex process is specific, in the sense that it requires a particular species or group of bacteria to effect the result, and also specific in the sense that special conditions of environment are necessary for its action

<sup>3</sup> Beijerinck, *Botan. Ztg.* 1888, xlvii, 725.

Upon special media, colonies of *B. radicicola* yield rods 1 to 5 $\mu$  long, some of which show signs of bacterial formation and "swarmers," so small that they will pass a porcelain filter.

to take place. *Nitromonas* will oxidize ammonium carbonate and nothing else; it will not touch nitrites, urea, or the substituted ammonias. *Nitrobacter* is equally specific.

It is important to remember that practically the entire cycle takes place upon the surface and in the upper layers of the soil. A few feet below the surface of an undisturbed area the soil contains few or no bacteria. Carcasses buried deep, or sewage placed too far below the surface, do not profit by the nitrogen cycle in its entirety, and under such circumstances incomplete nitrification takes place. Nature's method of disposing of dead wastes is thereby defeated, and pollution of the soil and infection of the ground water may result.

**The Carbon Cycle.**—Carbohydrates, such as cellulose, starch, sugars, and similar constituents of vegetable and animal matter, are fermented, with the formation of carbon dioxide, alcohol, and various organic acids. The carbon in carbohydrates passes through a series of changes, which may be regarded as the carbon cycle. The carbon dioxide resulting from fermentation unites with water in the plant life, and under the action of chlorophyll and sunlight is again synthesized to starch and sugars.

The fermentation of the carbohydrates is also due to the action of microorganisms. In a mixture containing both carbohydrates and protein, as a rule, the microorganisms act upon the carbohydrates first. In other words, the putrefaction of protein is delayed or hindered by the presence of fermentable carbohydrates. For this reason sewage containing wastes from breweries always presents difficulties at disposal plants.

*Fats* are also attacked by bacteria, with the consequent production of acids. The hydrocarbons are broken down with more difficulty than either the carbohydrates or protein. An excessive amount of fat in sewage always gives trouble on a filter. For instance, the drainage from a wool-scouring mill containing lanolin and the discharges from slaughter houses and the wastes from creameries, laundries, and cheese factories containing animal fat present special problems in sewage disposal.

The nitrogen cycle, as well as the carbon, sulphur, and phosphorus cycles are all processes of oxidation—at least the terminal products are nitrates, carbonates, sulphates, and phosphates.

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## CHAPTER II

### THE SOIL AND ITS RELATION TO DISEASE

**Bacteria in Soil.**—Countless millions of bacteria occur in the upper few inches of the soil. The enormous overgrowth of bacteria in the upper layers of the soil gives it the sticky, moist feeling which rich soils possess. The odor of the soil, such as that which is particularly noticed after a rainstorm, is due in large part to *Cladothrix odorifera* and other organisms which are commonly found in the soil. Few bacteria are found in an undisturbed soil below a depth of 4 to 6 feet. A sand bed used for filtering sewage shows a similar vertical distribution of bacteria. Below six feet the statement is made that the soil is usually sterile. This is not strictly true, but the numbers are much diminished and bacterial activity has practically ceased. As a rule, living bacteria are not obtained from samples of soil obtained 10 to 12 feet below the surface, except in soils with large pores or crevices, or in cases where the bacteria have been carried by burrowing animals. It is exceedingly difficult to determine the number of bacteria in the soil, as so many of them are anaërobes and vast hordes belong to the nitrifying groups, which grow only upon selective media. The soil is also the home of other species, requiring special conditions for growth in artificial culture media.

Of the ordinary bacteria that grow upon the usual laboratory media Houston found an average of 100,000 per gram in an uncultivated sandy soil, 1,500,000 per gram in a garden soil, and 115,000,000 per gram in a sewage soil. Peaty soils have smaller numbers. The actual numbers must be vastly greater, for many microorganisms in the soil do not grow upon the common media. In fact, the soil is the home of the greatest number and variety of bacteria found anywhere. It is the bacteria in the upper layers of the soil that make it resemble a living gland. Each particle of earth is coated with a zoögleal envelope. The sand and mineral particles form the supporting structures, the coating of bacteria corresponds to the glandular epithelium, and the interspaces between the particles are the capillary and lymph channels.

Most of the bacteria in the soil are saprophytes. The microorganisms pathogenic for man do not find conditions favorable for growth and development in the soil. For the most part the temperature is too low; further, they are crowded out by the overgrowth of the saprophytes. Koch has demonstrated that anthrax and other pathogenic bacteria

may be grown in sterile soil, but cannot be grown in unsterilized soil, that is, in living soil. They die in the struggle for existence. Experiments have shown that the soil of graveyards contains no more bacteria than the corresponding soil in the same locality, and is noticeable by the absence of pathogenic microorganisms. The soil often contains the bacteria (or their spores) of certain wound infections, such as malignant edema, anthrax, *B. aërogenes capsulatus*, and tetanus. The relation of the soil to typhoid, cholera, dysentery, hookworm disease, Cochinchina diarrhea, and other infections will be discussed presently.

The function of the bacteria in the soil may best be understood by studying the fate of organic matter polluting the soil and the processes which accomplish its purification. See Nitrogen Cycle, page 998.

**Pollution of the Soil.**—The soil is capable of disposing of great quantities of organic matter. However, if it is overburdened it remains polluted and may endanger health through contamination of the drinking water and in other ways. It is not only the amount but the kind of pollution, and also the manner of its disposal, that plays a very important part. It must first of all be remembered that the purifying action of the soil is largely dependent upon bacteria, and that this action takes place almost solely in the upper layers. If carcasses are buried deeply, or if sewage is allowed to enter the soil at several feet below the surface, the process of purification is long delayed or checked. A leaky cesspool or broken drain which discharges its contents into the soil at a depth of 5 feet or more may seriously pollute the ground water, whereas the same material placed upon or just beneath the surface may be entirely mineralized and all infection destroyed before it reaches the depth of 5 feet. Vegetable matter in a water-logged soil undergoes a partial and unusual decomposition into muck or peat. Trees buried deeply, where bacterial action is practically absent, remain for many hundreds of years practically unchanged. Many factors retard the purifying action of the soil. Among these the temperature and moisture and absence of oxygen predominate.

When organic matter falls upon the soil it is consumed and digested by the hungry earth. Without this property the surface of the earth would long ago have become clogged with vegetable and animal matter. Albuminous substances are dissolved by the action of the proteolytic bacteria, and converted into simpler chemical compounds. The intermediate products of protein putrefaction are exceedingly complex. For our present purposes it is sufficient to know that ultimately the nitrogen is largely converted into ammonia and the carbon into carbon dioxide. The ammonia is then oxidized by the action of nitrifying bacteria to nitrites, and the nitrites again oxidized to nitrates. The nitrates are the final products of the mineralization of organic matter. Most of the nitrates pass into solution and are carried down into the

deeper layers of the soil or subsoil; some of it is taken up through the roots of plants. The carbon dioxid passes off into the air as a gas, remains in the soil moisture in solution, or is converted into carbonates.

Pathogenic bacteria that may be thrown upon the soil in feces or otherwise are usually detained in the upper layers and finally destroyed there. Under ordinary conditions pathogenic microorganisms are caught in the upper layers of the soil, just as they are caught upon the "schmutzdecke" of a slow sand filter. The soil does not act simply as a mechanical trap. The bacteria are detained and destroyed by a combination of physical, chemical, and vital processes taking place in the upper layers of the soil.

All polluted soils are not equally dangerous. Soils polluted with human feces and urine present the greatest hazard to man. The special menace of soils polluted with human excreta is from typhoid bacilli, hookworms, and other infections discharged in the feces or urine. Hookworm infection is usually contracted directly from soils polluted with human feces, and the eradication of hookworm disease depends primarily upon preventing pollution of the soil. The danger in the case of typhoid, dysentery, cholera, and other bacterial infections is usually indirect through infection of drinking water or occasionally through flies or other mechanical means of transference. A soil polluted with typhoid may endanger either the surface water or the ground water, particularly in limestone formations. Pathogenic microorganisms in a polluted soil may also find their way back to man upon vegetables. Tapeworms and other intestinal parasites pass part of their life cycle on or in the soil, and may infect man directly or indirectly in various ways. The question of soil pollution and the particular ways in which it is related to health have been discussed separately under each disease concerned.

**Dirt.**—The soil is often spoken of as dirt. The soil in the field is "earth," but in the parlor or on our hands it becomes dirt; that is, matter out of place. The word "dirt" is from the old Saxon "drit," meaning excrement. Dirt in the ordinary sense becomes a potential danger, especially when containing human excretions or soil bacteria associated with wound infections.

To the sanitarian dirt includes rubbish, manure, and organic wastes of all kinds. It may be the vehicle, but not the source, of infection. It breeds and harbors flies, fleas, lice, rats, mice, and vermin of all sorts that act as intermediate hosts or carriers of infection. While dirt cannot originate typhoid fever or other infections, it favors conditions which encourage the spread of such diseases. Rubbish in vacant lots, in backyards, in alleys, in cellars, garrets, and other places may be taken as an index of the failure to appreciate the modern teachings of hygiene and sanitation. It was once the chief duty, and still an im-

portant one, of the health officer to insist upon cleanliness of premises and surroundings, both in country and city.

**Cleanliness.**—Cleanliness is the heart and soul of sanitation. We are inclined to place it even before godliness, for cleanliness of body, cleanliness of mind and soul, and cleanliness of our surroundings are essential to a full appreciation of the spiritual virtues. Our conception of cleanliness has greatly changed with our advance in knowledge of the kinds of dirt, the degrees of dirtiness, and the nature of these dangers. We can no longer be satisfied with physical or esthetic cleanliness, but must insist upon biological cleanliness. A tetanus spore upon the shining blade of a surgeon's knife makes that instrument filthy, whereas many such spores on the skin of a chicken may be harmless when ingested. We cannot see the infection upon the common drinking cup, upon the roller towel, upon the point of a pencil that has just been moistened with saliva, or in water, milk, or food, although we well know the danger of such invisible "dirt" that these objects may harbor.

It requires a bacteriologist to tell the difference between clean dirt and dirty dirt. We lack a sixth sense, or microscopic eye, to see and distinguish the harmful germs. We, therefore, must practice scrupulous cleanliness and educate the people to the biological meaning of this term. Long experience has taught the lesson that cleanliness offers a protection against disease; that clean surroundings are apt to be free of infection; and that clean food is apt to be safe food.

Cleanliness of person and environment results in the diminution of the number and perhaps the virulence of many pathogenic microorganisms, such as streptococci and staphylococci. Cleanliness of the type that approaches asepsis would prevent much sickness and save many lives through diminishing the risk of infections. Hill believes that the mildness of modern infectious diseases is due to the lessened virulence, smaller stock, and reduced distribution of the streptococci and staphylococci formerly bred in hospitals and in wounds promiscuously. The public health officer should, therefore, campaign for personal and communal asepsis.

Many houses, especially in poorer sections of cities, lack proper facilities for laundry work. Public laundries, such as are provided in many European countries, would materially help in the campaign for general cleanliness.

At one time the theory of the filth diseases reached the dignity of a special name—the pythogenic theory, first propounded by Murchinson in 1858.<sup>1</sup> Typhoid fever was long regarded as the type of a filth

<sup>1</sup>"I shall bring forward what I consider positive proof that this fever (typhoid) is produced by emanations from decaying organic matter; and I would therefore suggest for it the appellation of '*pythogenic fever*!'" "Contributions to the etiology of Continued Fever," p. 219. "Medico-Chirurgical Transactions," London, 1858, Vol. XLI, p. 221.

disease, and, while we are now dropping that term, we should not forget that typhoid fever is really a filthy disease, for each case means that a short circuit has been established between the discharges from one person and the mouth of another.

**The Influence of the Soil upon Health.**—The soil was formerly accused of being one of the largest and most important factors in the spread of the communicable diseases. It was once regarded as the cause, if not the nesting place, of infections of all kinds; tuberculosis, malaria, typhoid fever, plague, yellow fever, cholera, dysentery, and many other diseases were directly associated with the soil. We now know that comparatively few of the microorganisms pathogenic for man live in the soil, and practically none of them grow and multiply there.

The soil contains a number of bacteria that may be serious when introduced into wounds, as tetanus, malignant edema, anthrax, *B. aërogenes capsulatus*; oftentimes organisms belonging to the hemorrhagic septicemic group; sometimes staphylococci and streptococci.

A soil polluted with human excrement presents the possibility of danger of intestinal infections of all kinds. Thus, bacterial infections, such as typhoid, cholera, and dysentery, or protozoal infections, such as amebic dysentery, or the higher worms, such as hookworms, may all more or less be associated with polluted soils.

Soils containing much organic matter and presenting other favorable conditions afford resting and nesting places for a number of insects, such as flies, ticks, etc., which may carry infections.

Vegetables grown in polluted soils may transfer bacteria, protozoa, or the eggs of worms in a mechanical way from the ground to the mouth. This applies particularly to vegetables eaten raw, such as radishes, lettuce, etc.

Practically all the water used for drinking and other purposes has either rested upon the soil or has percolated through it into the ground. The soil materially affects the character of the water. In this way the soil indirectly influences health variously and sometimes seriously. The relation of water to health is a subject in itself, and is discussed in a separate chapter.

The physical conditions of the soil which have special reference to health are those which influence the temperature and moisture of human habitations. Persons working about cold and damp soils are subject to rheumatic, neuralgic, and respiratory affections.

**Diseases Associated with the Soil.**—*Tetanus.*—Spores of the tetanus bacillus commonly occur in the soil of inhabited regions. They have been found not only in the superficial layers, but sometimes at a depth of several feet. The normal habitat and the great reservoir of tetanus are the intestines of the herbivora. It may also be found in the intes-

tinal contents of man and other animals. Certain savages in the New Hebrides used to smear their arrow heads with dirt from crab holes in the swamp, which they knew by experience to be poisonous. We now know that this material contained tetanus spores.

Tetanus increases as we approach the tropics, where puerperal tetanus and tetanus of the newborn are relatively frequent. Tetanus spores are much more abundant in certain localities than others. For example, certain parts of Long Island and New Jersey have become notable for the number of cases of tetanus caused by small wounds.

The tetanus bacillus probably does not grow and multiply in the soil. It cannot there find the necessary anaërobic conditions, temperature, and other factors necessary for multiplication. The resistance of the spores accounts for the persistence of the infection.

The prevention of tetanus has been discussed on page 95.

*Anthrax*.—Like tetanus, anthrax does not grow in the soil under natural conditions. Its persistence is accounted for by its resistant endospore. Anthrax spores have been found in pastures where infected animals have been confined.

The anthrax bacillus requires oxygen in order to sporulate; the spores, therefore, do not form in the blood, and it is very important not to open the carcass of a sheep or cow dead of this disease before it is buried. The classic researches of Pasteur on anthrax should be studied in this connection. Pasteur examined the field where animals dead of anthrax had been buried twelve years previously. He found the specific bacillus in the soil and demonstrated its virulence by inoculations into guinea-pigs. Pasteur thought that the spores were brought to the surface of the soil by earthworms, and proved the possibility of this by sowing virulent cultures in soil and recovering the bacillus from worm casts. It seems, however, in the light of subsequent investigations that the danger from this source is negligible, so that anthrax, with a few exceptions, can hardly be called a soil infection. This is the case at least with man, for there is no instance on record in which human anthrax has been contracted from contact with the soil.

*Malignant Edema*.—The bacillus of malignant edema is found in the superficial layers of the soil. It is very widely distributed. This organism is also found in putrefying substances, in foul water, and in the intestinal tract of various animals. In 1877 Pasteur first recognized an organism belonging to this group by injecting animals with putrefying liquids. He called the organism the *vibron septique*, recognized its anaërobic nature, but did not obtain it in pure culture. Koch and Gaffky in 1881 studied it carefully and renamed it the bacillus of malignant edema. The bacillus has lateral flagella, an oval spore, and is a strict anaërobe. It is very pathogenic for almost all animals, caus-

ing extensive hemorrhagic edema without the production of gas, which distinguishes it from the gas bacillus of Welch. Wound infections with malignant edema occur, especially with deep punctured or lacerated wounds, which favor anaërobic growth. Before the days of antiseptics this complication was frequent, especially during wars.

*Bacillus Perfringens* (also known as Welch's Gas Bacillus and *B. aërogenes capsulatus*).—This organism is a member of a populous and widely distributed species of bacteria, which have in common the ability to ferment sugars with the production of butyric acid. *B. Welchii* is a large rod, gram-positive, and usually grows singly or in pairs. Spore formation is inconstant and occurs only in alkaline media, never in pure cultures in media containing a fermentable sugar or free acid. It causes stormy fermentation of milk; that is, the milk is quickly coagulated and gas formation is so abundant as to break up the curd and even to force parts of it above the cream ring. A rabbit injected intravenously with this organism, killed within two or three minutes and incubated, presents in twenty-four hours a body enormously distended with gas which will burn with a pale blue flame.<sup>2</sup>

This bacillus is found in the intestinal canal of man and animals, in soil and dust which distributes it widely. When introduced in wounds it causes a serious infection with the production of gas. In the present war many wounds contaminated with the soil of the trenches have been complicated with this infection. A serum has been prepared by Bull and Pritchett, which prevents, but does not cure this infection in man.

Many other microorganisms, especially those belonging to the hemorrhagic septicemic group, occur in the soil and occasionally complicate wounds.

*Typhoid Fever*.—There is a widespread belief, even among sanitarians, that this disease is frequently connected with soil pollution. This belief was given scientific confirmation by Pettenkofer, who propounded the theory that the poison, whatever it may be, is introduced into the soil where, under proper condition of organic filth, temperature, moisture, etc., a special fermentation takes place. Pettenkofer believed that the gases or effluvia thus produced rise, and in some way were capable of provoking disease. Pettenkofer's views of typhoid in relation to the height of the ground water have already been mentioned.

Typhoid bacilli frequently find their way upon and into the soil along with human excreta. Multiplication, however, rarely takes place there. As a rule, the typhoid bacillus scarcely lives a month, possibly two or three months, in the soil. When frozen they may live and re-

<sup>2</sup>"Studies in *B. Welchii*, with Special Reference to Classification and to Its Relation to Diarrhea." J. P. Simonds, *Monographs of the Rockefeller Institute*, No. 5, September 27, 1915.

main virulent for several months, as in the case of the Plymouth episode and the New Haven epidemic. While typhoid fever in cities and towns has no evident direct relation to soil pollution, it is possible to conceive an indirect relation in many cases, especially in camps and in rural districts.

There are numerous ways by which typhoid bacilli may be returned from the soil to the mouth of a susceptible person. It is possible, though not likely, for this to occur directly. So far as typhoid is concerned, perhaps the greatest danger from a polluted soil consists in infection of the drinking water. The ways in which this may occur are discussed in the chapter on water. The transfer of typhoid bacilli from the soil to the mouth may also occur mechanically by means of flies, dust, and dirt. Vegetables grown in a polluted soil may carry typhoid bacilli to the very tips of their leaves.

The pollution of soil with human feces is always a danger and should be prevented. The worst offense in this particular occurs in country districts, where the potential danger is greater than in the city.

*Goiter.*—The soil and its underlying rocky strata have long been associated with endemic goiter, in some indirect way, either through chemical constituents or bacterial contamination of drinking water coming in contact with certain geological formations. Goiter is most prevalent in the regions underlaid by the Silurian, Carboniferous, and Permian systems; while those over the eruptive or crystalline rocks of the Archean group, the sediment of Jurassic, Cretaceous, and post tertiary seas, as well as all fresh-water deposits, are comparatively free from the affection.

In some cases goiter does appear in localities over the second group, but in these places the underlying strata are thin and ground water penetrates to lower groups. It is observed also that the influence of the first group is weakened or lost by superimpositions of the fresh-water strata.

Baillarger, in a review of this subject in 1873, concluded that "it had not been shown that goiter prevailed exclusively on any particular soil, but that it seemed to prove that the endemic is extremely common on the dolomite formations and rare on others."

The relation of goiter to the soil is doubtful, except as it may be deficient in iodine, for simple goiter is due to a lack of iodine in the water, food, or both. For discussion on this subject see page 1150.

*Cholera.*—There is every reason to believe that the cholera vibrio dies quickly when deposited upon or in the soil under natural conditions. The cholera vibrio may be transferred from the soil to the mouth in the ways mentioned above in the case of typhoid. Formerly cholera was believed to be associated with polluted soils, but it now appears that the disease is rarely contracted from the soil, and that the physical and



chemical conditions of the ground play little, if any, rôle in the epidemiology of this disease.

*Tuberculosis and Other Diseases.*—In 1862 Dr. H. I. Bowditch formulated the law of soil moisture from studies which seemed to indicate that tuberculosis was more common in Massachusetts over moist soils than dry ones. If there is any connection between tuberculosis and the soil, the relation must be indirect. Exposure to cold and damp depresses vitality and lowers resistance to tuberculosis. It does not necessarily follow that habitations or workshops are cold and damp because the ground on which these houses are built is wet and cold.

The soil was formerly accused of being responsible for plague, malaria, yellow fever, and a long list of other diseases. The importance of the soil with reference to the communicable diseases diminishes with our increase in knowledge. The number of infections directly associated with the ground are very few, and the indirect influences are less than formerly supposed.

Apart from the one real danger, viz., soil pollution with human excrement, the sanitarian is now inclined to belittle the influence of the soil upon health.

Dampness and cold may favor rheumatic and neuralgic conditions, and also predispose to respiratory infections. In this way association with a cold, damp soil may be prejudicial to health. Clay soils are apt to be damp; sand and gravel soils are readily drained and may be kept dry by means of simple devices. Such soils, therefore, make the best building sites for habitations. As a rule, the foundation of a house should be at least two or three feet above the level of the ground water.

The soil greatly influences the character of the water which rests upon it and which passes through it. This will be discussed in the section on water.

*Hookworm Disease.*—Hookworm disease is closely associated with the soil. It may fairly be considered an infection dependent upon soil pollution. It occurs especially in moist sandy soils rather than on clay or rocky soils. This is due to the fact that hookworm eggs, when deposited in fecal matter, soon dry up and die upon hard rocky or clay surfaces, whereas they find favorable conditions for development upon moist sand or loam. Under these conditions the larvae develop as far as the second ecdysis, which have the power of penetrating the skin. See page 153.

*Other Animal Parasites.*—In a somewhat similar sense many of the animal parasites of man are deposited on the soil and reinfect man during one of the stages of their cycle of development. Most of the intestinal parasites of man are deposited on the soil, and, after a varying journey, sometimes through an intermediate host, again find lodg-

ment in man. In the case of *Taenia solium*, for instance, man pollutes the soil with feces containing the eggs. Hogs devour this infection and return the disease to man. Soil pollution likewise results in the infection of cattle with the eggs of another tapeworm of man, *Taenia saginata*. Various parasitic protozoa have resistant stages that may remain in the soil for long periods of time following their introduction by fecal contamination.

*Ascaris lumbricoides* and *Trichuris trichiura*, two worms commonly inhabiting the intestinal tract of man, have very resistant thick shelled eggs that have been kept alive for as long as five years, so that soil once

*List of animal parasites of man which may be spread by soil pollution*

I Direct: without intermediate host	II Indirect: with intermedi- ate host	III Requires further study. Prob- ably I or II as marked
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PROTOZOA

Entamoeba coli		Entameba tropicalis	I
“ histolytica		“ undulans	I
“ buccalis		“ phagocytoides	I
Parameba hominis		“ nipponica	I
Chlamydomphrys enchelys		“ brasiliensis	I
Trichomonas vaginalis		“ hartmanni	I
Prowazekia asiatica		“ bütschlii	I
Tetramitus mesnili		Cercomonas hominis	I
Trichomonas vaginalis		Prowazekia cruzi	I
“ hominis (or in- testinalis)		“ urinaria	I
Eimeria hominis		“ weinbergi	I
Isospora bigemina		Monas pyrophila	I
Balantidium coli		“ lens	I
Lamblia (Giardia) intestinalis		Heteromita zeylanica	I
		Trichomonas dysenteriae	I
		“ pulmonalis	I
		Rhinosporidium seeberi	I
		Balantidium minutum	I
		Nictotherus faba	I
		“ giganteus	I
		“ africanus	I

TREMATODA—FLUKES

Fasciola hepatica	Fasciola gigantica	II
Opisthorchis felineus	Watsonius watsoni	II
Clonorchis endemicus	Gastrodiscus hominis	II
Clonorchis sinensis	Fasciolopsis buski	II
Paragonimus ringeri	“ fülleborni	II
Schistosoma japonicum	“ rathousi	II
Schistosoma haemato- bium	“ goddardi	II
Schistosoma mansoni	Echinostoma ilocanum	II
Metagonimus yokoga- wai	“ malayanum	II
	Opisthorchis noverca	II
	Heterophyes heterophyes	II
	Dicrocoelium lanceatum	II

*List of animal parasites of man—continued*

I Direct : without intermediate host	II Indirect : with intermedi- ate host	III Requires further study. Prob- ably I or II as marked
<b>CESTODA—TAPEWORMS</b>		
	Dibothriocephalus latus	Dibothriocephalus parvus II
	Dibothriocephalus cor- datus	Diplogonoporus grandis II " brauni II
	Dipylidium caninum	Hymenalepis nana I
	Hymenalepis diminuta	Davainea madagascariensis II
	Hymenalepis lanceolata	" asiatica II
	Taenia solium	Taenia africana II
	" saginata	" hominis II " philippina II " confusa II " bremneri II Braunia jayensis II Bertiella satyri II

**NEMATODA—ROUNDWORMS**

Leptodera pellio Strongyloides stercoralis Ascaris lumbricoides Toxascaris canis " limbata Belascaris mystax Lagocheilascaris minor Oxyuris vermicularis Haemonchus contortus Ancylostoma duodenale A. ceylonicum Necator americanus Trichuris trichiura	Dracunculus medinensis	Physaloptera caucasia I " mordens I Gnathostoma spinigerum Ascaris maritima I " texana I Tridontophorus diminutus I Oesophagostomum apiosto- mum I Oesophagostomum brumpti I " stephan- ostomum thomasi I Metastrongylus apri I Nematodirus gibsoni I Trichostrongylus colubriformis I Trichostrongylus probul- rus I Trichostrongylus vitrinus I Dioctophyme renale II Mecistocirrus fordii I Ternidens deminutus I
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**ACANTHOCEPHALA—THORN-HEADED WORMS**

	Macrancathorhynchus hirudinacens moniliformis	
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contaminated with these parasites may continue to serve as a source of infection for considerable periods of time. Several weeks or more, according to conditions of temperature and moisture, are required for the development of the eggs of these parasites to the infective stage

following their passage from the intestines. If fresh eggs of these two worms are ingested, they pass through the intestinal tract without hatching.

The above table <sup>3</sup> (pages 1012, 1013) gives a list of animal parasites having a relation to the soil during some part of their life history, and may, therefore, be more or less associated with soil pollution. It will be noticed that for the most part Protozoa and Nematoda are contracted directly, whereas Trematoda, Cestoda and Acanthocephala are contracted indirectly and through an intermediate host.

<sup>3</sup>This table was prepared by Ch. Wardell Stiles.

## SECTION VIII

### WATER

#### CHAPTER I

##### GENERAL CONSIDERATIONS

"The greatest influence on health is exerted by those things which we most freely and frequently require for our existence, and this is especially true of water and air" (Aristotle).

While water is not technically classed as a food, it is an essential article of diet. In nature water comes in contact with many surfaces and substances and, therefore, is particularly liable to contain impurities, especially as it is the most universal solvent known. Water is also a frequent medium for the transmission of infection.

From the remotest antiquity the highest value has been placed upon an abundant and pure water supply. Centers of population sprang up in ancient times around those points where it was most readily available, and great expenditures of labor and treasure were made to carry it to places where it was not naturally plentiful.<sup>1</sup>

Water is a prime necessity of life—not only as an article of diet, but also for the proper cleanliness of person, clothing, and things.

It is interesting to note that the number of towns in this country before 1800 having a public water supply was only 16, supplying about 2.8 per cent. of the existing population at that time. In 1850 there were only 83 public water works, supplying about 10.6 per cent. of the census population. In 1897 the total number was 3,196, supplying about 41.6 per cent. of the population. Since then the number has greatly increased, but exact information is not available.<sup>2</sup>

##### COMPOSITION

At the close of the eighteenth century water was regarded as an elementary substance. In 1781 Cavendish discovered that, when an

<sup>1</sup>The date of construction of the Appian aqueduct carrying water to Rome is placed at 312 B. C. Eighteen other aqueducts were constructed at various times until 226 A. D. The one commenced by Emperor Chius and completed by Claudius, according to Pliny, cost 350,000,000 sesterces, or about \$12,700,000.

<sup>2</sup>Baker, M. N.: "Manual of American Water Works," 1891 and 1897.

electric spark is passed through a mixture of 2 parts of hydrogen to 1 part of oxygen, these gases combine to form water. Since then water has been made synthetically, and separated analytically into its component constituents by various methods.

The composition of pure water ( $H_2O$ ) is:

	By Volume	By Weight
Oxygen .....	1 part	8 parts
Hydrogen .....	2 parts	1 part

Pure water is a chemical curiosity; it does not exist in nature. All water in nature contains impurities, in solution and in suspension. Some of these impurities are organic and some are inorganic. They consist of various gases, fluids, and solid substances.

### CLASSIFICATION OF WATER

From a sanitary standpoint water is either good or bad. Commonly waters are classified as pure or impure. It is not possible, however; in the present state of our knowledge, to draw a sharp line of distinction. In the classical reports of the Massachusetts State Board of Health waters are spoken of as normal or polluted. A normal water is free from direct or indirect pollution by waste products from human life or industries. The difficulty with this classification is that normal waters may differ widely in color, taste, odor, and composition, and may, therefore, be unfit for household or manufacturing purposes.

Water is considered pure from a sanitary point when it contains no evidences of pollution from the wastes of man or animal, and is considered pure by the engineer when it contains no lime or salt to form boiler scale, or organic matter in sufficient amount to cause foaming.

A practical classification of water is as follows: (1) good, (2) polluted, (3) infected. A good water may be defined as one of good sanitary quality, as determined by physical inspection, bacteriological and chemical analyses, a sanitary survey of the watershed, and, finally, by practical experience. A polluted water is one containing organic waste of either animal or vegetable origin. A polluted<sup>3</sup> water is a suspicious water. An infected water contains the specific microorganisms of human diseases.<sup>4</sup>

In Europe waters are frequently classified as potable or non-potable. Many cities on the Continent have a double water supply with faucets plainly labeled "potable" or "non-potable," the first being suitable for drinking and cooking purposes and personal use, while the second is intended for miscellaneous household and industrial uses.

<sup>3</sup> Sometimes spoken of as contaminated water.

<sup>4</sup> Chemical poisons such as lead are not included in this classification.

According to location, waters are considered under three classes, viz., rain water, surface water, or ground water.

### PROPERTIES OF WATER

Water is a clear, transparent, tasteless, and odorless fluid; colorless in small quantities; pale blue through a deep column. It freezes at  $0^{\circ}$  C. and boils at  $100^{\circ}$  C. under a barometric pressure of 760 mm. It is practically incompressible; has its greatest density at  $4^{\circ}$  C.; is a remarkable solvent. The latent heat of water and other properties that have a sanitary bearing will be considered in the succeeding pages.

Water is the most widely distributed substance. The hardest crystals and the driest rocks contain appreciable quantities; in fact, crystals could not form were it not for the action of water.

Practically all substances yield to water; it is the most universal solvent known. It dissolves gases; in fact, one of the most important constituents of all natural waters is carbonic acid. Carbon dioxide is always present in the air, and all rain waters contain some of it. Still more is taken up by the water as it percolates through ground covered with vegetation. The presence of this gas increases the solvent powers of the water, enabling it especially to dissolve limestone and many other substances.

### THE USES OF WATER IN THE BODY

As a rule, water is not considered a food, for it may be said to have little or no value when estimated as a force producer within the body. Much of the water which is either drunk or ingested as a part of other foods passes through the body unchanged, but some of it is undoubtedly altered or split up into elements which unite with other compounds. The nature of these processes is obscure, and as yet very little understood. Water is entitled to rank as a food because it enters into the structural composition of all foods as well as all the tissues of the body; it is an essential element of diet, even though it cannot of itself build tissue, repair waste, or produce heat or energy.

Water composes about 70 per cent. of the entire body weight, and its importance to the system, therefore, cannot be overrated. The elasticity or pliability of muscles, cartilages, tendons, and even bones is in a great part due to the water which these tissues contain. "The cells of the body are aquatic in their habits." The amount of water required by a healthy man in 24 hours is, on the average, between 1,800 and 2,100 c. c., besides about 600 c. c. taken in as an ingredient of solid foods,<sup>5</sup> thus making a total of 2,400-2,700 c. c. Twenty-eight

<sup>5</sup> Fully five-sixths of the food in an ordinary diet consists of water.

per cent. of the loss of water from the body takes place through the skin, twenty per cent. through the lungs, fifty per cent. through the kidneys, and two per cent. through other secretions and the feces.

The use of water in the body may be summarized as follows: It enters into chemical composition of the tissues; it forms the chief ingredient of all the fluids of the body and maintains their proper degree of dilution, and thus favors metabolism; by moistening various surfaces of the body, such as mucous and serous membranes, it prevents friction; it furnishes in the blood and lymph a fluid medium by which food may be taken to remote parts of the body and the waste material removed, thus promoting rapid tissue changes; it serves as a distributor of body heat; it regulates the body temperature by the physical process of absorption and evaporation.

One of the most universal dietetic faults is neglect to take enough water into the system. Water may be taken with meals, but never to wash down food; in other words, water must not be used to take the place of thorough mastication.

### THE AMOUNT OF WATER USED AND WASTED

From a sanitary standpoint our aim should be to encourage a generous use of water, but to discourage waste. The conservation of pure water and the economic use of a purified water are pressing problems that a growing and expanding country must meet and solve as a matter of self-interest if not of self-preservation.

It is possible to get along with a surprisingly small amount of water. Thresh found that in a number of country places the amount used in cottages did not greatly exceed one gallon per person per day. This is not sufficient for modern requirements of cleanliness and health.

On the other hand, where the supply is abundant and easy of access large quantities of water are heedlessly wasted.

The average amount of water required per capita for domestic purposes is usually stated at about 17 gallons a day. Rankine considers 10 gallons sufficient. Parkes found that the average amount used by a man in the middle class, who may be taken as a fair type of a cleanly man belonging to a fairly clean household, is 12 gallons per day. This includes the amount used in cooking, drinking, ablution, utensil and house washing, and laundry. Davies' estimate of 17 gallons a day is divided as follows.

Drinking, 3 pints; cooking, 5 pints.....	1 gal.
Ablution (including sponge bath, 2½ gals.).....	5 "
Washing (laundry, 3; house, etc., 3).....	6 "
Water closets.....	5 "
	<hr/> 17 "



The actual per capita daily consumption of water in some cities is, in fact, not much above this figure. Thus, Manchester uses 20 gallons and Berlin 22 gallons a day for each individual. Some small English towns, as Saffron Walden (population 6,108), use 11 gallons per capita per day, and Melrose (population 1,300) uses 13 gallons. As a contrast to these low figures most cities in America are furnished with an extravagant quantity—Pittsburgh, 250 gallons per capita daily, Buffalo, 233, Philadelphia, 227, Washington, 218.<sup>6</sup> The small amount of water used by some European cities is not an ideal to strive for under American conditions. The European figures are steadily increasing, even where all water is sold by meter. In towns having a metered supply the per capita consumption varies from 6.6 gallons daily for the lowest class of dwellings, to 59 gallons for the highest class of dwellings.

The following tables give the per capita consumption in some American cities, contrasted with similar figures abroad.

*The quantities of water supplied in a number of American cities*

Place	Year*	Gals. per Capita Daily	Percent- age of Services Metered	Year†	Gals. per Capita Daily	Percent- age of Services Metered	Year†	Gals. per Capita Daily	Percent- age of Services Metered
Pittsburgh.....	1905	250	1	1912	236	20	1914	240	20
Buffalo.....	1900	233	2	1915	312	5	1918	260	5
Philadelphia...	1905	227	...	1913	178	...	1916	182	15
Washington...	1906	218	3	1915	130	70	1916	136	77
Chicago.....	1900	190	3	1913	218	...	1917	259	22
Detroit.....	1905	190	29	1912	185	...	1918	152	62.5
Boston.....	1905	151	6	1915	104	60	1917	106	59
Cleveland.....	1905	137	68	1915	137	79	1917	113	98.4
New York.....	1902	129	35	1915	66	...	1916	101	26.8
Newark.....	1900	94	21	1915	122	55	1916	119	....
Milwaukee.....	1905	91	94	1915	127	99	1917	118	99
Minneapolis...	1904	82	42	1915	79	90	1916	84	98
Worcester.....	1900	70	94	1915	84	...	1916	79	73.5
Providence.....	1905	68	86	1914	75	...	1916	66	93
St. Paul.....	1900	67	28	1915	61	64	1916	69	64.1
Hartford.....	1906	63	100	1915	101	98	1916	65	98.5
Lowell.....	1905	52	69	1915	57	78	1916	56	....
Fall River.....	1905	37	97	1915	53	100	1916	48	100

\*From Hazen's "Clean Water and How to Get It."

†From official sources compiled by Dr. J. P. Bill.

*The quantities of water supplied in a few foreign cities*

Place	Year	U. S. Gallons per Capita Daily	Place	Year	U. S. Gallons per Capita Daily
London.....	1912	36	Berlin.....	1913	24
Liverpool.....	1911	36	Hamburg.....	1905	44
Paris.....	1913	69	Dresden.....	1905	26
Amsterdam.....	1905	37	Copenhagen.....	1913	32
Melbourne.....	1905	63	Brisbane.....	1906	58
Sydney.....	1905	39			

<sup>6</sup>These figures include industrial uses.

The amount of water expressed by the per capita consumption of a community is very misleading for purposes of comparison. The figures are usually obtained by dividing the total theoretical amount of water pumped, by the population. The result, therefore, does not take into account many factors, for the actual amount of water pumped does not equal the theoretical possibilities; corrections for slip and other factors should be made. The figures also do not take into account the amount of water lost through broken pipes, leaky joints, etc. It is estimated that in some places almost half the water pumped is wasted in this way. According to Whipple, the water lost and unaccounted for with metered supplies amounts to from 15 to 50 gallons per day per capita. Further, there are great discrepancies when contrasting different cities in the amount of water used for business purposes. The amount of water used in trades and manufactures varies enormously. Certain industries, such as mining, tanneries, coal washing, paper mills, breweries, wool scouring, etc., require great quantities. It is estimated that in the iron, coal, and steel regions of Pennsylvania a quantity of water representing the entire flow of the Allegheny River passes through the large steel, iron, and other mills along its bank several times before it reaches the city of Pittsburgh. Therefore, unless the per capita consumption is based upon the amount of water actually measured by meter for domestic purposes, the figures of one city cannot be properly compared with those of another.

**Causes of Water Waste.**—Few persons realize the immense amount of water that is wasted in almost every town. Taking it right through, probably one-half of the water supply of American cities is wantonly wasted. While some of this is unavoidable, the greater part of it could be stopped. There are three principal causes of this waste: (1) leakage from faulty mains and service pipes; (2) waste from defective house fittings; (3) waste resulting from an unmetered or unmeasured service. The first cause includes leaks from faulty mains and service pipes and all other hidden defects where the water escapes unperceived into drains and sewers or into the subsoil. It is possible to check a large part of this waste by the use of instruments known as detectors. With these instruments leaks may be located. The detectors are of two sorts: (1) aquaphones, instruments resembling a large stethoscope, by which a trained ear may locate murmurs; (2) pitometers, instruments which measure the rate of flow in branch lines during the small hours of the night, when practically no water is used. In this way leaks, defective taps, and open stopcocks may be discovered. It requires but a moment's calculation to figure out the great number of gallons wasted by forgetting to close a stopcock. In some cities, such as Washington, in the winter time the water in many houses is allowed to run continuously

from the cold water faucet, in order to prevent freezing.<sup>7</sup> The waste from this cause is enormous, and may be corrected by properly placing the service pipes so as to avoid the danger of freezing.

**Water Meters.**—It has been the universal experience that much water is thoughtlessly wasted where the service is not metered. The only objection to a metered service is the prejudice common to all innovations, but the advantages are soon realized and the saving is very considerable. The introduction of meters in the city of Washington during the past few years has resulted in checking the waste by reducing the total amount of water consumed one-third, making a saving of from 20 to 30 million gallons of water a day without annoyance or inconvenience to any one. This great saving did not all result from the metering alone, but was aided by the use of detectors and an efficient system of inspection, which checked waste from other causes. In Milwaukee, before meters were generally adopted, the water used per tap was 1,781 gallons per day. After the majority of houses were furnished with meters, the amount used per tap was only 644 gallons. Buffalo reduced her water consumption during the war (1918) from over 300 gallons per capita to 260 with a survey that covered only part of the city. Another notable instance of checking waste was furnished by Liverpool, where the average amount supplied daily per head was 33.5 gallons. Deacons' water waste detectors were introduced, and these, together with efficient inspection, reduced the supply to 23 gallons without any restrictions being placed upon the consumers. At Shoreditch, in England (population 87,000), the introduction of waste detectors effected in the course of three years a diminution of waste and undue consumption amounting to 720,000,000 gallons per annum. At Exeter the introduction of waste detectors reduced the amount from 75 to 12 gallons per head per day.

It is estimated by engineers that 45 per cent. of the water supplied to Manhattan and the Bronx is wasted, and that if this waste were checked the new aqueduct from the Catskills, which cost over \$160,000,000, would not have been needed. While it is necessary to allow a liberal supply, there is no sanitary advantage in waste. Good clean water in large quantities is difficult to obtain and expensive. Economy and avoidance of waste are, therefore, essential.

## DUAL WATER SUPPLY

The question of a dual supply of water, one cheap for general purposes and the other high class for personal use, has often engaged the attention of engineers and sanitarians. Ancient Rome had a sort of

<sup>7</sup> In cities where this practice prevails, more water is used in the winter time than in the summer months.

double supply, and Paris and other European cities have it at present. The advantages and disadvantages of the double system are evident. Even where the community served is intelligent and careful, the danger of a double system is very great, and it will probably never be resorted to except through stress of circumstances.

A number of cities have a separate water system under high pressure for fire fighting. Auxiliary water systems are often connected with the drinking water mains, and controlled by means of check valves, bypasses, etc. This arrangement is hazardous and a number of outbreaks of typhoid fever have been traced to faulty valves or failure to close bypasses in such a dual system.

## SOURCES OF WATER

We may begin the circle by considering that all water comes to us from the aqueous vapor condensed in the form of rain or snow. Of this a certain amount returns to the atmosphere by evaporation; the rest collects upon the surface of the earth or soaks into the ground. Some of it flows off in the direction of surface slope to join the ponds, lakes, rivers, or seas, or some of it may penetrate the earth to variable depths. The sources of our water supply may, therefore, be classified as: (1) rain or snow water, (2) surface water, including ponds, lakes, streams, and rivers, and (3) ground water, including springs and wells. This classification is evidently an arbitrary one, used for convenience. There is no sharp line of demarcation between rain, surface, and ground water. Rain water soon becomes surface water, and surface water quickly passes into the ground; the ground water frequently reappears as springs to form streams and lakes and other surface supplies.

Rain water is nominally the purest and may be free from all traces of organic matter, but is liable to irregularity of composition, and in built-up sections it is difficult to collect it so as to be free from contamination and fit for drinking. Surface water from inhabited watersheds is, in its raw condition, never entirely safe for drinking purposes. Ground water obtained from the subsoil of a catchment area, free from sources of pollution, is usually of a satisfactory character. Artesian water, which is ground water obtained from the deeper underlying strata, is often so rich in mineral matters that it is unsatisfactory for most uses. The various sources of pollution, its character, and dangers will be considered in subsequent pages.

## RAIN WATER

Rain water is really "distilled water," that is, it is water that has been vaporized and then condensed. The process of distillation is one

of the best known methods for purifying liquids of all kinds. All the non-volatile substances are left behind; theoretically, therefore, rain water should approach nearer to absolute purity than any other kind of natural water. However, it receives impurities from the moment it condenses, for each droplet of mist is formed about a particle of dust in the air. The rain drop further absorbs gases, and as it drops through the air collects a large amount of the "dirt" floating in the lower portions of the atmosphere. It is a common observation how a shower will wash the air so that it becomes beautifully clear and clean. The impurities collected by the rain before it reaches the surface of the earth, while considerable in amount, are practically negligible from a sanitary standpoint. After rain touches the earth's surface it becomes, to all intents and purposes, a surface water, unless collected with special precautions to avoid contamination. If collected from a clean, impervious surface in the open country, it is the purest of natural waters. The use of rain water for drinking purposes has met with little favor by sanitarians, despite its exceptional purity, because it is so frequently collected and stored in such a careless manner that it is subject to impurities. It is true that rain water is not likely to be infected with sewage, nevertheless some of the dirtiest waters used for domestic purposes come from rain-water tanks. Even casual inspection will often show that rain water collected and stored in the usual way is very far from being pure, though rarely infected.

Because rain water is soft it recommends itself for use in the laundry, and the absence of lime salts renders it desirable for cooking. On the whole, however, it is not considered as practicable as a good ground or surface water for general domestic supply.

The storage of rain water in cisterns is the principal factor in keeping yellow fever alive in endemic foci. The yellow fever mosquito (*Stegomyia calopus*) breeds by preference in artificial containers holding rain water. It was the abolition of such breeding places that has protected Philadelphia, Boston, and many other seaports, now including New Orleans, that formerly fostered the stegomyia and suffered from yellow fever epidemics. See page 295.

Usually it is advisable to filter rain water collected from the roofs of buildings, especially if situated in towns, near dusty roads, etc.

Underground filters for rain water, in order to purify it before it enters the storage tanks, are sometimes provided. These filters are for the most part unsatisfactory. Either the material is so coarse that little purification is effected, or so fine that it speedily becomes clogged and useless. They rarely receive proper attention and, therefore, are apt to become filthy.

**Amount.**—The average annual rainfall on the globe is computed to be 33 inches. The mean annual rainfall for different portions of the

United States has been tabulated by the United States Weather Bureau to average some 30 inches. In New England and the Middle States it amounts to 40 inches. In Assam from 600 to 805 inches have been recorded, while in the Sahara desert, part of Arabia, the desert of Gobi, and portions of Mexico, Chile, and Peru it has seldom been known to rain. Coles-Finch states that it seems to be a fact that the atmosphere of the earth is growing drier. The glaciers are retreating, the Caspian Sea and many other lakes are growing smaller, and the great deserts seem to be extending. Some of the richest countries on earth have seen their fertility decreasing, mainly owing to lessened rainfall, and this is caused, at least in part, by the ruthless destruction of the forests. Ruined forests mean flooded rivers, periodic droughts, eroded soil, and dried-up springs.

The amount of water given by rain can easily be calculated if two points are known—the mass of rainfall and the area of the receiving surface. The amount is determined by a rain gauge and the area of the receiving surface must be measured. Roughly, the amount may be calculated by multiplying the area of the receiving surface in square feet by half the rainfall in inches, the result being in gallons. Here the error is about 4 per cent. Thus, according to Church, one inch of rain on a house roof 20 x 20 feet area would be about 250 gallons. With a rainfall of 40 inches per annum this would amount to 10,000 gallons, or 27 gallons per day.

The total theoretical amount, however, is never available, for the reason that some is lost by evaporation and the first flow should be wasted. Only a very small proportion of water may be collected from a light shower spread over a considerable interval, especially in hot weather, as nearly all is lost by evaporation.

The stations of Prussia allow the following average for evaporation, the amount evaporated in the open fallow field being called 100:

	Evaporated	Retained More than in Open Fallow Field
	Per Cent.	Per Cent.
Under beech growth.....	40.4	59.6
Under spruce growth.....	45.3	54.7
Under pine growth.....	41.8	58.2
From cultivated field.....	90.3	9.7

It is this protection against evaporation which gives to the forest its chief value as a guardian of water supply. The forest floor, with its irregularities and its sponge-like qualities, moreover stops the rapid and ruinous draining of the surface, with attendant denuding of the land, and favors slow percolation through the soil and reinforcement of the springs.

The amount of water that can be utilized from the rainfall, draining a catchment area, may be stated as follows: Taking, for example, an average of 46 inches of rainfall each year upon the catchment area, one-half of this is lost by evaporation from the water surfaces, from the surface of the ground, and especially from the leaves of all the plants and trees that grow upon it. The other half, equal to a rainfall of 23 inches, flows off into streams, and sooner or later reaches the lake or impounding reservoir. In wet years the amount that flows off is greater; in dry years it is less than the average; in the winter and spring months the flow is very much greater than at other times.

**Collection and Storage.**—The points of prime importance in the collection and storage of rain water for domestic purposes are: (1) the material and care of the surface upon which it is caught; (2) the separation of the first flow, which contains most of the grossest impurities; (3) the location and construction of the storage cistern.

Storage cisterns for collecting rain water are frequently placed underground. In some places rain water cisterns are built of cypress wood and always above ground. Tanks of wood serve their purpose well, provided they be kept full. If there is great fluctuation in the water line the tank itself falls out of repair. Rain water attacks iron, lead, zinc, and other metals, and when metal cisterns are used the metal should be coated with a good asphaltum paint. This applies also to the delivery pipe. Under no circumstances should lead cisterns or lead service pipes carry rain water used for drinking purposes. It should not be forgotten that cisterns are liable to the grossest kinds of pollution, and they require frequent inspection and cleansing.

Where the overflow pipes from rain water tanks are connected with sewage drains, precautions must be taken to prevent sewage backing up and entering the tank.

**Composition.**—Rain water varies in composition with the purity of the atmosphere through which it has passed. It always contains dissolved gases, an average of 25 c. c. per liter. These gases are mainly nitrogen, oxygen, and carbon dioxid, taken up in proportion to their absorption coefficients, and not in proportion to the amount contained in the atmosphere. The gases contained in rain water consist of about 64 per cent. nitrogen, 34 per cent. oxygen, and 2 per cent. carbon dioxid. In addition ammonia is very commonly present. The amount of total solids varies; throughout England it averages 0.39 part per million. The principal inorganic constituents of rain water are sodium chlorid; nitric acid and nitrates, sulphuric acid and sulphate; a small quantity of nitrogenous organic matter is also present. The sodium chlorid comes mostly from the sea spray lifted into the atmosphere through wind action. The sulphuric acid comes largely from the waste products of burning coal. Rain water is soft on account of the absence

of the alkaline earths, and is almost always acid in reaction. It has a mawkish taste.

**Bacteria.**—Rain water contains a variable number of bacteria and other microorganisms, the number and kind depending upon the germ population of the atmosphere through which the rain passes. Fortunately the various microorganisms floating in the air and carried down mostly by the first shower are not of serious moment, as far as health is concerned. Pathogenic microorganisms in the air are few in number, and these are soon killed by desiccation or the germicidal action of the direct sunlight, to which they are so thoroughly exposed.

Miquel, at the Montsouris Observatory in Paris, found rain water to contain bacteria, pollen, spores of fungi, protococci, etc., especially numerous in the warmer months. In the first showers after a long spell of dry weather over 100,000 such organisms may occur in a pint.

### *SURFACE WATERS*

Surface waters include rivers, creeks, and smaller streams, large and small lakes, ponds, and impounding reservoirs, all resting upon the bosom of the earth in contact with the atmosphere. Surface waters vary greatly in composition, depending largely upon the character of the catchment basin. A water flowing over a rocky soil or through deep layers of sand and gravel is more likely to be free of organic impurities than one that is drained over loam or has stood in swamps.

From the way in which surface waters are exposed they are subject to impurities, and from a sanitary standpoint are frequently dangerous and almost always open to suspicion. Most cities, especially in America, depend upon surface waters for their supply. This is usually taken from rivers, lakes, or impounding reservoirs. It is scarcely possible, in a populous country, to obtain a large quantity of surface water free from pollution with human wastes. Sanitarians have, therefore, more and more come to the conclusion that, while surface waters used for drinking purposes should be guarded against contamination, as far as practicable, they should also be purified before they are used.

**Rivers.**—Streams are the natural sewers of the regions they drain, and, when used as a source of water supply, we have established a direct connection between the alimentary canals of the people living upstream with the mouths of those below. Most of our large rivers flow through more than one state; therefore, the interstate pollution of streams becomes a national problem. In the older countries of Europe, with more centralized power, laws to prevent the pollution of streams are enforced.

In our country the rivers furnish the chief source of water supply for most of our large cities. The succession of cities and the combined



use of the river as a sewer and source of water supply on such rivers as the Merrimac, Hudson, Delaware, Ohio, Missouri, and Mississippi are particularly impressive. When the water of these rivers has been used in its raw or unpurified state much unnecessary sickness has resulted and thousands of lives have been lost.

No stream draining an inhabited region can be considered safe without some method of purification. There are a thousand minor sources of pollution that practically cannot be stopped, even though the sewage flowing into the stream is treated and all reasonable precautions taken in connection with it. It is well known that very few sewage purification works treat all the sewage from the districts which they serve. Thus, there are storm overflows and street wash that cannot pass through sewers, and other sources of pollution.

Looking at the whole matter of streams pollution solely as an economic engineering problem, it is cheaper to purify the water supplies taken from the rivers than to purify the sewage before it is discharged into them. The volume to be handled is less and the cost of purifying water per million gallons is much less than the cost of purifying sewage. Further, in the present state of our knowledge water may be purified more effectively and with greater certainty than sewage. On the other hand, it is perfectly clear to the sanitarian that the future will require both methods, that is, a reasonable protection of our streams against pollution and the purification of the water served to cities.

*Composition.*—The composition of river water varies very much, according to the part of the river whence it is taken. Near its source the water may be comparatively pure, but it soon becomes polluted. The composition is complex, as the water of rivers consists of a mixture of rain water and ground water, to which are added surface impurities. As a rule, river water is softer than ground water, but contains a greater amount of organic matter.

Sudden and great changes in the character of river water are to be expected. Other changes, slow in operation but serious in result, come from the increasing pollution with sewage from a growing population upon the upper regions of the watershed.

Rivers are generally purer near their source. The amount of impurities increases as we descend the stream, since the water courses are the natural drainage channels of the country, and the wastes of human life and occupation as well as the scourings of the land find their way into the streams. It is for this reason that rivers, after passing through cultivated valleys with cities, towns, or settlements along their banks, often contain a very great amount of mineral and organic matter. Thus, the Mississippi at Minneapolis contains only 18.6 parts of total solids per 100,000, while the same river at St. Louis contains 244.3 per 100,000.

The amount of mineral matter picked up by a stream depends largely on the geological formation of the country and the erosive power of the stream.

Frequent attempts have been made to correlate the flow of streams and the stages of the river with the outbreaks of disease, especially typhoid fever. It is to be remembered that the flow of streams is dependent in most cases not only on the rainfall, but on springs of local origin. Typhoid may be, and usually is, independent of the stage of the river. Outbreaks are often connected with sudden freshets following a long dry spell, and the explanation seems to be that the accumulated filth is thereby washed down from the slopes and banks of the stream. When streams are very low the flow becomes sluggish, sedimentation and other factors influencing self-purification take place in comparatively short distances; when the river is high the rapid flow is more apt to bring fresh and virulent infection. The decline of typhoid fever in Allegheny in 1908 and 1909 was coincident with an exceptionally low stage of the river. During the spring and fall freshets, when the water is cold and the current swift, the danger is the greatest. In other words, it is the rapidity of flow or the time consumed rather than the stage of the river or the dilution, that is most often responsible for typhoid and other infections in river waters.

If typhoid bacilli are discharged into a stream which flows at a rate of 5 miles an hour, which is a comparatively quiet stream, and accepting the usual figures that the bacteria may die in 5 days, these organisms could be carried 600 miles, usually far enough to reach some domestic supply. Hence, any pollution is apt to reach some consumer unless it occurs near the sea. Nevertheless, the Potomac River at Washington seems to be responsible for little or none of the typhoid fever in that city, although it drains an area of about 11,400 square miles, having a population in 1900 of about half a million and receiving directly the sewage of some 45,000 persons. The question of the self-purification of streams is considered on page 1109.

**Lakes and Ponds.**—Fresh water lakes and ponds make admirable sources of water supply when kept free from pollution with the wastes of human life and industry. This is much more practical than in the case of rivers, on account of the limited area of the catchment basin directly draining into a small lake or pond. Lake water is apt to be soft and free from serious organic impurities. In large lakes the dilution of accidental contamination is enormous, and the effects of time, storage, sedimentation, and other purifying factors have a good chance of exerting their maximum influence. The problem from a sanitary standpoint is quite different when we consider large bodies of fresh water, such as our Great Lakes, or smaller lakes and ponds.

*The Great Lakes.*—The lake cities suffer most from the mingling of their own sewage with their own water supplies. This is avoided in part by building the intakes farther out into the lake or by placing the intakes in deep water at points where there seem to be fairly definite currents, bringing fresh, clear water from the body of the lake to the intake. The currents are never constant, being controlled by the wind, hence safety cannot be secured in this way. Almost every lake city has at one time or another suffered from outbreaks of typhoid fever. Chicago has cut a drainage canal to keep her sewage from entering the lake, so that it now flows through tributaries to the Mississippi River. This sanitary reform cost the city of Chicago upward of \$40,000,000, and it eliminates the sewage of a large part of the city, but not including certain areas of Evanston and the north side. Despite this commendable piece of sanitary engineering designed to keep the water clean, Chicago disinfects its water supply with bleaching powder.

Hazen points out that in the smaller cities upon the lakes the mingling of the sewage and water may be relatively just as important as in the larger ones. They have less money to spend, their intakes do not go out so far, their sewers are apt to discharge at the nearest point, sometimes directly in front of the waterworks intake. The water may be shallow and stirred by the wind to the bottom, and, in short, "Menominee's sewage in Menominee's water may be just as bad as Chicago sewage in Chicago water."

The Great Lakes are so large and the dilution and time intervals and exposure to sun and air are so great that there is practically no chance of infection being carried from one of the great cities to another. Thus, Chicago sewage would scarcely endanger the purity of Detroit's water supply, even with no drainage canal. The little city of St. Clair, with 2,543 inhabitants, only 45 miles away, is far more dangerous to Detroit. In the same way Detroit's sewage is probably harmless at Cleveland, and Cleveland sewage is harmless at Buffalo. The sewage of Buffalo, however, is a great menace to those drinking the water at Niagara Falls.

Pollution may travel a variable distance in large lakes. At the mouth of the Detroit River, for instance, serious pollution was shown, extending normally more than 10 miles into the lake, and at other places sewage pollution was shown, extending as far as 18 miles from the shore.<sup>8</sup> The pollution from boats passing near the intake may also be a serious menace.

Most of the cities on our great lakes find it impracticable to extend water pipes into zones of pure water on account of the great cost of these extensions and the engineering difficulties involved in placing intakes beyond a 70 ft. depth. Therefore, in most instances, our lake cities cannot obtain a safe water supply without purification.

<sup>8</sup> Internat. Joint Commission of the U. S. and Canada.

**Impounding Reservoirs.**—Impounding reservoirs are artificial ponds or lakes, usually made by throwing a dam across a narrow valley. Most impounding reservoirs are made along the course of a small stream.

The principal use of impounding reservoirs is to hold the excess of water of the winter and spring flows and make it available during the summer and fall.

The impounding reservoir designed to furnish New York City with a new supply of water to supplement the Croton system is the largest artificial reservoir for water supply in America, if not in the world. It is situated in the Catskill mountains, and is made by damming Esopus Creek, and holds one hundred and twenty billion gallons of water. Boston is supplied from impounding reservoirs on small streams; the Cochituate (1848), the Sudbury (1878), and the Nashua (1898). The Wachusett reservoir stores the combined water from the smaller sources of supply, and has a capacity of 63,000,000,000 gallons of water. Baltimore has an impounding reservoir upon the Gunpowder River; other cities similarly supplied are Newark and Jersey City in New Jersey; Worcester, Cambridge, and Springfield in Massachusetts; New Haven and Hartford in Connecticut; Altoona in Pennsylvania, and Denver in Colorado; San Francisco and Oakland in California; and numerous other smaller cities. From a sanitary standpoint the great advantage of an impounding reservoir is that it drains a comparatively small area that is amenable to control; often the catchment area is in uninhabited hilly or mountainous districts. The other sanitary advantage lies in the fact that benefit is taken of the great sanitary safeguard of storage. Most pathogenic microorganisms die a natural death during the time that the water is stored in a large impounding reservoir. In Boston it is estimated that the water is stored an average of 30 days before it reaches the consumer. Few non-sporulating bacteria dangerous to man can live that long in water under natural conditions.

The chief disadvantage of impounding reservoirs as storage basins is that they are open to the air and light, and thus favor the growth of algae and other microscopic organisms responsible for objectionable tastes and odors. Further, the stagnation of the water favors the accumulation of the products of decomposition, which is another source of evil smells and vile tastes. The stagnation of water in impounding reservoirs and small lakes and ponds deserves special mention.

*Stagnation of Water in Impounding Reservoirs and Small Lakes.*—Hazen points out that in our climate, when a reservoir or lake is more than 20 to 40 feet deep, the upper part of the water is usually in circulation under the influence of the wind, and the lower part remains stagnant. There is little or no mixing between the surface water and the bottom water, except for two short periods each year, one in the spring and one in the fall. These periods of circulation to the bottom

are known to waterworks men as the spring "overturn" and the fall "overturn."

During the summer weather a stratum of warm water remains at the surface. This layer may be 20 feet in small reservoirs, and 40 feet in great lakes. The temperature of this surface layer may reach 75° or 80° F. or more in midsummer. The wind stirs it up to a certain depth (about 20 to 40 feet), depending upon the depth of the reservoir and the force, direction, etc., of the winds.

The bottom layer is cool and quiet. As the air temperature falls with the approach of winter the surface water cools, until it approaches that of the bottom water. When the difference in temperature between the surface and bottom layers is less, the wind action extends deeper, until, all at once, often when the wind is blowing, vertical currents arise, so that all the water in the reservoir turns over and mixes from top to bottom. The mixing continues for a few weeks, until the temperature of the surface water falls below the point of maximum density, namely, 4° C. Then the colder water commences to accumulate at the top. The top often freezes and entirely shuts out wind action, so that the period of winter stagnation is ever more quiet than the summer period. The spring "overturn" is caused by a reversal of the conditions causing the fall "overturn"; surface water is warmed until it reaches the temperature of the bottom water, when the upward and downward currents take place.

It can readily be seen that this phenomenon has much to do with the quality of the water. Thus, the organic matter upon the bottom of almost all reservoirs decomposes, and in the absence of oxygen produces the vile odors and nasty tastes of putrefaction. These odors and tastes accumulate in the bottom water until the fall "overturn"; then they become mixed with all the water in the reservoir. If the water is drawn from the reservoir near the top, as it usually is, there will be a great change in the quality of the water on the day of the fall "overturn." These fall changes are more intense than those which take place in the spring. The surface water is well charged with oxygen, and, as this falls to the bottom, it oxidizes and neutralizes some of these products of decomposition. Tastes and odors due to this cause may be removed by aërating the water by means of fountains, cascades, falling over a dam, or any other similar means. For a further discussion of this interesting subject see Hazen's "Clean Water and How to Get It."

*Stripping.*—Stripping consists in removing the organic matter of the surface soil, which is to become the bed of a reservoir. The object of stripping is to diminish the amount of putrefaction taking place in the bottom of stagnant water, and also to furnish less food for bacteria and algae. A number of the reservoirs in Massachusetts were first stripped at considerable expense. It has been found that in the

older reservoirs prepared in this way putrefaction has not taken place for some years, although in some cases putrefaction seems not to have been entirely prevented, even at the outset. Stripping does not prevent objectionable growths; it only reduces them somewhat, because many of the organisms do not need or make use of the organic matter of the soil as their food supply. The algae live rather on the mineral matters of the water and the air, and, with the aid of the sunshine, they build up their own organic matter, precisely as the higher plants do growing in soil.

### GROUND WATER

Water which is taken from the ground by means of wells or flowing naturally from the ground, as in springs, is usually satisfactory, as far as injurious impurities are concerned. The surface water is greatly purified as it percolates through fine, sandy soil. This is nature's process of filtration; the organic matter is oxidized, the bacteria are largely

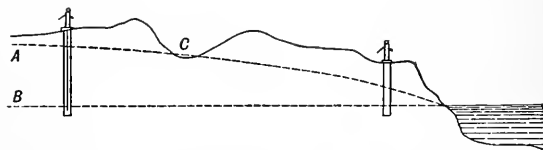


FIG. 105.—GROUND WATER.

A, High level. B, Low level. C, Intermittent spring.

strained out. The soil can take care of a large amount of pollution, and, if not overburdened, or if it has no cracks or crevices, the ground water may be entirely free of objectionable organic substances and bacteria. In passing through the soil the water takes up a rather large amount of carbon dioxide, which is set free by organic decomposition. The water, thus acidulated, has a greater solvent action for lime and other mineral constituents, so that ground water is apt to be harder than surface waters, and to contain a larger amount of dissolved inorganic substances. In deeper waters the solvent action is favored by increased heat and pressure, so that deep wells and artesian waters are frequently unfit for domestic use on account of the large amount of inorganic impurities which they contain, such as lime, iron, common salt, etc.

The water that soaks into the soil finally rests upon an impervious stratum. Such water, as a rule, does not exist in the ground as a river<sup>c</sup> or lake, but occupies rather the spaces between the sandy particles, except in limestone formations. Ground water, therefore, in any quantity is found, as a rule, in sandy, gravelly, or sandstone formations.

<sup>c</sup>Leipzig and Pueblo both take their water supply from underground "rivers" flowing through coarse gravel. In Leipzig the stream is 2 miles wide, 40 feet deep and covered by 6 feet of soil; it probably represents the bed of an old river.

Ground water finally reaches a certain level, where it ceases to pass downward, and is then directed in a horizontal plane, forming a more or less continuous bed of water. This is known as the *ground-water table*, which underlies practically all of the earth's surface. It is tapped when wells are sunk, and forms springs, lakes and marshes, where it reaches the surface.

It is only in limestone regions that the ground water exists as flowing rivers or in large bodies. In such instances, as, for example, the mammoth cave in Kentucky, the underground river may appear and disappear suddenly. The sanitary significance of water from limestone crevices is entirely different from that obtained from a sandy soil.

The surface of the ground water does not follow the surface of the land, but more approximately the contour of the impervious stratum on which it rests. It crops out at the surface here and there, to form rivers, ponds, lakes, and springs. The irregularity of the surface of the ground water table is due to a certain extent to the rainfall. During drought the level becomes more and more uniform, until it may become quite horizontal.

**Movement.**—In most cases, except where water lies in deep depressions and pockets, the ground water is in constant lateral motion. This motion is usually in the direction of outfall, that is, toward the nearest large body of water—lake, river, or sea. That is why fresh water may frequently be obtained by sinking a well at the seacoast. In some places the rate of lateral flow is so slow as to be almost imperceptible; at other places it is comparatively rapid. Thus, at Munich, Pettenkofer estimated 15 feet per day; at Budapest, Fedor found the ground water to flow at an average of 167.6 feet per day. The rate of movement is dependent upon the pressure behind and the inclination or grade along which it flows. Slichter<sup>10</sup> estimates that with a temperature of 50° F. a porosity of 32 per cent. and a pressure gradient of 10 feet to the mile, water has been estimated to travel in a year in fine sand 528 feet, in medium sand 216 feet, in coarse sand 845 feet, in fine gravel 5,386 feet.

The method of determining the velocity of ground water which has been used with satisfactory results by Thiem is as follows:

Three or four borings are sunk to ground water in a line in the direction of flow. A large dose of salt is then put into the upper hole, and at frequent intervals analyses are made of water drawn from each hole below, until the salt content has reached its maximum in each case, and the rate of movement is computed from these results.

**Amount.**—The amount of water that may be obtained from the ground can only be determined by means of actual pumping tests car-

<sup>10</sup>Slichter, C. S.: "The Motions of Underground Waters," *Water Supply Paper* 67, U. S. Geological Survey, 1902.

ried on for a sufficient length of time to bring about an approximate state of equilibrium between the supply and the demand, as determined by the level of the ground water. It is rarely practical to continue such tests until perfect equilibrium is reached, for in many cases several years of operation would be required to determine the ultimate capacity of a source. Pumping tests of short duration are apt to be very deceptive, as ground water may exist in the form of a large basin or reservoir with very little movement, corresponding to a surface pond with small watershed, and brief tests would give little more information than similar tests on a pond.

It is easier in proportion to get a little ground water than to get a large amount, and for this reason ground water supplies are more generally available for, and better adapted to, the needs of small places than of large cities. In the United States, many small middle west communities are supplied with ground water from driven wells.

In Europe, ground water supplies have been secured for many large cities; there has been no corresponding development in America. The reasons for the greater use of this method of supply in Europe are: smaller quantity of water required per capita, more favorable geological conditions, and more study given to the subject and greater efforts to secure them, especially in Germany.

Ground water may be obtained from: (1) sand and gravel deposits, (2) sandstone rock, (3) limestone formations.

**Temperature.**—The temperature of ground water at a depth of 50 feet is practically constant and is the same as the mean atmospheric temperature of the region under which it lies. Below 50 feet the temperature increases  $1^{\circ}$  for each 60 feet in depth, on an average. Waters lying less than 50 feet below the surface are colder in winter and warmer in summer, as they are acted upon by external climatic conditions. Waters reaching the surface at hot springs must come from deep sources as many of them have a temperature of at least  $180^{\circ}$  F. Fuller states that springs with a temperature of over  $150^{\circ}$  F. are rare, if they occur at all outside of igneous regions. As this temperature represents only a depth of 5,000 feet it is readily seen that we have ordinarily no truly deep-seated springs whatever.

**Ground Water from Sand and Gravel Deposits.**—Water flows through sand with some difficulty. From a given pumping station it is only possible to draw the water from a limited distance. This distance depends upon the depth and coarseness of the sand. Therefore, the only way to secure a large quantity of water from such formations is by the use of a number of comparatively small pumping stations, separated so as not to draw from the same territory.

Only a given amount of water can be secured from a square mile of ground. The amount depends upon the rainfall, upon the evapora-



tion from the surface of the ground, from transpiration of vegetation, and upon the amount of storage in the pores of the soil.

Most of the sand deposits of our country are not practically available for water supply purposes, because the grains of sand are too small and the flow of water through them is too slow. It is only the coarse-grained sands that are practically available.

A few large cities in America obtain their drinking water supplies from ground water obtained from sand and gravel deposits. At Brooklyn the conditions are particularly favorable, and it is estimated that 78 million gallons of ground water are obtained each day for that borough of New York. For this purpose 24 separate pumping stations are used. The water supplied to Camden, N. J., is obtained from the ground through wells close to the Delaware River. This water filters through the sand slowly and is thus purified. This method of adding to the yield of wells is used in some places in Germany and France. Memphis, Tenn., is probably the largest city of the United States supplied entirely with water drawn from sand and gravel deposits. In this case the water-bearing area is several hundred feet below the surface, and is below a clay layer. Lowell, Mass., obtains ground water from three stations, draining different areas of glacial drift, while Baton Rouge obtains its water from an artesian well system 2,000 feet deep.

*Filter galleries* are excavations in sandy formations near river banks. Water from such sources corresponds in all practical respects to the ground water obtained from sand and gravel deposits by means of wells. The wells are preferable, as they allow water to be drawn at a lower level, and this tends to a drainage of a greater area, thereby securing a larger quantity of water.

Filter galleries are apt to furnish a diminishing supply, because the pores of the filtering material become filled with the sediment of the river water. When this happens there is no way of renewing the supply. In some torrential streams the filtering surface is renewed from time to time, but this usually does not occur.

Ground water obtained from sand and gravel deposits is usually clean and free from unwholesome impurities. Nevertheless, many towns and cities having such a supply were compelled to seek other sources, because sufficient water was not obtainable to supply rapidly growing population.

**Ground Water from Sandstone Rock.**—The method of driving wells in sandstone rock differs from that in driving wells in sand or gravel, but the collection, storage, and flow of water are precisely the same.

The cementing material, which binds what otherwise would be loose sand into a solid rock, often seems to offer but little resistance to the flow of water, and the sandstone for water supply purposes acts as so much sand would act.

Water drawn from sandstone is always well filtered. It, however, is usually limited in amount, and, while of the greatest value for small supplies, is not sufficient for large communities.

The Marshall and Potsdam sandstone underlying parts of Michigan, Illinois, Wisconsin, and Minnesota are used extensively for supplying towns and small cities. Thus, Jackson, Mich., with a population of over 25,000, is one of the largest cities so supplied.

**Ground Water from Limestone Formations.**—In limestone formations the underground flow of the water is not through sandy or porous rock, for limestone is not porous. The water travels through fissures or passages. When these are large they are called caverns or caves, as, for example, the Mammoth Cave in Kentucky. These caverns or caves are natural seams or cracks enlarged by the gradual solution and removal of the limestone by the passing water. Limestone is the only common rock that is soluble in this way, and, for water supply purposes, limestone formations must be distinguished from all others.

The crevices may be, and often are, continuous for many miles. They are remarkably tortuous and anastomose freely, and the direction and flow of the water bear no relation whatever to the surface topography. Pollution at one point may, therefore, endanger those using the water at a far distant place.

Limestone formation has little ability to hold the abundant winter flows to maintain a supply through droughts. The difference between limestone and sand in this respect is striking, and, from a sanitary standpoint, the fact that water flowing through sand is filtered and purified, whereas no such action takes place through limestone fissures, is significant. While much water is frequently available at one point in limestone formations, the amount is subject to greater fluctuations, and the supply may fall short when most needed.

That contamination at one point may soon reappear at a far distant point may be demonstrated by the use of fluorescent dyes, or by the use of massive cultures of some harmless microorganism, such as yeast or *Bacillus prodigiosus*.

In our country San Antonio, Texas, is supplied with water from limestone springs. Indianapolis was at one time and Winnipeg in Canada was also supplied largely from this source. Paris in France is partially supplied with limestone water. Vienna obtains its supply from the wonderful Kaiserbrunnen and other limestone sources, which are all in the high mountains, where there is scarcely any population or pollution. This supply is mainly from the melting ice and snow of the high mountains which replenishes the springs, so that the amount of water obtainable is greater in summer than winter.

Typhoid fever has been caused rather frequently by the use of ground water from limestone formations. This has been demonstrated in Paris,

Switzerland, France, England and elsewhere. Water supplies from limestone formations must, therefore, be regarded with suspicion.

**Wells.**—A well is nothing more or less than a hole sunk into the earth to reach a supply of water and fitted with some mechanical arrangement for lifting the water to the surface. Wells may be either shallow or deep, dug, drilled or driven. The type depends upon the nature of the material through which the well is sunk. By a shallow well is usually understood one which is dug and lined with stone or brickwork. The cylinder is usually 5 or 6 feet in diameter and rarely over 30 feet deep. Driven wells are made by driving an iron pipe into a sandy or gravelly soil. The iron pipe is perforated near its pointed end, for the entrance of the water. By deep wells are meant drilled or the so-called artesian wells. They consist of an iron pipe or tube 6 to 8 inches in diameter, and may extend many hundred feet into the earth. If the water is drawn from a depth of 100 feet or more without passing an impervious stratum, the well is usually spoken of as a deep well. If the well passes through an impervious stratum into a pervious one beneath, in which the water rests upon another impervious stratum, it is spoken of as an artesian <sup>11</sup> well. Water is usually pumped from the well either by means of the ordinary suction pump or by means of compressed air.

Contrary to the generally accepted opinion wells are usually polluted from the surface and not from the subsoil drainage. The filtering power of the soil is usually sufficient to protect the water drawn from

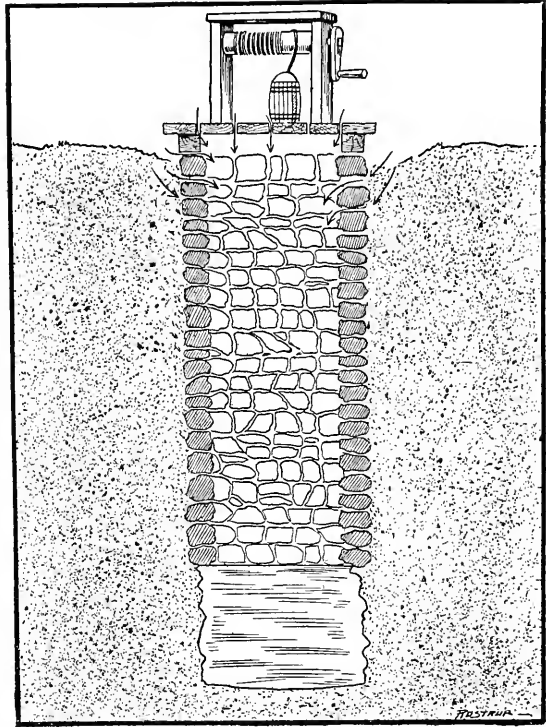


FIG. 106.—USUAL METHOD OF POLLUTION AND EVEN INFECTION OF WELLS.

<sup>11</sup> The word "artesian" is derived from Artois, an ancient province in France which was supplied with flowing wells. Artesian water may or may not flow spontaneously.

a well, unless (1) the soil is overburdened with organic matter, or (2) a cesspool, broken sewer, or other gross source of pollution is very close, or (3) channels, fissures, or crevices exist in the soil and subsoil

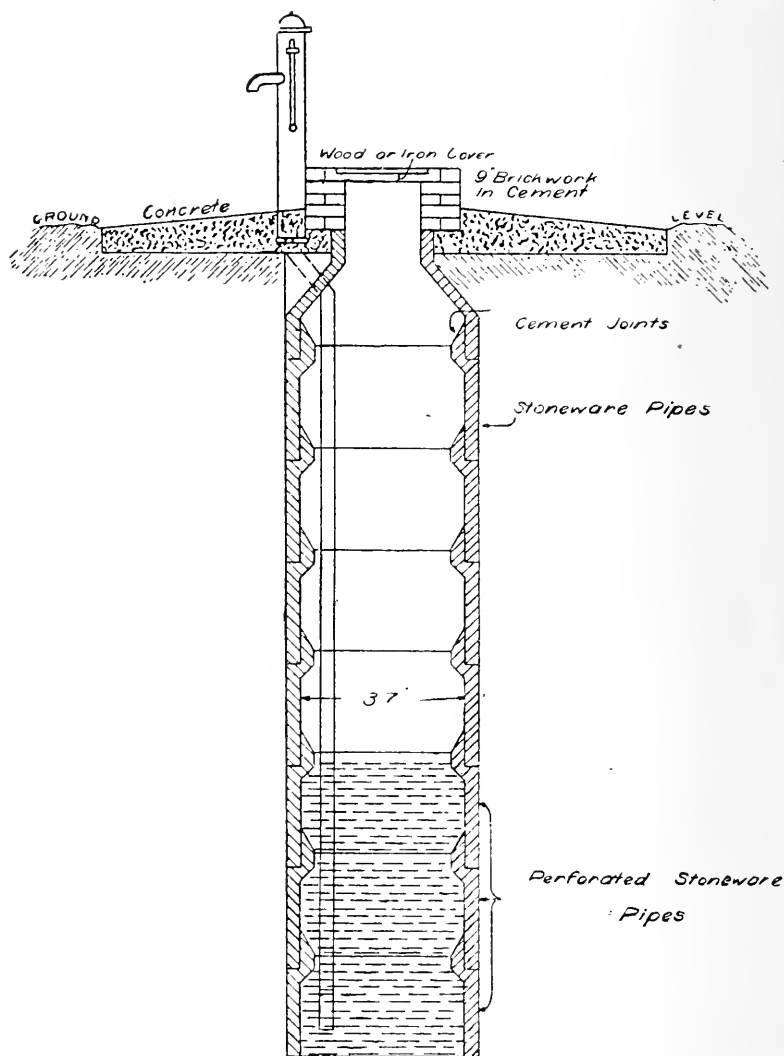


FIG. 107.—PROPER CONSTRUCTION OF A WELL, LINED WITH BELL AND SPIGOT VITRIFIED CLAY PIPE.

Design approved by the Rural District Council of Chelmsford, England.

so that impurities reach the well without undergoing the process of biologic filtration.

In locating a well, therefore, much depends upon the surface configuration of the ground, the character of the soil, and the proximity of

possible sources of pollution. The casing of the well should be sound and tight, preferably of brick laid in cement mortar, pointed on the inside. This impervious casing should extend as deeply into the well as practicable, and after it is laid the outer space between the casing and the earth should be filled in with well-tamped clay soil or concrete. One of the most important points in the construction of a shallow well is to extend the casing at least 18 inches above the surface of the ground and to build around it a shield of concrete or brick laid in cement extending in a circle from the top of the well 3 or 4 feet wide. This

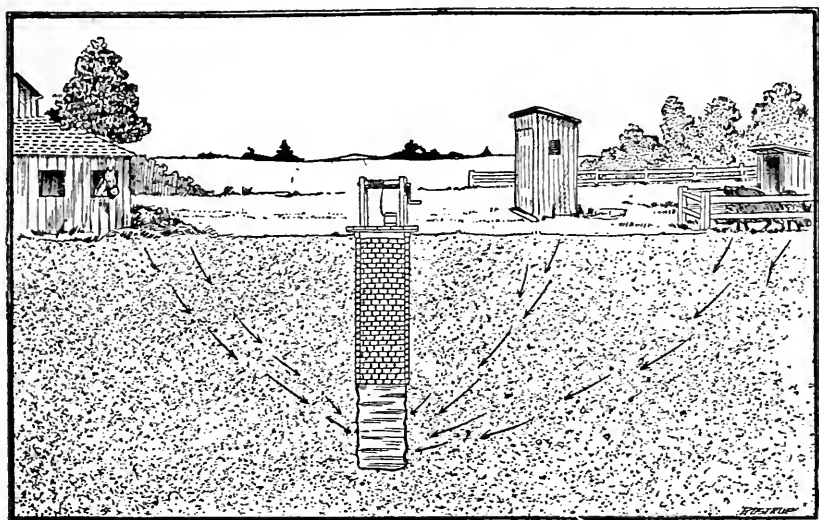


FIG. 108.—POPULAR IDEA OF HOW WELLS BECOME INFECTED FROM SURFACE POLLUTION.

This probably rarely takes place in rural districts, as the soil can usually hold back most of the impurities. The danger is great, however, where fissures, cracks, or crevices exist, or where sewage enters beneath the surface of the soil from broken drains or leaky privies, especially in limestone formations.

shield should join the well casing so as to make a tight joint with the casing. The floor of the well should rest upon the top of the casing, so that no space is left for frogs, mice, or bugs to crawl in. The floor should likewise be water-tight, and is best made of reinforced concrete with a cement surface. If this is not practicable, it should be made of sound, hard, tongue-and-grooved boards well driven up, and the edges painted with white lead. Upon this should be laid another floor of similar material at right angles to the first. The pump should be let into the floor and firmly fastened to it, and protected with a flashing of tin to prevent water washing back into the well.

The widely prevalent idea that some form of ventilation must be provided for a well is entirely unnecessary. Well water keeps better in the dark and protected from the outer air and dust.

The top of driven wells should be as carefully protected as just described for a dug well, as otherwise the polluted surface water may work down the sides of the pipe. Care should be taken that the pipes of a driven well near the surface of the ground do not rust and become leaky. Such wells should be provided with a heavy top, to which the pump frame should be tightly bolted, in order to prevent the loosening of the joints in the pipe by the vibration of pumping. The space between the base and the well casing of driven wells should be filled with grouting and overlaid with cement near the top. The ground about all wells should slope away and be kept clean, and, where pos-

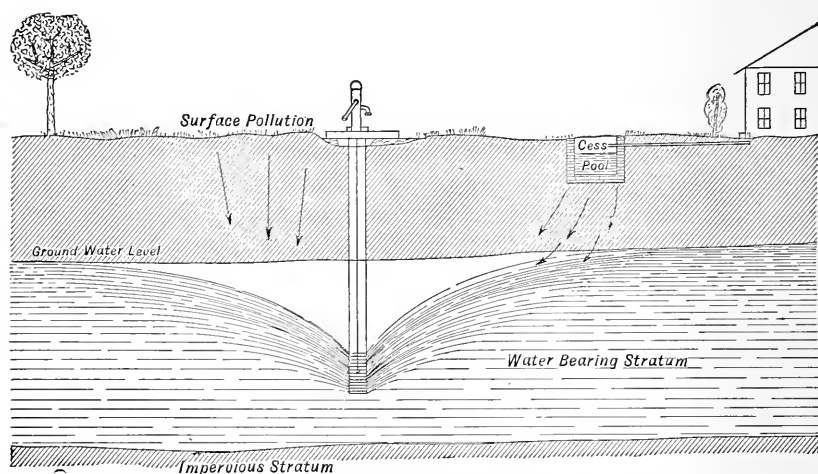


FIG. 109.—DEPRESSION OF THE GROUND WATER LEVEL BY PUMPING AND TENDENCY TO DRAW NEAR-BY POLLUTION FROM THE SOIL OR CESSPOOL.

sible, should be turfed. The waste water should be carried by pipes to a considerable distance from the well.

Artesian water and water from deep wells furnish the safest and most satisfactory sources of supply we have. Such water is usually clear and of high sanitary quality. Sometimes such waters contain a large amount of inorganic impurities, which render them unfit for domestic purposes. Frequently they contain iron in the ferrous state, which soon oxidizes upon contact with the air and is thrown out as an insoluble ferric salt, which renders the water yellowish or brownish. Deep well waters may also contain an excess of lime salts, common salt, manganese, or hydrogen sulphid, etc.

Water from shallow wells located in sandy or gravelly formations is entirely satisfactory, provided there are no nearby sources of pollution. The proximity of well and privy may be especially hazardous. Shallow wells in limestone regions must be carefully guarded and always looked upon with suspicion.

It is evident that in a densely inhabited area, with miles of sewers, some of them doubtless broken or leaky, and with the thousands of privy vaults which still survive in most of our American cities, we have a more or less sewage-polluted condition of the soil favorable for the contamination of shallow wells. Shallow wells, on general principles, have been gradually eliminated from all large cities having an abundant water supply. This danger was well shown in the studies upon typhoid fever in the District of Columbia, in which many of the shallow wells situated within the city limits were shown, by chemical and bacteriological analyses, to be polluted.

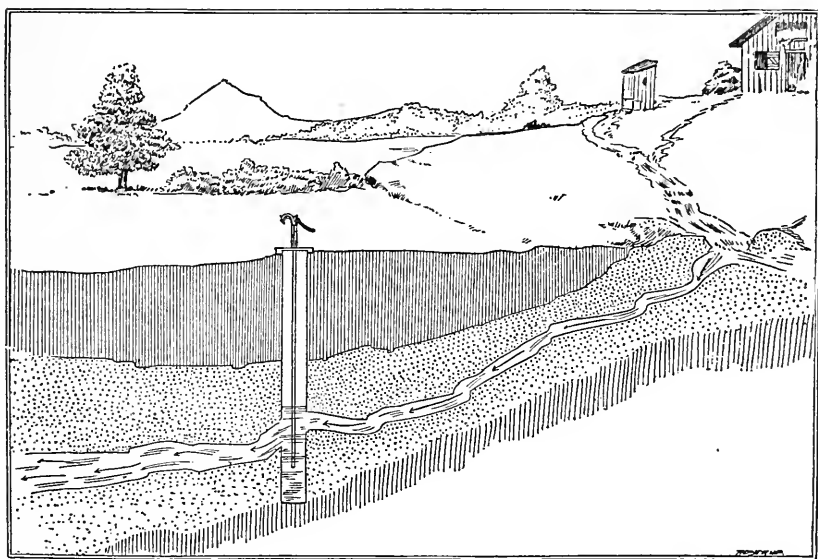


FIG. 110.—IN A LIMESTONE FORMATION IT IS DIFFICULT TO TELL ANYTHING ABOUT THE SOURCE OF WATER OBTAINED FROM A WELL.

Wells may be disinfected with lime, which has been found to be fairly effective. A mixture of carbolic acid and sulphuric acid in sufficient quantity will sterilize a well, but these substances have evident objections. The method of injecting steam under a pressure of two atmospheres has been used. The steam is forced into the water until the temperature is brought to near the boiling point. Bleaching powder, however, is the cheapest and most practical method of disinfecting wells that need such purification.

**Springs.**—A spring is a stream of water emerging from the ground, its flow being due to natural causes. Spring water does not differ in any essential particular from the ground water obtained from shallow wells. Springs may be regarded as natural wells, outcropping where the geological formation is favorable. Spring water, as a rule, is of a

high degree of purity, and as the water flows spontaneously it can easily be utilized; and, as no form of machinery is necessary to pump it, it is less subject to contamination than well water. Spring waters differ greatly in character, depending upon the temperature of the water and the inorganic constituents which it contains. Springs may be perennial, the flow being constant or intermittent.

Fuller classifies springs, according to their origin, as gravity and artesian; and according to the kind of passages traversed by the water, as tubular and fissure springs.

Some of the largest flowing springs are found in Florida, notable among these being the Silver Spring with an estimated flow of 368,913 gallons per minute, and Blue Springs with a flow of 349,166 gallons per minute.

Springs may be polluted from various sources, and in much the same way that wells are polluted. The overlying porous layer of soil may be too thin to remove the contamination of surface washings from privies, stables, hog pens, and other sources of contamination. This is probably not a frequent source of danger in such waters. Springs may be contaminated from surface washings; that is, the infective material may be washed down and into the spring by heavy rains, and, unless the spring has a bold flow, the polluting material may remain in it for some time. Leaky cesspools above a spring may carry dangerous material almost directly into the water, just as they endanger wells in precisely the same way.

The protection of a spring against contamination requires a careful study of each location. Stables, hog pens, and privies should be distant, and, if possible, on another slope. Soil pollution must be prevented in the neighborhood of the spring, and animals kept away, and special regard must be had for the location and character of the privy. The spring should be protected above with a masonry or concrete wall. This should extend well into the ground, so as to guard against surface washings. A ditch should be dug around both sides of the spring, to carry off the surface water and the neighborhood kept clear of weeds and growth. It is well to plant grass about the spring so as to keep out dust and prevent erosion of the soil.

In limestone regions springs are subject to the danger already spoken of in the case of wells. A spring in such a region may be the same underground stream that runs through the neighbor's back yard and disappears in his meadow. A limestone spring that becomes muddy soon after a rain should be regarded as particularly suspicious.



## THE SOURCES AND NATURE OF WATER POLLUTION AND INFECTION

A distinction is drawn between a polluted and an infected water. A polluted water is one that contains organic matter and the products of decay, either of vegetable or animal origin. An infected water is one that contains the specific parasites causing disease. A polluted water may not be particularly harmful to health; it is suspicious. That is, a polluted water is not necessarily infective; an infected water is practically always polluted. Practically all surface waters are polluted; ground waters usually show evidence of past pollution; that is, they contain inorganic salts in solution resulting from the mineralization of organic matter.

The greatest hazard to man is found in a water polluted with the discharges from the human body—feces, urine, and sputum. There is comparatively little danger from water containing the wastes of other animal life, for the reason that few of the infections of the lower animals are thus transmissible to man. There is still less danger in water contaminated with organic matter of plant origin. Water containing small amounts of inorganic substances in solution plays a relatively minor rôle, as far as health is concerned.

From a sanitary standpoint, then, it is the wastes of human life that concern us especially. These may enter a surface water directly from overhanging privies, or from sewers, or from washings of the land. Ground water becomes polluted in ways already discussed.

The prevention of the pollution of our streams, lakes, ponds, and other surface supplies is an important sanitary problem with a large economic side. As far as streams and large lakes are concerned, the most dangerous infection is that which is nearby—that is, that which is quickly transferred in a fresh and virulent form. Distant infection is much less dangerous. Cities taking water from an average stream should prevent the access of direct pollution for at least 50 miles, or better 100 miles, above the intake. Partial protection may also be accomplished by requiring sewage disposal works for all towns and settlements, and abolishing all overhanging privies upon the river and its tributaries. A sanitary inspector could cover a large area for this purpose. When these measures are not feasible, intercepting sewers may be built, as on the Schuylkill at Philadelphia. Canals that parallel a river, as the one upon the bank of the Potomac, may receive the sewage and surface drainage and thus protect the stream. It is comparatively easier to guard smaller lakes and ponds and impounding reservoirs.

**Simple Tests to Determine Sources of Pollution.**—Sources of pollution and possibly of infection may often be determined by simple tests

which may be carried out by a layman. These tests afford valuable information and consist in the addition of some chemical substance to the source from which pollution is possible and then determining whether the same reappears in the water supply. For this purpose a large number of substances that may be readily recognized by their taste, odor, or appearance may be used, such as coal oil, carbolic acid, fluorescein, and common salt. Coal oil poured near the ground of an artesian well is an easy and convincing method of establishing the presence of defective piping and surface or subsoil contamination. Nördlinger recommends for this purpose saprol, which tastes like naphtha and is so penetrating that its odor may be readily recognized in proportions of 1-1,000,000 or by taste in solutions of 1-2,000,000. Trillat experimented with a large number of dyes and finds that fluorescein dissolved in alcohol and diluted with 5 per cent. ammonia solution can be detected by a fluoroscope in proportions of 1-2,000,000,000. The fluoroscope is a tube of clear glass three or four feet long and one-half inch in diameter, closed at one end with a rubber cork. In such a tube natural waters have a somber blue color which changes to a clear green if fluorescein is present. Fluorescein can be detected by the unaided eye in dilutions of 0.625 part per million. This dye possesses the evident advantage of not being precipitated by the soil ingredients, a reaction that readily occurs with most aniline dyes brought in contact with calcareous solutions. Salts of lithium are sometimes used, for they may be detected in the minutest traces if the water is examined by the aid of a spectroscope.

The conclusion must not be drawn that because these soluble salts reappear in the water microorganisms and dangerous pollution would likewise find its way through the soil for an equal distance, for the soil has well-known filtering power when free from fissures or open channels and is capable of removing bacteria and oxidizing large quantities of organic matter. However, these methods are of service in indicating the possibility of danger under certain circumstances and are particularly useful in discovering sources of pollution near wells or in limestone formations.

Massive cultures of prodigiosus, pyocyaneus, fluorescens, yeasts, and other microorganisms if not normally present in the water under examination may be used to detect the possibility of infection. The cultures are poured upon the ground or into suspicious places and the water tested at varying intervals to determine whether they reach the supply. Careful controls must be made beforehand to assure the absence of the particular organism used.

**The Interstate Pollution of Streams.**—Sanitarians have maintained for years that no community or individual has a right to pollute streams used for public water supplies, any more than a man has a right to poison his neighbor's well. England enjoyed the benefit of a Rivers

Pollution Commission as early as 1855, in order to prevent, remedy, and remove the danger of polluted water supplies. This commission adopted a comprehensive system for the disposal of sewage and for water purification, the fruits of which England is enjoying today. This country has no law regarding the interstate pollution of streams, and with our growing population and increasing amount of pollution this is becoming a live and pressing sanitary question. After the Chicago drainage canal was opened the city of St. Louis (state of Missouri) sued the city of Chicago (state of Illinois) through the federal courts, asking an injunction against the pollution of the Mississippi River, from which St. Louis draws its drinking supply. The testimony occupied many weeks, and in published form takes up many volumes. The verdict was "no cause for action," or "not guilty," that is, it was not proved that typhoid bacilli or other organisms dangerous to health reached St. Louis from Chicago.

The principles of common law as to interstate waters have been appreciated by some of the nations of Europe. Thus, the inhabitants of a town in Belgium suffered from the effects of a river polluted by the French, and the French government not only compelled the offending city to dispose of its sewage by irrigation, but granted a subsidy for this purpose. In some of our more progressive states, as, for example, Massachusetts, Pennsylvania, Connecticut, Minnesota, New Hampshire, New Jersey, New York, Vermont, and others, the State Board of Health is given control over the pollution of streams within the borders of the state.

Speaking generally, jurisdiction over the pollution of waters in the United States is confined to the several states. There is no provision in the Constitution which gives to Congress authority in the premises. Hence, by the familiar principle in our Constitution that the several states retain full sovereign power, except so far as such powers are restricted by the national Constitution or expressly delegated thereby to the national government, the individual states have full control of this subject—a subject with which they are individually impotent to deal and which logically belongs to the federal government.

**Pollution of International Boundary Waters.**—Under terms of Article IX of a treaty of January 11, 1909, between the United States and Great Britain, the questions of extension of pollution of boundary waters and remedies were referred to the International Joint Commission under date of August 1, 1912. A sanitary survey was made of the Great Lakes District, particular emphasis being laid on sewage pollution from cities and towns, sewage from vessels, saw mill and other industrial and household wastes, and present methods for their control. In general, the conclusions embodied in their final report, 1919, are that it is "feasible and practicable without imposing an unreasonable burden

on the offending communities to prevent or remedy pollution, both in the case of boundary waters and waters crossing the boundary. In case of city sewage, this can best be accomplished by installing collection and treatment works having special reference to the removal of bacteria and matters in suspension." The conclusion is made that vessels should treat their sewage before discharge, as for instance with live steam, also that water ballast discharge be regulated with due regard for drinking water intakes for any neighboring community; further, that restriction should be placed on disposal of garbage and carcasses in boundary waters.

**The Care of Catchment Areas.**—"Catchment area," "watershed," "drainage area," and "catchment basin" are terms used to include the area immediately surrounding a water supply so situated that water falling upon it will be directed toward this supply. The ideal catchment area is free from human habitation and is covered with forests. The catchment areas supplying impounding reservoirs and the natural ponds and lakes used as reservoirs are limited in area when compared, for example, with the catchment areas of the great rivers, from which many public water supplies are drawn. It is, therefore, possible to inspect and control the former more readily than the latter.

It is often impossible to remove population from a catchment area, and, in fact, it is usually unnecessary to do so. Very good water may be drawn from areas upon which there is a large population, when proper and well-known precautions are taken. Thus, there are 776 people per square mile upon the Cochituate catchment area, 282 upon the Sudbury, 49 upon the Wachusett, furnishing Boston's water supply, and 59 upon the Croton, furnishing New York's water supply.

The prolonged storage of the water in large protected reservoirs is a sanitary safeguard, and makes the Boston water and the New York water safer than it otherwise would be. The greatest danger is that some polluted water will sometimes get by the reservoir or flow through it by some short circuit, as surface currents or by-passes, and so reach the consumer, before it is subjected long enough to full storage conditions.

The proper sanitary care of a catchment area requires, first of all, sufficient laws granting suitable authority, especially concerning the disposal of human wastes.

Care must also be exercised to keep out manufacturing wastes and the surface washings that may carry pollution from human sources or undesirable contamination from other sources. This object may be accomplished in various ways. The city should own the shores of the reservoirs and also as much of the land along the important streams as is necessary to carry out these objects. Old sources of pollution must be removed, and new sources not permitted. Where the danger from human pollution is especially great, as around the impounding reservoir itself or at nearby suburban settlements, engineering projects, some-

times of considerable magnitude, are necessary to carry away the sewage and the surface drainage. A strict patrol of the catchment area, in order to supervise picnic and camping parties, the camps of construction gangs, and other sources of danger, must be exercised. A good man on the alert can patrol a large district, getting his information through various ways, and personally inspecting all suspicious localities frequently.

In the investigation of a stream and its watershed the chief points requiring attention are the relative proportions of the polluting matter and the flow of the river when at its minimum; the general character of the stream, the rate of flow, and the distance between the source of pollution and the intake of the water.

Many Water Boards, having control of large tracts of land, are planting their catchment areas with trees with advantage and profit. It is found that the presence of trees adds to the retention of water falling as rain, lessens evaporation, and cools the adjacent atmosphere, perhaps aiding condensation. Trees prevent floods, regulate and help to purify the supply, for water draining through the soil of wooded areas is naturally cleaner than that scouring the surface of barren land.

## CHAPTER II

### SANITARY ANALYSIS OF WATER

A complete sanitary analysis of water includes: (1) a *physical examination* to determine color, turbidity, odor, and taste; (2) a *microscopic examination* to determine the number and character of particles in suspension, especially algae; (3) a *chemical analysis* to determine the nature and amounts of chemical impurities; (4) a *bacteriological examination* to estimate the number and kind of bacteria; (5) a *sanitary survey* of the watershed, including the methods of collecting, storing, handling, and distributing the water; and (6) *clinical result*, which, after all, is the final test, for water may contain impurities or qualities detrimental to health that are not recognizable by any other method. Thus, the water supply of Vienna from the famous Kaiserbrunnen is particularly pure, as determined by laboratory analysis. Nevertheless, this water, owing to a lack of iodine, is responsible for the great increase in the number of cases of goiter which has been observed in Vienna since its introduction.

Water is particularly liable to contamination under prevailing conditions and must, of necessity, demand increasing watchfulness and a continual readjustment of restrictions governing its use.

The fact that water is the most universal solvent known is not to be neglected. The water we drink has come in contact with the earth and many other substances. It dissolves many organic and many inorganic impurities, few of which can be detected in the laboratory by the routine methods used. The influence of many of these substances upon health is unknown. Exceedingly small amounts of poisonous substance in water may act injuriously when we recall how much water is daily taken. All these facts should make us cautious before we give a water supply a clean bill of health, and communities will find it pays in the end to go to great expense to improve this important article of daily use.

**Standard Methods.**—The advantages of using a standard method are self-evident; it at least gives results that are fairly comparable with the work of others. The standard methods for water analysis have been carefully considered by a competent committee of the American Public Health Association. The first report was published in the *Journal of*

*Infectious Diseases*, Supplement No. 1, May, 1905.<sup>1</sup> Amendments and improvements to the method are published from time to time. For anyone not having special skill in chemical analysis or bacteriological technic it is advisable to adhere closely to the standard procedures. Any deviation from these methods should always be noted in published reports. Because a method is "standard" does not mean that it has a fixed and permanent value as a model to be blindly followed under all circumstances. Standard methods are established by common consent as the rule to be followed under ordinary circumstances, especially for routine work and by those who are not especially skilled in laboratory technic. For reasons that seem self-evident, it is of special importance to follow the standard methods for bacterial counts.<sup>2</sup>

Our standards by which the purity of water is judged are constantly rising. There is no doubt that many waters now considered safe and wholesome will not be acceptable in the future.

**Collection of the Sample.**—For a complete physical, chemical, and microscopical analysis of water one liter is necessary. If the sample has been collected in a sterile container with precautions to prevent contamination the same sample may serve for the bacteriological examination. Usually the bacteriological samples are collected separately in special bottles holding at least 100 c. c.

The bottles should be of hard, clear white glass and have a glass stopper. They should be chemically clean and dry sterilized at 160° C. for 1 hour, or in the autoclave at 115° C. for 15 minutes. For transportation they may be wrapped in sterile cloth or paper, but, better, the neck may be covered with tinfoil and the bottle placed in a tin box. When bacterial samples must of necessity stand 12 hours before plating, bottles holding more than 4 ounces should be used. Cork stoppers should never be permitted, except when physical or microscopical examination only is to be made. Earthen jugs and metal containers are entirely unsuited.

Generally speaking, the shorter the time elapsing between the collection and analysis, the more reliable will be the analytical results. If too long a time intervenes, it affects especially the bacterial tests, for bacteria multiply enormously when water is kept in a bottle at ordinary temperature. The oxygen consumed, oxygen required, and nitrites are also materially affected by comparatively short delay.

In general, water must be analyzed as soon as possible after sampling.

<sup>1</sup>The fourth edition can be obtained from the secretary of the association, 169 Massachusetts Avenue, Boston, Mass.

Bacteriological standard for Drinking Water. U. S. Public Health Reports, Nov. 6, 1914.

<sup>2</sup>In the methods for water analysis described in this book the standard methods have been closely followed, and due acknowledgment is here given to the splendid and self-effacing work of the committee that devised them.

The following are the maximum times allowed by the Standard Methods of the American Public Health Association:

*Physical and Chemical Analysis:*

Ground waters .....	72	hours
Fairly pure surface waters.....	48	"
Polluted surface waters.....	12	"
Sewage effluence.....	6	"
Raw sewages.....	6	"

*Microscopic Examination:*

Ground waters.....	72	"
Fairly pure surface waters.....	24	"
Waters containing fragile organisms .....	Immediate examination should be made in situ if practicable.	

*Bacteriological Examinations:*

Samples at less than 10° C.....	24 <sup>3</sup>	hours
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Care should be taken to secure a sample which is thoroughly representative of the water to be analyzed. A pump should be operated five minutes, or water faucet allowed to run several minutes, before the bottle is filled. In collecting samples of surface waters the specimen should not be obtained too near the bank of the stream or pond. A note should be made as to whether the specimen is collected from the surface or at what depth under the surface it is taken. It is always advisable to take the temperature of the water at the time of collection.

## ODORS AND TASTE

The purest water is absolutely devoid of taste and odor, but it is also insipid. If such water is aerated by agitation or by filtration through a porous air-containing substance, it becomes sparkling and agreeable. The taste is imparted to most waters by the mineral matter as well as the gases held in solution, hence the flat, insipid taste of distilled water. After a person becomes accustomed to the taste of a particular water another does not appeal to him and does not satisfy his thirst to so great an extent. Once having been accustomed to a moderately hard water, a soft water is very flat and tastes much like distilled or rain water.

Odors in waters are objectionable, rather than detrimental to health. As a rule, the most objectionable odors develop in surface waters and are caused by the growth of algae, diatoms, protozoa, and other microscopic beings. Industrial wastes are sometimes responsible for odors

<sup>3</sup> Formerly only 6 hours were allowed. The results will be more truly representative of the bacteriology of the water, the shorter the time between collection and analysis.



and tastes. The earthy odor of some ground waters is due to substances taken up during the passage of the water through the soil. When a well water becomes offensive it is evidence of stagnation at the bottom of the well or the presence of dead animals. In the case of deep wells hydrogen sulphid and other inorganic compounds may impart odors to the water. The odors and tastes which develop in impounding reservoirs from stagnation and putrefaction of the organic matter have been discussed on page 1030.

On the whole, the waters of natural lakes and ponds are less subject to objectionable odors and tastes than are the waters of artificial reservoirs, and putrefaction is less troublesome, but the difference is one of degree, not of kind.

The power of water to dissolve or absorb gases and odors is an important one, and explains how water may become "contaminated" by mere exposure to an impure atmosphere, as when an uncovered cistern is placed in a water-closet or when an overflow pipe is directly connected with a drain.

**Method of Determining Odor.**—The odor of the water should be observed both at room temperature and just below the boiling point. Odors should be determined at room temperature (20° C.) by shaking a sample violently in a gallon collecting bottle when it is half or two-thirds full; and by heating about 150 c. c. in a 500 c. c. Erlenmeyer flask and covered with a well-fitting watch glass. In either case care should be taken to observe the character of the odor the instant the receptacle is uncovered. The kind of odor observed may be described as vegetable, aromatic, grassy, fishy, earthy, moldy, musty, disagreeable, peaty, sweetish, etc., and the intensity by such terms as very faint, distinct, decided, or very strong.

The odors and tastes in water caused by microscopic organisms deserve special consideration, because they are common faults in water stored in open artificial reservoirs of all kinds. Certain organisms can be distinguished by their odor, as, for example, the "fishy" odor of *Uroglena*, which is a protozoön and classed with the *Infusoria*; the "aromatic" or "rose geranium" odor of *Asterionella*, which belongs to the *Diatomaceae*; and the "pig-pen" odor of *Anaboena*, which is one of the blue-green algae.<sup>4</sup> These microscopic organisms mostly grow near the surface and require sunlight for their development; hence, odors produced by them never occur in covered reservoirs or in waters kept in the dark.

Calkins has shown that the odors caused by the undecomposed microscopic organisms are due to compounds of the nature of essential oils, and Whipple points out that the amount of such oil produced by an

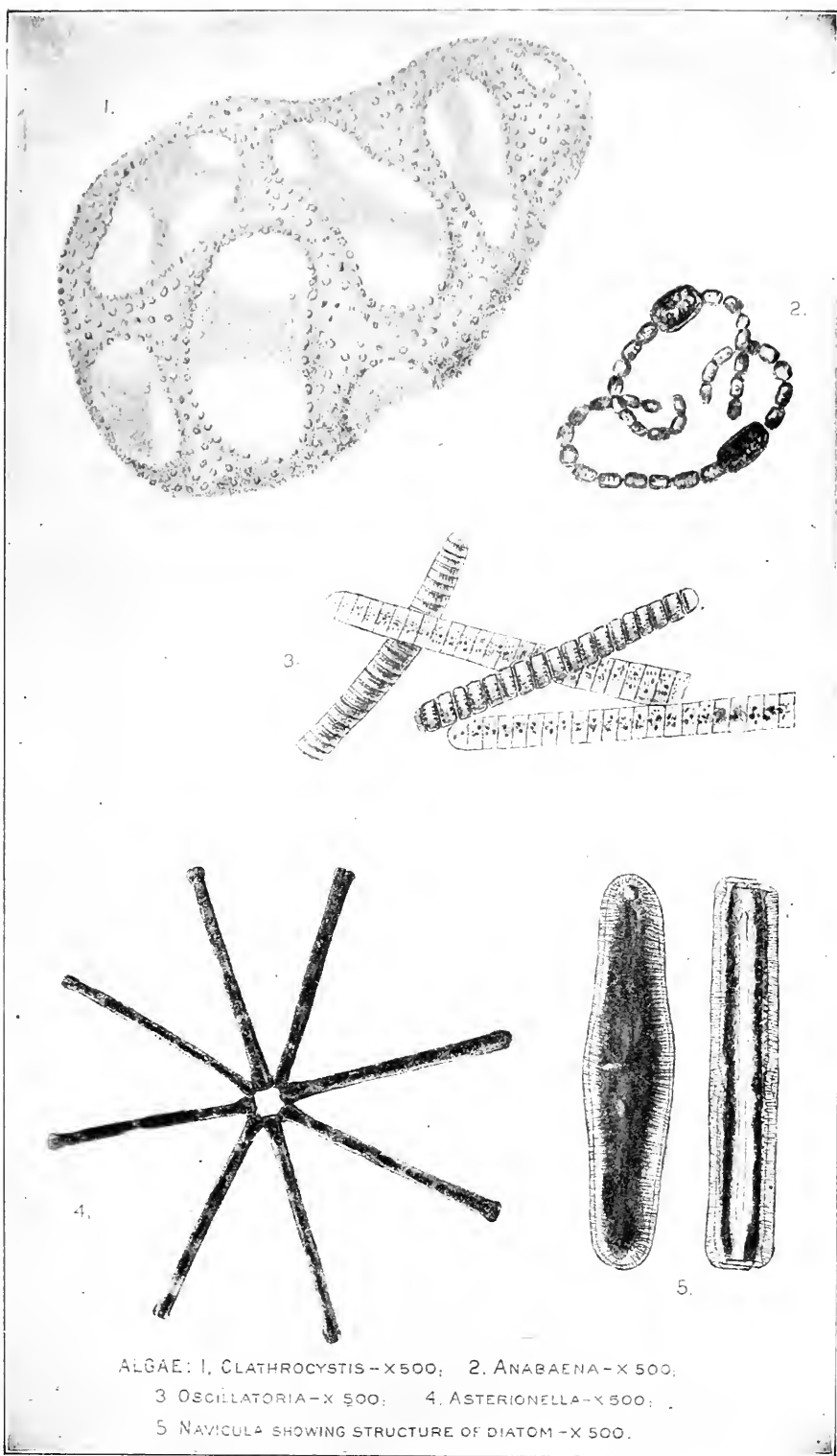
<sup>4</sup>See also Whipple, "Microscopy of Drinking Water," John Wiley & Sons, 1914.



ALGAE: 1. UROGLENA—X 300. 2. SPIROGYRA—X 500. 3. RESTING SPORES OF SPIROGYRA—X 500.  
4. CHLAMYDOMONAS SHOWING RESTING CONDITION AND REPRODUCTIVE BODIES—X 1000.

(Year Book, U. S. Dept. of Agr., 1902.)

FIG. 111.—ALGAE COMMONLY FOUND IN WATER.



ALGAE: 1, CLATHROCYSTIS—X 500; 2, ANABAENA—X 500;  
 3 OSCILLATORIA—X 500; 4, ASTERIONELLA—X 500;  
 5 NAVICULA SHOWING STRUCTURE OF DIATOM—X 500.

(Year Book, U. S. Dept. of Agr., 1902.)

FIG. 112.—ALGAE COMMONLY FOUND IN WATER.

abundant growth of the organisms is quite sufficient to account for the effect observed. He notes for comparison that oil of peppermint can be recognized when diluted with water in the proportion of one part of oil to fifty million parts of water, and that when *Asterionella* is present to the extent of 50,000 organisms per c. c. the dilution of its oil is in the proportion of about one part to two million parts of water. Whipple further suggests that the flow of water through pipes may cause disintegration of organisms with liberation of the odor-producing oil, hence the odor at the tap may be greater than at the intake.

The *Algae* responsible for the vile tastes and odors in water do not depend upon organic matter or the bodies of other organisms for their food supply. They require only carbonic acid and the nitrogen and

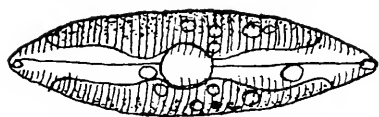


FIG. 113.—THE OIL DROPLETS IN A DIATOM.

mineral matters always present in the water and in the air, and the sunshine for their growth. In other words, they have properties comparable in many respects to the higher orders of chlorophyll-containing vegetation.

There are very many kinds of algae, and they differ greatly in their odor-producing powers. Most American impounding reservoir waters suffer from them, but some far more than others. English reservoirs seem to be comparatively free from this nuisance, probably because of the lower temperatures of the surface waters. There is an average difference of at least 10° F. between the surface temperatures of English and American reservoirs.

A certain degree of quiet and repose is necessary for the development of a large growth of algae; that is why they never develop to any extent in rivers and flowing water. Wave action from wind also prevents growth, and this seems to be the only reason why large lakes and reservoirs are less troubled by them than smaller ones.

In most American impounding reservoirs the water is drawn from near the surface layer, so as to avoid the odors and tastes of putrefaction in the bottom water, but it sometimes happens that the surface water is the more objectionable.

**Prevention and Removal of Tastes and Odors.**—The natural flow of water in the bed of a mountain stream over stones and ledges aerates it very well. This is nature's method of removing undesirable tastes and odors. Aëration may also be accomplished by bringing the water in contact with the air by devices such as fountains, waterfalls, etc. Such aëration always reduces, and sometimes removes, tastes and odors from the waters of reservoirs and small lakes, whether resulting from putrefaction in the stagnant bottom water from growths or organisms in the surface water, or from gases held in solution.

In general it may be stated that filtration alone is not efficient in removing tastes and odors; however, slow sand filtration has considerable power of reducing, and in some cases of removing, tastes and odors, but it cannot be depended upon when the raw water is very bad.

Intermittent filtration is particularly successful in removing tastes and odors. It is successful because it brings the organic matter in contact with more air and in more intimate contact with air, and for a longer time in the pores of the sand, than can be secured in any other way.

It is practically impossible to prevent the seeding of reservoirs and ponds with algae and other organisms responsible for the objectionable odors. The growth may be checked and the odors temporarily controlled by the use of copper sulphate. See page 1143.

If a well becomes stagnant at the bottom, and thus develops vile odors from putrefying organic matter, the trouble may be corrected by lowering the pump to near the bottom so as to prevent stagnation, or by filling up all unnecessary space with clean gravel and sand.

## COLOR

Pure water, when viewed in small quantities, appears to be perfectly colorless, but, when viewed in bulk, as in the white-tiled baths at Buxton, and in certain Swiss lakes, it is seen to possess a beautiful greenish-blue tint. A very small amount of suspended or dissolved impurity is sufficient to obscure this color.

Impure waters almost invariably exhibit a color varying from green to yellow and brown, when examined through a depth of two feet in suitable tubes. It does not, however, follow that a colored water is, therefore, polluted or infected.

Color in surface water is usually of vegetable origin; animal matter contributes but little color. The coloring matter is extracted largely from dead leaves, bark, and roots, from soil, and from peat. It seems to be the same material as the coloring matter of tea. It is certainly harmless, but it makes the water less pleasing in appearance, and great efforts have rightly been made to prevent and remove it. Water from swamps is usually highly colored, the degree of color depending upon the length of exposure.

Ground waters are usually colorless. If the water contains iron it will be perfectly clear on coming from the ground, but will soon turn a rusty yellow color. This is caused by the oxidation of the soluble ferrous salts to insoluble ferric salts.

Color in water should be distinguished from turbidity. True color

is due to dissolved impurities, turbidity to substances in suspension. The "apparent color" is the color of the original sample, due to both dissolved and suspended matter.

The prevention of color in surface waters consists in draining swamps. Thus, in the catchment areas of the various reservoirs supplying Boston thousands of acres of swampy land have been drained for the purpose of reducing the color of the supplies, and with good results.

A colored water may be bleached by exposure to sunlight and air, but the bleaching of the water in reservoirs requires great storage capacity, and the drainage of swamps is likewise very expensive. Ozone applied in large amounts also destroys color, and the only objection to its use is the cost. Oxygenated compounds of calcium, sodium and chlorine will also bleach a colored water.

About 20 per cent. of the dissolved color in water may be removed to a considerable extent by slow filtration through sand. If the coloring matter is first rendered insoluble by the use of coagulants (sulphate of alumina), it is readily removed by filtration.<sup>5</sup> Color is thus successfully removed from the waters used by Norfolk, Va., Charleston, S. C., and Watertown, N. Y. Sulphate of iron is less satisfactory as a coagulant than sulphate of alumina for the removal of color.

**Method for Estimating Color.**—Turbid waters should always be filtered before the color observations are made. The intensity of color may be determined by comparing with a standard platinum-cobalt solution; the tint or shade may be determined by comparison with the standard color disks of the United States Geological Survey or a Lovibond tintometer.

*Platinum-Cobalt Standard.*—The standard solution, which has a color of 500, is prepared as follows:

Dissolve 1.246 grams of potassium platinic chlorid ( $\text{PtCl}_4 \cdot 2\text{KCl}$ ) containing 0.5 gram platinum, and one gram crystallized cobalt chlorid ( $\text{CoCl}_2 \cdot 6\text{H}_2\text{O}$ ) containing 0.25 gram of cobalt in water, with 100 c. c. concentrated hydrochloric acid, and make up to one liter with distilled water.

By diluting this solution with distilled water to the 50 c. c. graduation mark on the Nessler tubes, standards are prepared having colors of 0, 5, 10, 15, 20, 25, 30, 35, 40, 50, 60, and 70. These should be kept in Nessler tubes of such diameter that the 50 c. c. graduation mark is between 20 and 25 cm. above the bottom, and is uniform for all tubes. They should be protected from dust and light when not in use.

*Procedure.*—The color of a sample is observed by filling a standard Nessler tube to the graduation mark with the water to be examined, to a depth equal to that of the standards, and by comparing it with the standards. The observation should be made by looking vertically down-

<sup>5</sup> For the reactions with Alum see page 1141.

ward through the tubes upon a white surface placed at such an angle that light is reflected upward through the column of liquid.

Waters that have a color darker than 70 should be diluted before making the comparison, in order that no difficulties may be encountered in matching hues.

## TURBIDITY

Practically turbidity is synonymous with muddiness. The turbidity of surface waters is usually due to mud, clay or silt, also to finely divided organic matter, microscopic organisms, and a great variety of objects. Turbidity represents the amount of foreign substances in suspension; it is frequently, though incorrectly, spoken of as color. In a general way turbid waters exist in those regions where color is not found; the former represents the washings of a readily eroded drainage basin, the latter is mostly extracted from the decaying vegetation of swamps.

Pure water is clear and sparkling, in proportion to the amount of dissolved oxygen and carbonic acid. While brilliancy and clearness do not mean purity, on the other hand turbid waters are not necessarily dangerous. A community for years may drink and seem satisfied with a turbid water that is little less than liquid mud. This was formerly the case with Washington and the Potomac water, St. Louis and the Mississippi and many other cities. When, however, such a city once appreciates the beautiful appearance of a clean water, they complain if the turbidity reaches the point of a faint opalescence. The turbidity question is practically limited to river waters. Ground waters should never be turbid, and, if so, should at once excite suspicion. Some ground waters become more or less turbid through the precipitation of iron.

All river waters are more or less turbid, but the differences are very great indeed. The amount of turbidity depends largely upon the character of the catchment areas. In general, rivers draining the large areas of our North and East, covered with glacial drift of a sandy character, are but little subject to turbidity. Thus, on an average, the Merrimac and Connecticut Rivers do not carry more than 10 parts per million of suspended matter. In that part of our country which is not glaciated, and this includes the lower Susquehanna basin, much of the Ohio basin, and the Missouri basin, and all to the south of them, turbidity is often present in large amounts, and consists largely of clay in extremely fine particles. The water often runs turbid in these streams continuously for weeks and even months at a time. The Missouri River carries the largest amount of sediment of any of our rivers largely used to supply water. The annual average runs as high as 1,200 or 1,500 parts of sandy matter per million. In winter it falls to 200 parts

or less, while in midsummer it rises for weeks and even months to 5,000 parts or more.

If the turbidity is sufficiently coarse-grained it may be removed by sand filtration without previous chemical treatment. Very turbid waters can be cleared, in part, in settling basins; this lightens the work of the filters and reduces the cost. Scrubbers, which are preliminary rough filters, may also be used to protect the sand filters. In many instances the individual particles of clay which make up the turbidity are much smaller than the bacteria. They will not settle out, even after prolonged storage, and they cannot always be removed by filtration alone. There is only one known way of removing such turbidity, and that is by coagulation or chemical precipitation. The substances most commonly used for this purpose are: aluminum sulphate, alum, or sulphate of iron. See page 1141.

This is successfully done with very muddy supplies at New Orleans, Nashville, Richmond, St. Louis and many other river towns.

With reference to the influence of the suspended matter upon health we find some conflict of opinion. Kober states that water containing 50 parts per 100,000 or 30 grains of solid matter per gallon is unfit for drinking purposes, on account of its irritating effects upon the gastrointestinal tract. Apart from this, turbidity appears to have no special sanitary significance.

**Methods for Estimating Turbidity.**—There are three methods by which the degree of turbidity may be determined: (1) the platinum wire method, which consists of determining the depth of water through which a platinum wire of standard diameter may be seen; (2) comparison with waters of standard turbidity, made by adding 1 gram of Pear's "precipitated fuller's earth" sifted through a 200-mesh sieve, to 1 liter of distilled water; this is known as the silica standard; and has a turbidity value of 1,000; (3) the amount of suspended particles in water may be determined in special instruments known as turbidimeters or diaphanometers. These instruments consist of a graduated glass tube with a flat polished bottom, inclosed in a metal case. This is held over an English standard candle, and so arranged that one may look vertically down through the tube and see the image of the candle. The observation is made by pouring the sample water into the tube until the image of the candle just disappears from view. The graduations on the tube correspond to turbidities produced in distilled water by certain numbers of parts per million of the silica standard.

The standard of turbidity adopted by the United States Geological Survey<sup>6</sup> consists of a water which contains 100 parts of silica per million, in such a state of fineness that a bright platinum wire 1 millimeter in diameter can just be seen when the center of the wire is 100 milli-

<sup>6</sup>U. S. Geol. Survey, Div. of Hydrography, *Circular No. 8*, 1902.



meters below the surface of the water and the eye of the observer is 1.2 meters above the wire, the observations being made in the middle of the day in the open air, but not in sunlight, and in a vessel so large that the sides do not shut out the light so as to influence the results. The turbidity of such water is taken as 100, and all turbidity readings, no matter what method is used, should conform with this method.

Where only an occasional analysis is made for general purposes it is sufficient to record the sediment and turbidity as very slight, distinct, or decided.

Turbidity determinations should be made as a routine to help guide the efficient and economic operation of a filter plant; especially where a coagulant is used, to fix the dose.

## REACTION

The alkaline reaction of natural waters ordinarily depends upon the carbonate and bicarbonate of calcium and magnesium. In some waters in the West it also includes the carbonate of sodium and of potassium. The alkalinity of water is determined by titrating 100 c. c. of the sample with  $\frac{N}{50}$  sulphuric acid, using 4 drops of a solution of lacmoid as an indicator. The lacmoid solution consists of 2 grams in one liter of 50 per cent. alcohol. The last cubic centimeter or two of acid must be added while the sample is almost at the boiling temperature, and the end reaction is not read until a drop of acid, striking the surface of the liquid, sinks to the bottom of the dish without producing a change in the uniform reddish or purplish color of the solution. Erythrosin may be used as an indicator when it is desired not to use heat. The number of cubic centimeters of  $\frac{N}{50}$  sulphuric acid used, when multiplied by ten, gives the number of parts per million of alkalinity in terms of calcium carbonate.

Under certain circumstances rain water, water from peat bogs, and water from coal mines, tanneries, etc., have an acid reaction. In mining regions waters are frequently acid from high quantities not only of  $\text{CO}_2$ , but also of sulphuric acid and various sulphates—those of iron and aluminum giving an acid reaction. When these are present, the total acidity is determined by titrating the water in the cold with a  $\frac{N}{50}$  sodium carbonate solution, using 4 drops phenolphthalein as an indicator. The calculation is the same as that for alkalinity.

Mine water is that which is constantly flowing from the coal and surrounding strata. It is collected in ditches at one side of the gangways and tunnels, and is allowed to flow to the lowest point in the mine or to the foot of the shaft, from which it is pumped to the surface.

Large quantities of this and other water are used to wash the coal. This water is acid. The spent tan liquors from tanneries are also acid.

Rain water collected in the vicinity of towns has usually a slight acid reaction and acts upon lead. The free acid in rain water is apparently sulphuric, no doubt derived from the sulphur in the coal burned.

Water from marshes, swamps, and especially from peat bogs may have a markedly acid reaction, especially in dry weather, when the flow will be comparatively small. Heavy storms wash out the water which has long been in contact with the decaying vegetation. The acidity in this case is due to organic acids.

When the collection of an acid water cannot be avoided, arrangements should be made for adding lime or some other suitable alkaline substance capable of completely neutralizing the acid, as without some such arrangement the consumers of the water run the risk of lead poisoning, provided lead service pipes are used. A river water suddenly turning acid in reaction plays havoc with a slow sand filter. This has occurred in the Pittsburgh filter.

### TOTAL SOLIDS

The total solids or residue on evaporation is obtained by evaporating a given quantity of water to dryness, when a grayish-white residue, composed of mineral and some organic matter which has been held by the water in suspension and in solution, will be obtained. The amount of this residue varies with the character of the water, and furnishes an index of the total quantity of foreign impurities, and further furnishes a rough index of the relative quantity of inorganic and organic substances which make up these impurities.

**Method.**—Place 100 c. c. of the water in a clean platinum dish. Evaporate to dryness on a water bath, and finish the evaporation for one hour or to constant weight in an oven at 103° C. to 180° C. The temperature used should be mentioned in the report. Now place the platinum dish in a desiccator over sulphuric acid until cool, and weigh. The increase in weight gives the total solids, or residue on evaporation. This weight in milligrams multiplied by 10 gives parts per million.

The platinum dish containing this residue is now heated to a dull red heat. Allow the dish to cool and moisten the residue with a few drops of distilled water. Dry the residue in an oven, cool in a desiccator and again weigh. The difference in weight is called the "loss on ignition," and the weight of the substances remaining in the platinum dish is known as the "fixed residue." The loss on ignition is an index of the amount of organic matter in the water. A portion of the loss, however, may be due to ammonia or other volatile compounds and un-

stable mineral salts. The fixed residue is an index of the mineral content of the water. With waters low in organic matter, but relatively high in iron, the fixed residue is occasionally used as a matter of convenience for the determination of iron. In water analysis it is usual to note the character of the odor upon ignition of the residue. This may be earthy, or may suggest organic matter of vegetable origin or animal origin. Such determinations have little value in determining the sanitary character of a water.

The amount of total solids in a water depends upon the character of the soil with which the water has been in contact, the length of exposure, and the amount of carbon dioxide in the water to favor the solution of inorganic salts. Some mineral springs contain very large amounts of total solids, derived from deeply situated natural deposits, as, for example, the springs at Saratoga, Carlsbad, Kissingen, etc.

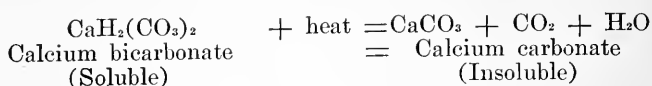
The permissible amount of solids as represented by the residue on evaporation, which consists of the dissolved mineral constituents, cannot be arbitrarily stated, but 500 parts per million are generally held as excessive.

## HARDNESS

Hard water is objectionable because it wastes soap and affects the skin unpleasantly; it is less satisfactory than soft water for cooking and washing; it produces scale in boilers and is objectionable in some industries such as paper mills. The traveler is unpleasantly reminded of the effect of abruptly changing from a soft to a hard water, or vice versa, which results in simple gastro-intestinal disturbances, which are temporary in effect. Hardness in water is more of an economic question than one of sanitary interest, except, perhaps, as the encouragement of the use of soap and cleanliness is of fundamental importance in hygiene and sanitation. Hardness in water is due to the presence of the soluble salts of the alkaline earths—especially calcium and magnesium. These salts form a curd with soap instead of a lather, hence more or less soap must be wasted in decomposing the lime and magnesia compounds before a lather will form. Thus, one grain of calcium carbonate, for example, will use up 8 grains of soap before a lather can be produced; in this way hard water causes an enormous waste of soap. In Europe, hardness is usually expressed in degrees. Each degree corresponds to one grain of carbonate of lime or its equivalent of other lime or magnesium salts in a gallon of water.

The hardness of water is called "temporary" or "permanent," depending upon the solubility of the salts it contains. Temporary hardness is due to calcium or magnesium carbonate held in solution as a bicarbonate by the dissolved  $\text{CO}_2$ . The hardness is "temporary" because the

$\text{CO}_2$  is driven off by boiling, and the soluble bicarbonates are precipitated as insoluble carbonates.<sup>7</sup> The reaction is as follows:



Permanent hardness, on the other hand, is due mainly to sulphates and chlorids of calcium or magnesium. These salts are stable and, therefore, are not precipitated by boiling.

Waters under 4 degrees of hardness may be considered soft, those exceeding 12 degrees hard. Fifty parts per million of calcium sulphate and chlorid of magnesium is usually regarded as excessive. In the lake cities, 100 parts per million is considered satisfactory, yet such a hardness in eastern Atlantic cities would be considered unsatisfactory. Boiler scale is usually due to deposits of sulphates and carbonates of calcium and magnesium.

Rain water is always soft; surface waters vary, but are usually not very hard; ground waters are apt to be hard.

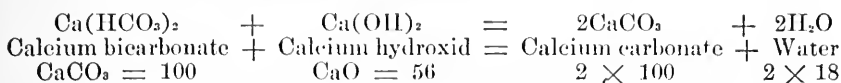
Two conditions must be present to make a ground water hard: first, the material through which the water passes must contain lime or magnesia, and, second, the conditions must be favorable for dissolving it. The latter practically means that  $\text{CO}_2$  must be present.

Waters drawn from limestone regions vary greatly in hardness. Rain water contains but little carbonic acid and, therefore, has little power of dissolving lime. The principal source of the carbonic acid in ground water is from the soil; and comes from the decomposition of organic matter. The hardness of water, therefore, depends more upon the nature of the catchment area than upon the amount of lime in the various materials over which the water flows. Thus, the water supply of Vienna is comparatively soft, notwithstanding that it comes entirely from limestone rocks. The mountainous region which forms the catchment area is barren and sterile, and the water does not get the carbonic acid needed to dissolve the lime. The Winnipeg water drawn from limestone underlying the rich prairies is excessively hard. It is interesting to note that many deep well waters of eastern Massachusetts are comparatively soft, although they contain large amounts of carbonic acid.

**The Clark Method of Softening Water.**—Lime is added to the water either in the form of freshly slaked lime or milk of lime. The calcium hydroxid unites with the carbon dioxid in the water, forming calcium carbonate, which is insoluble, and at the same time precipitates the calcium carbonate held in solution in the water by the  $\text{CO}_2$ . Sodium carbonate is used to reduce the permanent hardness of water due to sulphates.

<sup>7</sup> Calcium carbonate is very slightly soluble in cold water—30 parts per million; magnesium carbonate 880 parts per million.

When bicarbonate of lime or magnesia are precipitated with lime water the following reaction takes place:



(Note: The hardness of water is always expressed in terms of  $\text{CaCO}_3$ , therefore, all calcium and magnesium salts which cause hardness are reduced to terms of  $\text{CaCO}_3$ .)

The amount of lime added is weighed as unslaked lime ( $\text{CaO}$ ), therefore, the molecular weight of slaked lime ( $\text{Ca(OH)}_2$ ) is expressed in terms of  $\text{CaO}$ .)

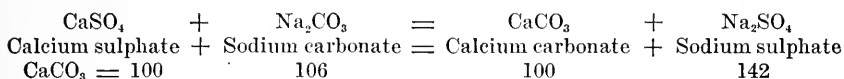
One grain of  $\text{CaO}$  per gallon = 17.1 parts per million.

$17.1 \times \frac{100}{56} = 31$  parts per million as  $\text{CaCO}_3$ .

Or, 100 parts per million  $\text{CaCO}_3$  will require 3.2 grains per gallon.

$\text{CaO} = 455$  pounds per million gallons.

When sulphates and chlorids of lime and magnesia are precipitated with soda ash, the reactions are:



1 grain of  $\text{Na}_2\text{CO}_3$  per gallon = 17.1 parts per million.

$17.1 \times \frac{100}{106} = 16$  parts per million as  $\text{CaCO}_3$ , but present as  $\text{CaSO}_4$ .

Or, 100 parts per million will require 6.4 grains of  $\text{Na}_2\text{CO}_3$  per gallon = 900 pounds per million gallons.

**Softening Water with a Zeolite-Permutit.**—This is an efficient and automatic method useful for softening water for household or other purposes. Zeolites have the property of exchanging the sodium base which they contain for other bases brought into contact with them. They exist naturally in soils, where they play the important rôle of holding potassium and other alkaline bases in the soil and thus preventing their being washed away with the rain water.

For the purpose of water softening, a *synthetic exchange silicate* (Permutit) is now found upon the market. Synthetic exchange silicates are produced commercially by fusing felspar, kaolin, pearl ash and soda. The glass thus produced is crushed and lixiviated to remove the soluble silicates. In passing water through one of these "exchange silicates," the calcium and magnesium are entirely removed from the water, and exchanged for the sodium of the zeolite. The zeolite can be rejuvenated with a 10 per cent. solution of sodium chlorid. The Permutit process is used to soften water in homes, hotels, laundries, textile and other industries, and to prevent boiler scale.

**Methods.**—The hardness of water, both temporary and permanent, is determined by the soap method. By far the most accurate method of determining the true temporary hardness due to the bicarbonate alkalinity

ity is to titrate the original sample of water, and also some of the water after boiling, with  $\frac{N}{50}$  sulphuric acid, using lacmoid or erythrosin as an indicator, as already described under Reaction, page 1059.

The soap method is carried out as follows: Measure 50 c. c. of the water into a 250-c. c. bottle and add the standard soap solution in small quantities at a time (from 0.2 to 0.3 c. c.), shaking the bottle vigorously after each addition until a lather forms over the entire surface of the water, and remains continuous for 5 minutes after the bottle is laid upon its side. The standard soap solution is made by adding 100 grams of dry white Castile soap to 1 liter of 80 per cent. alcohol; this is standardized against a known calcium chlorid solution. From the amount of soap solution added, the quantity of calcium carbonate equivalent to each cubic centimeter of the soap solution is indicated in the following table:

*Table of hardness, showing the parts per million of calcium carbonate ( $\text{CaCO}_3$ ) for each tenth of a cubic centimeter of soap solution when 50 c. c. of the sample are used*

c. c. of Soap Solution	0.0 c. c.	0.1 c. c.	0.2 c. c.	0.3 c. c.	0.4 c. c.	0.5 c. c.	0.6 c. c.	0.7 c. c.	0.8 c. c.	0.9 c. c.
0.0.....	....	....	....	....	....	....	....	0.0	1.6	3.2
1.0.....	4.8	6.3	7.9	9.5	11.1	12.7	14.3	15.6	16.9	18.2
2.0.....	19.5	20.8	22.1	23.4	24.7	26.0	27.3	28.6	29.9	31.2
3.0.....	32.5	33.8	35.1	36.4	37.7	38.0	40.3	41.6	42.9	44.3
4.0.....	45.7	47.1	48.6	50.0	51.4	52.9	54.3	55.7	57.1	58.6
5.0.....	60.0	61.4	62.9	64.3	65.7	67.1	68.6	70.0	71.4	72.9
6.0.....	74.3	75.7	77.1	78.6	80.0	81.4	82.9	84.3	85.7	87.1
7.0.....	88.6	90.0	91.4	78.6	94.3	95.7	97.1	98.6	100.0	101.5

To translate parts per million to degrees of hardness, use the following table:

*Conversion table of hardness*

Parts	Parts per Million	Clark Degrees	French Degrees	German Degrees
Parts per million.....	1.00	0.07	0.10	0.056
Clark degrees.....	14.3	1.00	1.43	0.80
French degrees.....	10.0	0.70	1.00	0.56
German degrees.....	17.9	1.24	1.78	1.00

English degrees of hardness (Clark's scale) represent grains of calcium carbonate per imperial gallon.

French degrees of hardness represent parts per 100,000 of calcium carbonate.

German degrees of hardness represent parts per 100,000 of calcium oxid.

To convert hardness from one scale to another, multiply by the factor opposite the scale in which it is expressed and under the scale to which it is to be converted. Thus, to convert parts per million to Clark degrees, multiply by 0.07.

The stock soap solution is composed of 100 grams of dry white Castile soap in 1 liter of 80 per cent. alcohol. The solution is standardized against a standard calcium chlorid solution. To make the latter dissolve 0.2 gram pure calcium carbonate in dilute hydrochloric acid, evaporating several times to dryness with distilled water to expel free acid. The residue is diluted to 1 liter. In standardizing, 20 c. c. of the calcium chlorid solution is diluted to 50 c. c. with distilled water, and stock soap solution added as described above. The strength of the latter is then adjusted with 70 per cent. alcohol, so that 6.4 c. c. of it will give a permanent lather to 20 c. c. standard calcium chlorid solution under the conditions outlined. One liter of the resulting standard soap solution usually requires from 75 to 100 c. c. of stock soap solution.

In adding the soap solution to waters containing magnesium salts it is necessary to avoid mistaking the false or magnesium end-point for the true one. If the end-point was due to magnesium the lather now disappears. Soap solution must then be added until the true end-point is reached. Usually the false lather persists for less than 5 minutes. Consequently, after the titration is apparently finished, read the burette and add about 0.5 c. c. of soap solution.

At best the soap method is not a precise test on account of the varying proportions of calcium and magnesium present in different waters. For the determination of hardness, especially in connection with processes for purification and softening, it is advisable to use volumetric or gravimetric methods.

## ORGANIC MATTER

It is not possible to determine the amount of organic matter present in a sample of water by any direct method. As all protein matter contains nitrogen, methods have been devised to determine the total amount of nitrogen and also the amount of nitrogen in various combinations. From such data valuable information concerning the sanitary history and sanitary quality of the water may be inferred. The nitrogen is determined as (1) total nitrogen; (2) nitrogen as free ammonia; (3) nitrogen as albuminoid ammonia; (4) nitrogen as nitrites; (5) nitrogen as nitrates.

The organic matter in water is of animal and vegetable origin and exists both in solution and in suspension. Some of it is in the body of living beings; some of it is in their dead bodies; and some of it is in various stages of decomposition until the final stable compounds, such as ammonia and nitrates, are reached. The total amount of organic matter present in a sample of water is represented by the amount

of nitrogen as free ammonia and albuminoid ammonia. The presence of nitrogen as nitrites and nitrates indicates the amount of self-purification which the water has undergone. Their significance will be discussed separately.

**Free Ammonia.**—If there is much “free” ammonia in the water the sample may be Nesslerized directly. If the water contains comparatively little, as is usually the case; the ammonia must first be concentrated by distillation and condensation.

Place 500 c. c. of the sample of water in a metal or glass still connected to a tin or aluminium condenser in such a way that the distillate may be conveniently delivered directly into Nessler tubes. The entire apparatus must first be freed from ammonia by blowing steam through it until the distillate shows no trace of free ammonia. When this has been done the distilling flask is emptied and 500 c. c. of the sample water measured into it. The distillation should be carried on at a rate so that not more than 10 c. c. nor less than 6 c. c. condense per minute; that is, it should take from 5 to 10 minutes to distill 50 c. c., which is the quantity Nessler tubes are ordinarily graduated to contain. Four Nessler tubes of the distillate containing 50 c. c. each are collected from the first portion that comes over; these contain the free ammonia.

If the sample is acid, or if the presence of urea is suspected, about one-half gram of sodium carbonate should be added previous to distillation, otherwise the ammonia will not come off. Sodium carbonate is omitted, when possible, as it tends to increase “bumping.”

The amount of ammonia is determined by adding 2 c. c. of Nessler reagent to each tube and comparing the depth of color with a set of standard tubes prepared with a known quantity of ammonium chlorid solution, plus an equal quantity of Nessler reagent.

*Nessler's reagent* is prepared by dissolving 50 grams of potassium iodid in a minimum quantity of cold water. To this add a saturated solution of mercuric chlorid until a slight permanent precipitate persists. Then add 400 c. c. of 50 per cent. potassium hydroxid solution which has been allowed to clarify by sedimentation before using; dilute to one liter, allow to stand, and decant.<sup>8</sup> The solution should give the required color with ammonia within 5 minutes after addition, and should not precipitate with small amounts of ammonia within 2 hours. The reaction between Nessler's reagent and ammonia is an empiric one. The  $\text{HgI}_2\text{KIKOH}$ , which constitutes the Nessler's reagent in the presence of ammonia, forms a brownish compound which is known as mercurammonium iodid, and has the formula  $\text{NHg}_2\text{IH}_2\text{O}$ .

<sup>8</sup> Another method of making Nessler's reagent will be found in Sutton's “Volumetric Analysis.”



Ammonia-free water may readily be obtained by distilling water containing about 0.2 per cent. dilute sulphuric acid.

*Standard  $\text{NH}_4\text{Cl}$  Solution.*—The standards for comparison consist of ammonium chlorid dissolved in ammonia-free water. Dissolve 3.82 grams of ammonium chlorid in 1 liter of water; dilute 10 c. c. of this to 1 liter with the ammonia-free water. One c. c. will then equal 0.00001 gram of nitrogen as ammonia.

A gram molecule of  $\text{NH}_4\text{Cl}$  weighs 53.5 grams—that is:

$$\text{N } 14 + \text{H } 4 + \text{Cl } 35.5 = 53.5$$

The equation would then be:

$$\begin{aligned} 14 : 53.5 &:: 1 : x \\ x &= 3.82 \end{aligned}$$

That is, if there are 14 grams of nitrogen in 53.5 grams of ammonium chlorid, then 1 gram of nitrogen is contained in 3.82 grams of ammonium chlorid. It is to be noted that, while the method determines the amount of ammonia, the results are expressed in terms of nitrogen. In the same way the nitrites and nitrates are also expressed in terms of nitrogen.

Prepare a series of 16 Nessler tubes, which contain the following number of cubic centimeters of the standard ammonium chlorid solution, namely: 0.0, 0.1, 0.3, 0.5, 0.7, 1.0, 1.4, 1.7, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, and 6.0; dilute each one to the 50 c. c. mark with ammonia-free water. These will contain 0.00001 gram of nitrogen for each cubic centimeter of the standard solution used. Add about 1 c. c. of the Nessler reagent to each tube; do not stir the contents of the tubes.

The color produced in the distillate from the sample under examination is now compared with standards by looking vertically downward through them at a white surface placed at an angle in front of a window so as to reflect the light upward. The tubes should be allowed to stand at least 10 minutes after Nesslerizing before making the comparison.

The last 50 cubic centimeters of the distillate examined should contain no ammonia, or at most a trace, otherwise it may be inferred that all has not been collected, or some error has crept into the work. It is not uncommon for the last tube to contain a little ammonia when the organic matter is of plant origin. Ammonia determinations should be carried out in a special room, where at least volatile ammonia reagents are not exposed. Special care must be exercised not to contaminate the Nessler tubes with soiled fingers, rags, etc. Care must be exercised thoroughly to wash the tubes free from alkaline soaps, and to rinse with ammonia-free water. The Nessler tubes containing the standard

solution and the samples for comparison should be at the same temperature, and other conditions should be as nearly alike as possible.

*Example.*—

The first Nessler tube=2.5 c. c. standard  $\text{NH}_4\text{Cl}$  solution, or 0.000,025 gram N as  $\text{NH}_3$ .

The second Nessler tube=0.7 c. c. standard  $\text{NH}_4\text{Cl}$  solution, or 0.000,007 gram N as  $\text{NH}_3$ .

The third Nessler tube=0.0 c. c. standard  $\text{NH}_4\text{Cl}$  solution, or 0.000,000 gram N as  $\text{NH}_3$ .

Total, 0.000,032 gram N as  $\text{NH}_3$ .

(Note: 1 c. c. of the standard solution contains 0.00001 gram of N as  $\text{NH}_3$ .)

Only 500 c. c. of the sample of water was distilled. We must, therefore, multiply by 2 in order to obtain the amount of N in one liter:

$$0.000,032 \times 2 = 0.000,064 \text{ gram of N as } \text{NH}_3 \text{ per 1,000 c. c.}$$

If 1,000 c. c. contains 0.000,064 gram of N as  $\text{NH}_3$ , 1,000,000 parts will contain 0.064 part of N as  $\text{NH}_3$ —usually expressed as 0.064 part per million.

A simpler method of making the calculation is as follows.

First Nessler tube..... 2.5

Second Nessler tube..... 0.7

Third Nessler tube..... 0.0

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$$3.2 \times 0.02 = 0.064 \text{ part per million.}$$

*Significance of Free Ammonia.*—The free ammonia which comes off with the first part of the distillate usually exists in the water as chlorids or carbonates. It is called “free ammonia” because these salts are readily decomposed and the ammonia is expelled by boiling.

Rain water washes down some free ammonia which is found in the atmosphere. Angus Smith and Boussingault place the average amount of ammonia in the rain of temperate climates as 0.5 part per million.

The amount of ammonia in rain water was studied by Filhol. He found that in the city of Toulouse the rain water contained 6.60 parts per million, while the rain water collected near the city contained only from 0.44 to 0.77 part per million. These figures show the marked difference between city and country rain.

In a surface or ground water free ammonia represents one of the latter stages of putrefaction of organic matter; thus, the bacterial decomposition of sewage yields ammonia in abundance.

The ammonia itself ordinarily found in drinking water is harmless; its significance lies in the fact that it indicates the presence of putrefying organic matter.

The presence of free ammonia in clean and properly stored rain water has much less significance than in a surface or ground water.

Free ammonia in water results not only from the decomposition of nitrogenous organic matter, but is also formed during the process of denitrification, by which nitrates are again reduced to nitrites and nitrites to ammonia. This action only takes place near the surface of the soil, and to a limited extent. Deep well waters of exceptional purity upon chemical analysis and practically sterile upon bacteriological examination, may contain a relatively high percentage of free ammonia. This is supposed to come from a chemical reduction under high pressure and perhaps temperature of the geological nitrogenous matter in coal and alluvial deposits.

A definite permissible limit for the amount of free ammonia which good water should contain cannot be fixed. Its significance must be judged from the other constituents of the water and a sanitary survey of its source. As a rule, safe water may contain from 0.015 to 0.03 or even 0.055 part per million. In general, free ammonia is less of a danger signal than the fixed or albuminoid ammonia.

**Albuminoid Ammonia.**—Nitrogen as albuminoid ammonia is always determined in conjunction with and as a continuation of the method for determining nitrogen as free ammonia. After obtaining 200 c. c. (that is, 4 Nessler tubes of 50 c. c. each) from the first portion of the distillate, for the purpose of determining nitrogen as free ammonia, withdraw the flame, disconnect the flask and add 40 c. c. or more of hot alkaline potassium permanganate, and continue the distillation until at least 4 portions of 50 c. c. each, or, preferably, 5 portions, of the distillate have been collected in separate Nessler tubes.

The calculation is as follows:

First Nessler tube.....	1.7
Second Nessler tube.....	0.8
Third Nessler tube.....	0.5
Fourth Nessler tube.....	0.3
Fifth Nessler tube.....	0.3

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$$3.6 \times 0.02 = 0.072 \text{ part per million.}$$

The alkaline potassium permanganate solution is made by pouring 1,200 c. c. of distilled water into a porcelain dish holding 2,500 c. c.; boil 10 minutes and turn off the gas. Add 16 grams of C. P. potassium permanganate and stir until dissolved. Then add 800 c. c. of 50 per cent. clarified solution of potassium or sodium hydrate and enough distilled water to fill the dish. Boil down to 2,000 c. c. Test each batch of this solution for albuminoid ammonia by making a blank determination. Correction should be made accordingly.

After the readily decomposed ammonia salts have been broken up and the ammonia driven off in the steam which condenses to form the first 200 c. c., the remainder of the sample of water in the still contains nitrogenous organic matter that requires a strong oxidizing agent to disintegrate it. This is accomplished by the alkaline potassium permanganate. The nitrogen in the complex protein molecule finally forms ammonia, and hence this is called albuminoid ammonia; the amount of it is determined by Nesslerization, precisely as for free ammonia. In ground waters and surface waters containing but little pollution the nitrogen as albuminoid ammonia usually approximates about one-half of the total organic nitrogen. In sewage and other liquids containing considerable nitrogenous organic matter the percentage of ammonia forming organic matter is variable. For this reason the amount of albuminoid ammonia obtained by the alkaline permanganate method is less valuable than the total organic nitrogen determined by the Kjeldahl method.

If it is desired to determine how much of the organic matter is in solution and how much in suspension, the sample of water should be passed through a Berkefeld filter. The albuminoid ammonia in the filtrate represents the dissolved organic matter, and the difference between the albuminoid ammonia in the total sample and the filtered sample gives the suspended nitrogen as albuminoid ammonia.

The albuminoid ammonia is a fairly correct index of the amount of organic pollution in the water. It comes from minute organisms, both living and dead, that are in the sample, also from particles of animal and vegetable matter in suspension, and finally from the nitrogenous substances in solution and in various stages of decomposition. The organic matter in itself is not dangerous to health, but is undesirable because it putrefies and thus gives a water disagreeable tastes and odors; further, it offers food for bacterial growth. The amount of albuminoid ammonia is therefore an index of pollution, but if of vegetable origin it has much less sanitary significance than if of animal origin. Organic matter of animal origin yields a much larger amount of albuminoid ammonia than a similar amount of vegetable matter. Whether the organic matter comes from sewage, from a dead carcass, or from the swamps, cannot be stated with certainty from this test, but if the albuminoid ammonia comes over quickly, that is, if most of it appears in the first Nessler tube, it is presumably of animal origin; whereas, if the ammonia comes over more slowly and the second and third Nessler tubes contain appreciable amounts, the organic matter is presumably of vegetable origin.

No arbitrary standard can be set as to the maximum amount of albuminoid ammonia a good water may contain. Waters considered

"pure" often contain as much as 0.079 to 0.34 part of nitrogen as albuminoid ammonia per million.

**Nitrites.**—Nitrites in water are regarded as a special danger signal. The reason for this is that nitrites indicate that active putrefaction of nitrogenous organic matter is going on as the result of bacterial activity. The presence of nitrites, therefore, at once suggests organic pollution. The presence of nitrites in water represents the transitional stage in the oxidation of organic matter between ammonia and nitrates, and therefore indicates incomplete oxidation of the protein and the active growth of bacteria.

Nitrites are never present except in small amounts, for they are soon oxidized to the higher and more stable nitrates, but a minute amount, according to some authorities, is sufficient to condemn a water. As a rule, pure water contains no nitrites, or traces only; on the other hand, nitrites may be absent from an impure water, owing to the fact that the oxidation has not reached this stage, or perhaps has entirely passed it. The absence of nitrites, therefore, does not mean that the water is necessarily safe, while their presence in any but the smallest measurable amounts shows pollution. We must not give to the nitrites an exaggerated importance: they are a danger signal in the same sense that the colon bacillus is a danger signal, indicating pollution but not necessarily infection, for they do not tell the source or nature of the organic matter. The presence of nitrites in spring and deep well water may be without sanitary significance, for in these cases they may be generated by the deoxidation of the nitrates which is brought about either by the action of reducing substances, such as ferrous oxid, or by organic matter. It should be remembered that the colorimetric test for nitrites with sulphanilic acid and  $\alpha$ -amidonaphthylamin is one of the most delicate tests in chemistry. With this method we are able to detect quantities as small as one part in a hundred million. When, therefore, a water analyst reports a trace of nitrites it means an exceedingly minute quantity.

Nitrites are not only formed by the nitrifying bacteria in the soil from ammonia, but are also formed from the denitrification of nitrates by a variety of microorganisms. The typhoid bacillus, the colon bacillus, and many other bacteria have the power of producing nitrites in culture media.

Nitrites are poisonous, but the minute amounts found in water can scarcely have a pharmacological effect.

**Method for Estimating Nitrogen as Nitrites**—*Reagents:* (1) *Sulphanilic acid solution.* Dissolve eight grams of the purest sulphanilic acid in 1,000 c. c. of 5 N. acetic acid (sp. gr. 1.041). This is practically a saturated solution.

(2) *Naphthylamin acetate or chlorid solution.* Dissolve 5.0 grams

solid  $\alpha$ -naphthylamin in 1,000 c. c. of 5 N. acetic acid; filter the solution through washed absorbent cotton, or an alundum filter.

(3) *Sodium nitrite, stock solution.* Dissolve 1.1 grams silver nitrite in nitrite-free water; precipitate the silver with sodium chlorid solution and dilute the whole to one liter.

(4) *Standard sodium nitrite solution.* Dilute 100 c. c. of solution (3) to one liter; then dilute 5 c. c. of this solution to one liter with sterilized nitrite-free water; add one c. c. of chloroform and preserve in a sterilized bottle. One c. c. = 0.0005 mg. nitrogen.

*Procedure.*—Measure out 50 c. c. of the decolorized sample (decolorized by adding aluminium hydrate free of nitrite—see under Chlorin), or a smaller portion diluted to 50 c. c., into a Nessler tube. At the same time make a set of standards by diluting various volumes of the standard nitrite solution in Nessler tubes to 50 c. c. with nitrite-free water, for example, 0.0, 0.1, 0.2, 0.4, 0.7, 1.0, 1.4, 1.7, 2.0, and 2.5 c. c. Add 1 c. c. each of reagents Nos. 1 and 2 (above) to each 100 c. c. of the sample and to each standard. Mix; allow to stand 10 minutes. Compare the samples with the standards. Do not allow the samples to stand over one-half hour before being compared, on account of absorption of nitrites from the air. Make a blank determination in all cases to correct for the presence of nitrites in the air, the water and other reagents. Dilute all samples which develop more color than the 2.5 c. c. standard before comparing. Mixing is important.

When 50 c. c. of the sample are used, then 0.01 times the number of c. c. of the standard gives the parts per million of nitrogen as nitrite.

*Calculation.*—One c. c. of the standard equals 0.0005 mg. N. as nitrites. 50 c. c. of the sample is used and is found to equal 0.5 c. c. of the standard.

Then 50 c. c. sample contains 0.00025 mg. N. as nitrites and one liter will contain  $20 \times 0.00025$  or 0.005 mg. of N. or 0.005 part per million.

When 50 c. c. of the sample is used  $20 \times 0.0005 \times$  the number c. c. of the standard will give the number mg. N. per liter or parts per million. This can be shortened to  $0.01 \times$  the number c. c. standard used equal parts per million of N. as nitrites.

**Nitrates.**—Nitrates are the end products of the mineralization of organic matter. Their presence, therefore, signifies past or distant pollution. While the absence of nitrates does not necessarily mean purity, their presence, on the other hand, does not necessarily indicate immediate danger. If a water contains an appreciable quantity of nitrates and no nitrites, it shows that the source of pollution has been distant and that the organic matter has been completely oxidized. In waters considered pure the nitrates are rarely less than 0.3 part, or they may run as high as 1.6 parts, per million. Polluted waters usually

contain very much more, as 17 to 20, or more parts per million. Nitrates usually exist in water as salts of alkaline bases.

Young<sup>a</sup> has shown that the ground waters of Kansas sometimes contain large amounts of nitrates—as much as 500 parts per million. The medicinal dose of potassium nitrate is 0.3 gram. Less than a liter of water would therefore contain sufficient nitrates to produce therapeutic effects such as irritation of the mucous membrane of the stomach, resulting in gastritis, and also diuresis, with irritation of the mucous membrane of the bladder.

The test for nitrates depends upon the fact that they react with phenoldisulphonic acid to form a compound resembling picric acid, which is yellow in the presence of an alkali. The amount of nitrates is determined colorimetrically by comparison with standard solutions.

**Phenoldisulphonic Acid Method.**—*Reagents:* (1) *Phenoldisulphonic acid.* Dissolve 25 grams of pure white phenol in 150 c. c. of pure concentrated sulphuric acid. Add 75 c. c. of fuming sulphuric acid (15 per cent.  $\text{SO}_3$ ), stir well, and heat for 2 hours at about  $100^\circ \text{C}$ .

(2) *Potassium hydroxid solution.* Prepare an approximately 12 N. solution, 10 c. c. of which will neutralize about 4 c. c. of the phenoldisulphonic acid.

(3) *Standard nitrate solution.* Dissolve 0.72 gram of pure recrystallized potassium nitrate in 1 liter of distilled water. Evaporate cautiously to dryness 10 c. c. of the solution on the water bath. Moisten residue quickly and thoroughly with 2 c. c. of phenoldisulphonic acid and dilute to 1 liter. This is the standard solution, 1 c. c. of which equals 0.001 mg. of nitrate nitrogen.

(4) *Standard silver sulphate solution.* Dissolve 4.4 grams of silver sulphate free from nitrate in 1 liter of water. One c. c. of this solution is equal to 1 mg. of chlorid.

*Procedure.*—The alkalinity, chlorid and nitrite content, and color of the sample must first be determined. If the sample is highly colored decolorize it with freshly precipitated aluminium hydroxid. Measure into an evaporating dish 100 c. c. of the sample, or if nitrate is very high such volume as will contain about 0.01 mg. of nitrate nitrogen. Add sufficient  $\frac{\text{N}}{50}$  sulphuric acid nearly to neutralize the alkalinity. Then add sufficient standard silver sulphate to precipitate all but about 0.1 mg. of chlorid. The removal of chlorid may be omitted if the sample contains less than 30 parts per million of chlorid. Heat the mixture to boiling, add a little aluminium hydroxid, stir, filter, and wash with small amounts of hot water. Evaporate the filtrate to dryness, and add 2 c. c. of the phenoldisulphonic acid, rubbing with a glass rod to insure intimate contact. If the residue becomes packed or appears vitreous because of the presence of much iron, heat the dish on the water bath for

<sup>a</sup>Young, C. C.: *Jour. A. M. A.*, June 24, 1911, LVI, p. 1881.

a few minutes. Dilute the mixture with distilled water, and add slowly a strong solution of potassium hydroxid or ammonium hydroxid until the maximum color is developed. Transfer the solution to a Nessler tube, filtering if necessary. If nitrate is present a yellow color will be formed. Compare the color with that of standards made by adding 2 c. c. of strong potassium hydroxid or ammonium hydroxid to various amounts of standard nitrate solution and diluting them to 50 c. c. in Nessler tubes. The following amounts of standard nitrate solution are suggested: 0, 0.5, 1.0, 1.5, 2.0, 4.0, 6.0, 8.0, 10.0, 15.0, 20.0, and 40.0 c. c. These standards may be kept several weeks without deterioration. If 100 c. c. of water is used the number of cubic centimeters of the standard multiplied by 0.01 is equal to parts per million of nitrate nitrogen.

Standards that will remain permanent for several years if stored in the dark may be prepared from tripotassium nitrophenoldisulphonate.

If nitrate nitrogen is present in excess of 1 part per million it should be oxidized by heating the samples a few minutes with a few drops of hydrogen peroxid, free from nitrate, repeatedly added, or by adding dilute potassium permanganate in the cold until a faint pink coloration appears; the nitrogen equivalent of the nitrite thus oxidized to nitrate is then subtracted from the final nitrate nitrogen reading.

## CHLORIDS

Chlorin as sodium chlorid or common salt is a normal constituent of all waters. Traces of it taken up from the air are found in rain water, especially near the seacoast. The rain water collected at Troy, New York, was found by Mason to average 1.64 parts per million of chlorin. The amounts varied from 0.75 part per million in April to 3 parts per million in October. The chlorid in surface and ground waters, generally speaking, comes from the mineral deposits in the earth; from the ocean vapors and spray carried inland by the wind; also from polluting materials like sewage and trade wastes, both of which are apt to contain the common salt used in the household and in manufacturing. A comparison of the chlorin content of a water with that of other waters in the general vicinity known to be unpolluted frequently affords useful information as to its sanitary quality.

Before the water analyst is able properly to interpret the significance of the chlorin content of a water it is necessary to know the normal amount of chlorin present in the waters of that locality. Thus, surface waters near Provincetown, on Cape Cod, contain from 23 to 24 parts of chlorin per million, while surface waters near Boston contain from 3 to 6 parts per million. Near the middle of the state of Massachusetts



(Worcester) the surface waters contain only 1.2 to 1.9 parts per million, while in the western portion of the state, farthest from the sea, the surface waters contain but 0.7 to 0.9 part per million. The amount of normal chlorid in the waters of Massachusetts has been carefully studied by the State Board of Health, and a map has been issued showing the isochlors, or normal chlorin lines.

In Massachusetts the whole of the surface of the country, with the exception of a very small portion, is non-calcareous, and the surface waters carry but little chlorin in composition, if unpolluted, the amount of chlorin decreasing continuously from the coast inland. In a report on the State water supplies, 1887-1890, the Commissioners state that "in a general way 4 families or 20 persons per square mile will add, on an average, 0.01 of a part per 100,000 of chlorid (0.1 part per million) to the water flowing from this area, and that a much smaller population will have the same effect during seasons of low flow."

The amount of chlorid in a water of a district varies with several factors, such as the distance from the sea, the amount of rainfall, the amount of evaporation, and the direction of the winds. An increase over the normal is an indication of pollution, and comes mostly from urine. While the ammonia and the nitrites may have disappeared and the nitrates may have been largely taken up by growing vegetation, the chlorid salts, which are exceedingly stable, will be left to indicate remote or passed pollution.

The mixture of even a small proportion of sea-water renders the water hard and salty and undesirable for domestic use. Magnesium chlorid also renders a water unsuitable for use in boilers. Wells driven near the sea frequently become mixed with sea-water, particularly if sufficient water is withdrawn to cause suction. When this happens the sea-water passes back under the wells as an undercurrent and gradually mixes with the fresh water above it and sooner or later appears in the well. When this happens it may be a slow and hard process to operate the well so as to avoid drawing sea-water. In wells near the sea it is important to draw no more fresh water than would otherwise flow to the ocean. This is often a difficult problem to arrange so as to get the maximum quantity of water obtainable. This sea-water question has been more thoroughly and scientifically studied in Holland than elsewhere.

**Determination of Chlorid—Reagents:** (1) *Standard salt solution.* Dissolve 16.48 grams of fused sodium chlorid in one liter of distilled water. Dilute 100 c. c. of this stock solution to one liter in order to obtain a standard solution, each c. c. of which contains 0.001 gram of chlorid.

(2) *Silver nitrate solution.* Dissolve about 2.40 grams of silver nitrate crystals in one liter of distilled water. One c. c. of this will

approximately equal 0.0005 gram of chlorid. Standardize this against the standard salt solution.

(3) *Potassium chromate*. Dissolve 50 grams of neutral potassium chromate in a little distilled water. Add enough silver nitrate to produce a slight red precipitate. Filter and make up the filtrate to one liter with distilled water.

(4) *Aluminium hydroxid*. This is used only to clarify the water in case of high color. Dissolve 125 grams of potash or ammonium alum in one liter of distilled water. Precipitate the aluminium hydrate by cautiously adding ammonium hydroxid. Wash the precipitate in a large jar by the successive addition of distilled water and by decantation until free from chlorid, nitrite, and ammonia.

*Procedure*.—For this determination where the chlorid content is not extremely low or very high, titrate 50 c. c. of the sample in a white six-inch porcelain evaporating dish with the standard silver nitrate solution. If the chlorid is very high in amount, use 25 c. c., or even a smaller quantity if desired, diluting the volume taken with distilled water to 50 c. c. When the sample is very low in its chlorid content, more accurate results may be obtained by using 50 c. c. of the sample and adding, prior to titration, 1 c. c. of standard salt solution.

Measure out 50 c. c. of the sample into the evaporating dish. Into another, measure 50 c. c. of distilled water. Add to each, 1 c. c. of the potassium chromate indicator. To the sample add carefully from the buret, standard  $\text{AgNO}_3$  until the red of the silver chromate persists, using the distilled water for comparison of colors. Record number of c. c. of the standard  $\text{AgNO}_3$  solution used.

*Calculation*.—One c. c. of the silver nitrate solution equals 0.0005 gm. of chlorid.

Assuming that 50 c. c. of the sample requires 5 c. c. of the standard, then 50 c. c. of the sample contains  $0.0005 \times 5 = 0.0025$  gm. of Cl. or 2.5 mg. of Cl.

1,000 c. c. then would contain  $2.5 \times 20$  or 50 mg. Cl.; or 50 parts per million.

In short, when the standard silver solution equals just 0.0005 gm. Cl., the number of c. c. used in titrating multiplied by 10 will give the parts per million.

## CHLORIN

In waters that have been treated with calcium hypochlorite or liquid chlorin, it is frequently advisable to ascertain the presence or absence of chlorin. As the reagents which have been proposed for its detection are not specific for chlorin but give similar or identical reactions with oxidizing agents or reducible substances care must be exercised in

interpreting the results of such tests: nitrites and ferric salts are of common occurrence, and chlorates also may lead to misinterpretation in waters treated with calcium hypochlorite.

*Reagents:* (1) *Tolidin solution.* One gram of o-tolidin, purified by being recrystallized from alcohol, is dissolved in 1 liter of 10 per cent. hydrochloric acid.

(2) *Copper sulphate solution.* Dissolve 1.5 grams of copper sulphate and 1 c. c. of concentrated sulphuric acid in distilled water and dilute the solution to 100 c. c.

(3) *Potassium bichromate solution.* Dissolve 0.025 gram of potassium bichromate and 0.1 c. c. of concentrated sulphuric acid in distilled water and dilute the solution to 100 c. c.

*Procedure.*—Mix 1 c. c. of the tolidin reagent with 100 c. c. of the sample in a Nessler tube and allow the solution to stand at least 5 minutes. Small amounts of free chlorine give a yellow and larger amounts an orange color.

For quantitative determination compare the color with that of standards in similar tubes prepared from the solutions of copper sulphate and potassium bichromate. The amounts of solution for various standards are indicated in the following table:

PREPARATION OF PERMANENT STANDARDS FOR CONTENT OF CHLORIN

Chlorin	Solution of Copper Sulphate	Solution of Potassium Bichromate
<i>Parts per Million</i>	<i>c. c.</i>	<i>c. c.</i>
0.01	0.0	0.8
.02	.0	2.1
.03	.0	3.2
.04	.0	4.3
.05	.4	5.5
.06	.8	6.6
.07	1.2	7.5
.08	1.5	8.7
.09	1.7	9.0
.10	1.8	10.0
.20	1.9	20.0
.30	1.9	30.0
.40	2.0	38.0
.50	2.0	45.0

## OXYGEN

**Oxygen Consumed.**—The oxygen consumed means the oxygen which the organic compounds in water consume when treated in an acid solution with potassium permanganate. The expression is synonymous with “oxygen required” or “oxygen absorbed.” Oxygen consumed is, therefore, an index of the amount of putrescible organic matter present and should carefully be distinguished from the expression “dissolved oxy-

gen," which refers simply to the amount of oxygen held in solution by the water.

It is the carbon and not the nitrogen in organic matter which is oxidized by potassium permanganate in an acid solution; hence this determination is frequently referred to as an indication of the carbonaceous organic matter present. The method indicates only a certain portion of the carbon, and this ratio varies in different samples of water. Further, it does not differentiate the carbon present in unstable organic matter from that in what might be called fairly stable organic matter, such as is sometimes referred to as "residual humus." The presence of nitrites, ferrous iron, sulphids, or other unoxidized mineral compounds causes oxygen to be taken up and hence increases the amount of oxygen consumed by this method. In case such substances are present, a correction should be made when studying carbonaceous organic matter.

**Determination of Oxygen Consumed**—*Reagents:* (1) *Dilute sulphuric acid.* One part of sulphuric acid to three parts of distilled water. This shall be freed from oxidizable matters by adding potassium permanganate until a faint pink color persists after standing several hours.

(2) *Standard ammonium oxalate.* Dissolve 0.888 gram of the pure salt in 1 liter of distilled water. One c. c. is equivalent to 0.1 mg. of oxygen. An equivalent quantity of oxalic acid or sodium oxalate may be used.

(3) *Standard potassium permanganate.* Dissolve 0.4 gram of the crystallized salt in 1 liter of distilled water. Add 10 c. c. of the dilute sulphuric acid and 10 c. c. of this solution of potassium permanganate to 100 c. c. of distilled water, and digest 30 minutes. Add 10 c. c. of the ammonium oxalate solution, and then add potassium permanganate till a pink coloration appears. This destroys the oxygen-consuming capacity of the water used. Now add another 10 c. c. of ammonium oxalate solution and titrate with potassium permanganate. Adjust the potassium permanganate solution so that 1 c. c. is equivalent to 1 c. c. of ammonium oxalate solution or 0.1 mg. of available oxygen. Measure into a flask 100 c. c. of the water, or a smaller diluted portion if the water is of high organic content. Add 10 c. c. of sulphuric acid solution and 10 c. c. of potassium permanganate solution, and allow the treated sample of water to digest exactly 30 minutes at boiling temperature in a water bath of boiling water, the level of which is kept above that of the contents of the flask. Thirty minutes is an arbitrary time.

Precisely at the end of the period of digestion remove the flask and add 10 c. c. of the ammonium oxalate solution. Titrate with the permanganate solution until a faint but distinct color is obtained.

If 100 c. c. of water is used, the number of c. c. of potassium permanganate solution in excess of the number of c. c. of ammonium oxalate solution is equal to parts per million of oxygen consumed.

Should the volume of permanganate solution be insufficient for complete oxidation, repeat the analysis, using a larger volume, so that at least 5 c. c. of the permanganate solution will be present in excess when the ammonium oxalate solution is added.

When unoxidized mineral substances, such as ferrous sulphate, sulphids, nitrites, etc., are present in the sample, corrections should be applied as accurately as possible by procedures suitable for the samples being analyzed. Direct titration of the acidified sample in the cold, using a three-minute period of digestion, serves this purpose quite well for polluted surface waters and fairly well for purified sewage effluents. Raw sewages containing no trade wastes seldom need such a correction, but when raw sewages contain "pickling liquors" it is important. In all samples containing both unoxidized mineral compounds and gaseous organic substances the latter should be driven off by heat and the sample allowed to cool before applying this test for the correction factor. Where such corrections are necessary the fact should be stated, with the amount of correction.

This is one of the oldest methods for determining organic matter and has been in very wide use for more than half a century. It was introduced as soon as the fact was recognized that the loss on ignition of the residue upon evaporation may indicate certain volatile mineral matters, as well as organic matter. To-day the method of determination of oxygen consumed is ordinarily not included in a water analysis for the reason that the results vary widely, depending on the procedure as to certain details of the method, and from the further fact that the determinations of the organic matter in water may be more conveniently and satisfactorily estimated from the free and albuminoid ammonia.

**Dissolved Oxygen.**—Dissolved oxygen is another expression for the degree of aëration or oxygenation of water. It varies from zero to saturation or slight supersaturation. The amount of oxygen in solution is fairly constant in waters of uniform composition freely exposed to the air. Water containing sewage and other oxidizable matters uses up the dissolved oxygen. In badly polluted streams so much of the dissolved oxygen may be lost in this way that fish cannot breathe. They die from suffocation rather than from the toxic effects of the sewage; fish must have at least 2.5 parts of oxygen per million. Water may contain practically no oxygen at depth of 40 or 50 feet, but deep soundings show that aëration probably exists to greater depths, for fish and aërobic organisms live at the bottom of the sea. In this case the oxygen may possibly be obtained from sources other than the dissolved oxygen from the air.

Dissolved oxygen makes water sparkling and palatable and also helps to consume the organic matter. Its absence permits the growth of anaërobic organisms that cause putrefaction and impart putrid tastes and odors to the water. Pasteur's original conception of fermentation was decomposition in the absence of oxygen.

The amount of oxygen found in the water of a running stream taken at different points may furnish valuable information as to the rapidity with which the process of self-purification is taking place from a chemical standpoint.

The amount of oxygen dissolved in a water may be measured by three methods, viz., that of Winkler, Thresh, or Levy. The method of Winkler is generally used in this country and possesses the advantage of requiring only simple and not readily breakable apparatus. It is therefore recommended as the standard method.

**Sample.**—To determine the amount of dissolved oxygen it is necessary to collect the sample with extreme care in order to avoid the entrainment of any oxygen from the atmosphere. The sample bottles should be glass-stoppered, with a narrow neck, holding at least 250 c. c. The exact capacity of the bottle must be determined. The bottle should be filled through a glass or rubber tube which reaches to the bottom of the bottle, and the water allowed to overflow for several minutes, after which the glass stopper is carefully replaced, so that no bubble of air is caught beneath it.

## IRON

Iron in water influences its quality from the standpoint of desirability rather than from the standpoint of health. After hardness there is no question of greater practical importance in considering the quality of a water. All natural waters contain a certain amount of iron, and ground waters are apt to contain it in objectionable amounts. No water can be considered entirely satisfactory that contains more than about 1 part of total iron per million parts of water. Appreciable amounts of iron render water unsuitable for domestic and technical purposes; it stains clothes in the laundry, but has little sanitary significance, for when present in large amounts, its undesirable taste would preclude its use.

When iron is present in water it supports a fungus (*Crenothrix kuehniana*), an organism which may grow in the pipes in sufficient amount to obstruct the flow of water or even completely choke the pipe. It is chiefly troublesome in ground waters containing organic matter and iron. This was the cause of the complete obstruction of the water pipes in the New York Custom House in 1907. The same sometimes occurs in the pipes of driven wells.

Iron is very widely distributed and exists in practically all sands, gravels, soils, and rocks with which water comes in contact. The solution of the iron is brought about by the organic matter. The iron exists in the soil as ferric compounds. These are reduced by the organic matter to ferrous salts, which are soluble in water containing carbonic acid. Trouble from iron is always to be expected when there is an excess of organic matter in the material through which the water passes. In a well-drained, porous soil the oxygen from the air circulates in the pores of the soil and furnishes what is required for the oxidation of the organic matter. Iron is not dissolved under these conditions, even in the presence of large amounts of organic matter, but if the air supply is cut off, as for instance in case the pores of the soil are filled with water, the solution of iron is sure to take place. The iron is dissolved in the form of ferrous salts, usually ferrous carbonate. When ground waters containing iron are first drawn they look clear, but the ferrous salts in solution are soon oxidized on contact with the air to insoluble ferric salts, which are precipitated as red oxids.

**Iron Pipes.**—Nearly all waters attack iron pipes, corroding them and forming tubercles on the inner surface. This is objectionable, because it reduces the carrying capacity of the pipe and also influences the quality of the water.

Tubercles are formed as follows: The organic matter in the water settles in the pipe and attacks the iron through a blow hole or other minute opening in the coating. The organic matter decomposes, forming carbon dioxid, which acts upon the iron, causing some of it to go into solution as ferrous carbonate. The soluble ferrous carbonate for the most part passes on in the flowing water, but some of it becomes oxidized by the oxygen in the flowing water and is precipitated as the insoluble ferric carbonate and remains at the surface of the deposit. The iron precipitated in this way acts as a coagulant upon the organic matter in the flowing water at the point where the iron is precipitated. It thus attracts the organic matter from the flowing water and binds it to that previously deposited into a firm, compact, but porous mass, and this mass is the beginning of a tubercle. The process is continuous, though slow. Many years may elapse before the tubercle reaches the height of an inch. Tuberculation starts more freely and progresses more rapidly in waters from rivers or reservoirs containing suspended organic matter. It is less troublesome with filtered waters, and with lake waters relatively free from such suspended matter. Tuberculation may be prevented by improving the quality of the water or by thoroughly coating the inside of the pipes with asphaltum or tar. Cement-lined pipes are not subject to tuberculation, but have defects in other particulars. When the process has advanced far it may be corrected by pipe scrapers. They consist of appliances driven by the water pressure

through the pipes, with arrangements to scrape off the tubercles. This temporarily restores the original carrying capacity of the pipe, but the process must be repeated at intervals. It has the disadvantage of also scraping off a large part of the tar coating and leaving the iron of the pipe exposed to the action of water to a much greater extent. (Hazen.)

Water that passes through the water-backs of the kitchen stove to the hot-water tank is particularly likely to collect iron, which accumulates at the bottom of the hot-water tank. This deposit may accumulate for days and even weeks until some unusual draught of water or other disturbance occurs—perhaps on washing day—causing a stirring up of the iron precipitate. When this happens it is very objectionable.

The household filter is the most convenient and satisfactory means of removing iron deposits from water that is otherwise good. The removal of iron from a city's water supply is a distinct process rarely combined with purification. In most cases iron may be removed by thoroughly aerating the water in order to drive off the excess of  $\text{CO}_2$  and in order to introduce oxygen necessary to oxidize the iron from the soluble ferrous state, in which it exists, to the insoluble ferric state. The precipitated ferric salts can then be removed by sedimentation or, better, by filtration.

## LEAD

**Tests.**—The presence of lead may be discovered by chemical tests or surmised from the symptoms of lead poisoning among those who use the water. In the amounts present it does not affect either the appearance or taste of the water.

It is possible to determine the presence of lead in clear water and roughly estimate its amounts by acidifying with acetic acid, saturating with hydrogen sulphid and comparing the brown tint produced with that produced by standard lead solutions contained in Nessler tubes similar to those for containing the sample under examination. This method is not applicable if the water is colored or contains iron—in this case special analytical procedures are necessary.

The sample of water used for testing lead should be the first portion (a pint or less) drawn after standing at least one hour in the pipes.

No water should be used for drinking purposes containing even a trace of lead, for, however minute it is, its presence in the water indicates danger. Very often the sample examined will not represent the daily maximum. See Lead Poisoning, page 1155.



**EXPRESSION OF CHEMICAL RESULTS**

Formerly results were expressed in grains per gallon. After the introduction of the metric system results were expressed in parts per 100,000, but now results are commonly expressed in parts per million. The latter method has the advantage that 1 milligram is 0.000,001 liter, and, therefore, 1 milligram in 1,000 c. c. = 1 part per million. A liter or a fraction thereof of the water to be analyzed is used, which greatly simplifies the calculations.

Of course, the assumption is made that a liter of water weighs a kilogram. This is sufficiently accurate for potable waters, but introduces an error where mineral waters are dealt with whose specific gravities are appreciably higher than unity. In such cases the water may be actually weighed, or else the weight may be estimated from the known specific gravity and volume.

The results expressed in parts per 100,000 or in grains per gallon may be transformed to parts per million, or, conversely, by the use of the following table:

	Grains per U. S. Gal- lon	Grains per Imperial Gallon	Parts per 100,000	Parts per 1,000,000
1 grain per U. S. gallon.....	1.000	1.20	1.71	17.1
1 grain per Imperial gallon..	0.835	1.00	1.43	14.3
1 part per 100,000.....	0.585	0.70	1.00	10.0
1 part per 1,000,000.....	0.058	0.07	0.10	1.0

## CHAPTER III

### MICROSCOPICAL EXAMINATION OF WATER

The chief object of the microscopic examination of water is the determination of the presence or absence of those microörganisms which produce objectionable tastes and odors. In certain cases the determination is also of value as an index of pollution or as a guide to the identity of the water. The microscopical organisms comprise the Diatomaceae, Chlorophyceae, Cyanophyceae, Fungi, Protozoa, Rotifera, Crustaceae and other organisms minute in size, but not including the bacteria. Fragments of organic matter, broken-down organisms, zoöglea, etc., should be termed amorphous matter. Clay, silt, oxid of iron, and mineral matter in general are not included under amorphous matter and are not measured by microscopic examination.

The term "microörganisms" as used by the water analyst includes all organisms, whether plant or animal, that are invisible or barely visible to the naked eye, other than bacteria. The bacteria are set apart, inasmuch as their significance and the method of studying them are different from all other microscopic organisms. As Whipple aptly phrases it, "Bacteria make a water unsafe, microörganisms make it unsavory."

The sanitary quality of water cannot be definitely shown from a microscopical examination. Surface waters are usually rich in microscopic life, while ground waters are comparatively free. However, as soon as ground waters stand in pipes or are exposed to the light, microscopic organisms develop.

"Plankton" is the general name given to the microscopic aggregation which is investigated in any given sample of water. The term as used embraces plants and animals that float about in the free state, also larvae, egg masses, etc., of higher animals. It includes diatoms, algae, fungi, protozoa, etc.<sup>1</sup>

**The Sedgwick-Rafter Method.**—This is the standard method for counting the number of microscopic organisms in water. It consists in collecting the microscopic particles suspended in a known quantity of water, and counting them in a cell of known capacity under the microscope. The microscopic particles are collected upon sand by filtration. This is done in a straight-sided cylindrical funnel, shaped and graduated as shown in Fig. 114.

<sup>1</sup> For a full discussion of this subject see "The Microscopy of Drinking Water," by George C. Whipple. John Wiley & Sons, N. Y., 1914.

Moisten a disk of bolting cloth and place it over the small end of the rubber stopper and press it tightly into the lower end of the funnel. Now pour sand on to the bolting cloth, to the depth of about 1 cm. Quartz sand or white alundum may be used, but it should first be washed and ignited; and of such size that it will pass through a sieve having 60 meshes to the square inch, but will not pass a 100 mesh sieve. Sand between 120 and 140 meshes may be used if the water contains very small microorganisms. Now run 250 c. c. of the water to be examined into the funnel without disturbing the sand. Filtration may be hastened either by pressure from above or suction from below; if the water filters too slowly errors will result from many of the microorganisms sticking to the sides of the funnel. When practically all the water has passed off, and the sand begins to dry, hold the funnel in the left hand and slope it so that the sand falls away from the stopper; remove the stopper and quickly slip a test tube over the end of the funnel and allow the sand to flow into it. Without removing the test tube, wash the funnel with 5 c. c. of distilled water. The mixture of sand, microorganisms and water in the test tube is agitated, and the supernatant suspension decanted into a second tube from which 1 c. c. is placed into the counting cell of that capacity. Slip the cover glass into place and count the microorganisms with a specially ruled ocular micrometer and a 2/3-inch objective.

The counting cell consists of a rectangular brass rim cemented to an ordinary glass slide. The inside dimensions of the rim are 50 mm. by 20 mm. by 1 mm., making a capacity of one cubic centimeter. The roof of the cell consists of a cover glass (No. 3) of sufficient size.

The ocular micrometer is so ruled that the largest square is 1 square millimeter; the smallest square is 1 standard unit. The area which the largest square covers on the stage of the microscope should be measured with a stage micrometer and adjusted by changing the length of the draw tube of the microscope so that this large square will measure just 1 square millimeter. A rough and ready ocular micrometer can be made by cutting out a circle of cardboard which will fit into the tube of the microscope, this circle of cardboard having a square cut in its center, the size of the square to be the largest which the diaphragm will allow. It will be found that the

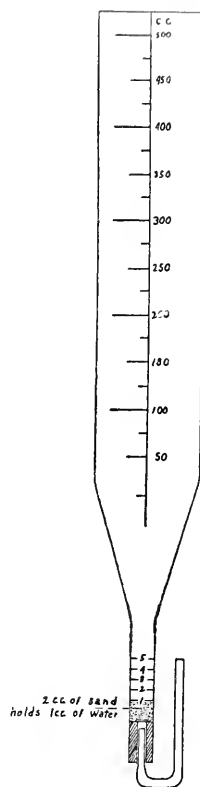


FIG. 114.—GRADUATED CYLINDRICAL FUNNEL AND CONCENTRATING ATTACHMENT USED IN THE SEDGWICK - RAFTER METHOD.

area of the stage which will be included in the field will be approximately 1 square millimeter.

**Recording Results.**—Twenty full squares of 1 mm. each are counted at random, the organisms identified, and the results calculated either by the number of organisms per cubic centimeter of the sample, or, better perhaps, the number of standard units per cubic centimeter of the sample.

The number of organisms per cubic centimeter may be determined from the following equation:

$$\text{Number per cubic centimeter} = \frac{1000W}{N F}$$

W = the number of cubic centimeters of water used in washing the sand.

N = the number of squares counted.

F = the number of cubic centimeters of water filtered.

The standard unit is an attempt to measure the mass rather than the number of microscopic organisms present in the water. By this means a rough estimation of the amount of suspended organic matter is obtained. Whipple, who devised the standard unit method of counting microorganisms, defines the standard unit as a square 20 x 20 microns = 400 square microns. A micron is 0.001 millimeter.

The ocular micrometer used corresponds to the standard unit. A square which covers 1 square millimeter on the stage of the microscope is divided into four equal squares. Each of these is subdivided into 25 equal squares. Each of these contains 25 standard units. The eye can easily divide the side of the smallest squares into fifths, and each of these fifths is the size of a standard unit.

**Significance of the Examination.**—The microscopical examination of water is of great value in supplementing the chemical and bacterial analyses. It may explain the cause of odors and tastes in a water; it may explain certain chemical determinations, as albuminoid ammonia, dissolved oxygen, oxygen consumed, carbon dioxid, etc.; it may indicate sewage contamination; it may suggest the state of self-purification of a polluted water; it may identify the source of the water.

Several of the microscopic organisms, when present in sufficient quantities, give rise to objectionable odors and tastes, either when in a vegetative state or upon decomposition. The natural odors of organisms are due to oils analogous to the essential oils as in peppermint and in certain fishes. In general, the diatoms have an aromatic odor, increasing to that of a geranium leaf, and even to an intensity that is fishy. The cyanophyceae, or blue-green algae, have a grassy or moldy odor. The chlorophyceae have little odor, although some of the motile forms give rise to faintly fishy odors. The ciliated protozoa have in general no

odor. Uroglena, synura, dinobryon, and peridinium may and often do give rise to fishy odors. Of the other microorganisms, the rotifera and crustacea, no forms have been recorded as giving rise to objectionable odors. These forms are present only when there are lower forms upon which to feed. They are scavengers and as such may be considered as desirable elements in water. Their presence, however, calls for an investigation of the nature of their food supply, as it is often furnished by pollution. This does not necessarily hold true in all cases.

Besides these animal and plant forms there may be present also sponges, mosses, yeasts, and molds, the significance of which is varied and dependent upon local conditions.

There are many sources of error in a quantitative determination of the microscopic organisms in water. Some of the organisms stick to the sides of the funnel; some pass through the sand; some are so heavy they settle in the sample, especially if it has been allowed to stand; some are so fragile that they disintegrate readily, and further error may be due to unequal distribution of the organisms in the counting cell. For all these reasons accurate results within 10 per cent. are not possible, and comparative results may only be obtained by careful standardization of methods.

## THE BACTERIOLOGICAL EXAMINATION

Practically all natural waters contain bacteria. This is true of rain water, ground water, and the waters of lakes, rivers, and oceans. The number and variety of the bacteria vary greatly in different places and under different conditions. The bacteria are washed into the water from the air, from the soil, and from almost every conceivable object. The intestinal contents of animals pollute waters with enormous numbers of microorganisms, but it is the infection with certain species from man that makes water most dangerous when consumed by his fellowmen.

A final judgment of the potability of a water should never be given upon the bacteriological examination alone, but should be combined with a sanitary survey. A sanitary survey may discover possibilities of danger, even though the sample examined contains few bacteria and no *B. coli*. On the other hand, a water may contain large numbers and miscellaneous kinds of bacteria and yet a sanitary survey will disclose absence of human pollution.

## THE NUMBER OF BACTERIA IN WATER

The number of bacteria is not as important as the kind, yet much may be learned from a simple enumeration of the bacteria. Roughly speaking, the number of bacteria in water corresponds to the amount

of organic pollution. No known method furnishes a complete census of the bacterial population of a given sample of water. Methods based upon the direct microscopic count of the bacteria do not distinguish between the live and the dead ones; further, only those that may readily be seen by simple methods are thus visible. Many bacteria, especially those pathogenic for man, do not vegetate at  $20^{\circ}$  C., so that the usual counts upon gelatin may vary greatly from those obtained upon agar at  $37^{\circ}$  C. Some varieties require acid, others alkaline media; some are aërobic, others anaërobic; some will not grow unless the medium contains blood or other suitable pabulum, and so on through a wide gamut of conditions.

Although it is not possible to determine the total number, inferences of importance may be drawn from the differences in the numbers of bacteria in a given water obtained by different methods. Thus a water containing great numbers of bacteria, developing on gelatin at  $20^{\circ}$  C., and but few colonies upon agar at  $37^{\circ}$  C., has little sanitary significance, whereas a water containing few bacteria, but most of them varieties that grow upon agar at  $37^{\circ}$  C., with relatively few at  $20^{\circ}$  C., must be looked upon with suspicion. The distinction between polluted waters and waters of good quality is more sharply marked by counts at  $37^{\circ}$  C. than is the case with counts at  $20^{\circ}$  C. Another advantage of growing the plates at a higher temperature is that the results are available in a much shorter time.

The number of bacteria which grow at  $40^{\circ}$  C. may be of special value, since this class includes the typhoid bacillus and other water-borne pathogens, but excludes the common water bacteria of little sanitary importance.

From Germany we have the arbitrary standard based upon the dictum of Koch that a good water should not contain over 100 bacteria per c. c. This is a good working rule, but should not be taken too literally. Thus, water may contain great numbers of the common aquatic bacteria which vegetate at room temperature and which are not harmful to man. Surface waters contain the greatest numbers on account of exposure to contamination to which they are liable; rain waters contain comparatively few, excepting the first shower through a very dusty atmosphere; ground waters from the depths are practically sterile. Unpolluted shallow well waters are also exceptionally free. The number and significance of the bacteria, therefore, vary with the source of the water. For example, a hundred bacteria, including a few colon bacilli, of the fecal type, in a well water would be regarded with great suspicion, whereas a hundred or more bacteria, with an occasional colon bacillus, in a river water draining an uninhabited watershed would be normal.

The number of bacteria in water depends somewhat upon the manner in which it is stored. Thus a water containing a few organisms

placed in a closed bottle and kept at room temperature may, at the end of 24 hours, contain hundreds or thousands per c. c. I once examined a deep well water that was practically sterile as it came out of the earth, but when stored in a cistern gave over a thousand organisms per c. c. These came from the multiplication of the bacteria that entered the water from the air, dust, leaves, and other sources. On the other hand, water stored in impounding reservoirs shows a marked diminution in the number of bacteria.

The numerical determination of bacteria in water is of very great value when studying surface waters, such as lakes and rivers. As a rule, the number of bacteria is proportional to the pollution of a river—not necessarily fecal pollution, but pollution from dead organic matter of one kind or another. The bacterial content of a river water varies sharply from time to time. Contrary to the usual opinion, a river contains more bacteria in the winter time than in the warm weather. During times of freshets or turbidity the number of bacteria will rise very abruptly. In other words, the number of bacteria in a stream is an index of its turbidity. It is an interesting fact that in the Potomac and other rivers the bacterial curve does not correspond to the typhoid fever curve. Typhoid in Washington is highest in summer, but the bacteria are most numerous in winter. While sudden variations in the number of bacteria have a ready explanation in the case of turbid and torrential rivers, in the case of lakes, and especially in a ground water, variation in numbers indicates nearby sources of pollution and is a danger signal. For shallow wells the interpretation of numbers is not so easy, largely because infection may enter at the surface. Wells which are poorly protected at the top will always show an unusually large number and variety of bacteria.

Numerical determination is also of importance in tracing imperfections and leaks in a water supply. Thus Dr. Shuttleworth, of Toronto, was able through this means to suspect a broken water main, and upon examination it was found that a whole section of the conduit had dropped out of place, so that the supply was being taken from the lake near the shore instead of some distance away where the intake was located.

The great value of the numerical estimate of bacteria is well known in determining the efficiency of filters.

**Method for Determining the Number of Bacteria in Water.**—The standard medium for determining the number of bacteria in water is a nutrient agar having a reaction of +1 per cent., using phenolphthalein as an indicator. If the reaction is between +0.5 per cent. and +1.0 per cent., it is not adjusted. A liter of nutrient agar consists of 3 grams of beef extract (Liebig's preferably), 5 grams of peptone, 12 grams of oven dried agar, and 1,000 c. c. of distilled water.

The sample of water must be shaken vigorously at least 25 times

in order to break up the bacterial clumps and to obtain a uniform suspension. If the water contains less than 200 bacteria per c. c., 1 c. c. of it may be placed directly in the petri dish, then add 10 c. c. of the standard medium. Mix well, congeal, invert the plates, and incubate at 37° C. for 48 hours in a dark, well-ventilated incubator where the atmosphere is practically saturated with moisture. When gelatin is used the plates should be incubated at 20° C. for 4 days. If there is reason to believe that the number of bacteria is more than 250 per c. c., dilute by mixing 1 c. c. of the sample with 9 c. c. of sterilized tap or distilled water. Again shake 25 times and plate 1 c. c. of the dilution. Higher dilutions may be made in 99 c. c. and so on. In the case of an unknown water or sewage it is customary to use several dilutions of the same sample. It is desirable to use such portions of the sample as will give between 25 and 250 colonies on duplicate plates. Count the colonies upon a Wolffhügel apparatus or a Jeffer's plate, using a lens of  $2\frac{1}{2}$  diameters,  $3\frac{1}{2}$ " focus. It is not necessary for one who wears glasses to remove same while counting. The whole number of colonies on a plate should be counted, the practice of counting a fractional part being resorted to only in cases of necessity.

When agar is used for plating it may be found advantageous to use Petri dishes with porous earthenware covers in order to avoid the spreading of colonies by the water of condensation.

In order to avoid fictitious accuracy and yet express the numerical results by a method consistent with the precision of the work, the table below should be followed in expressing the numbers of bacteria per c. c.:

From	1 to	50	recorded as found	
"	51	"	100	" to the nearest 5
"	101	"	250	" " " " 10
"	251	"	500	" " " " 25
"	501	"	1,000	" " " " 50
"	1,001	"	10,000	" " " " 100
"	10,001	"	50,000	" " " " 500
"	50,001	"	100,000	" " " " 1,000
"	100,001	"	500,000	" " " " 10,000
"	500,001	"	1,000,000	" " " " 50,000
"	1,000,001	"	10,000,000	" " " " 100,000

### KINDS OF BACTERIA IN WATER

Water analysis is in its infancy so far as methods for determining the kinds of bacteria are concerned. It is comparatively easy to isolate colon bacilli and to determine their approximate number in a water. It is also comparatively easy to isolate cholera vibrio. Methods for determining whether a water does or does not contain typhoid, dysentery, and other pathogenic parasites are tedious, difficult, and often impossible in the present state of our knowledge.



A certain amount of information may be gleaned from the presence and number of organisms belonging to certain groups, such as chromogenic, liquefying, and fermenting types. Chromogenic organisms exist everywhere in surface waters. They should be practically absent from ground waters. The same is true of organisms that are able to liquefy gelatin and ferment sugars. The chromogenic, proteolytic and fermenting types are widespread in nature and exist almost everywhere in the air, the soil, and in surface waters. Their presence in a ground water signifies contamination or pollution, often from the surface.

The significance of the various types of bacteria that grow at different temperatures has already been discussed.

### THE COLON BACILLUS

The *Bacillus coli* group is very widely distributed in nature. The normal habitat of certain members of this group may be regarded as the intestines of man and many other animals. The colon bacillus is usually taken as an index of pollution. The sanitary significance of colon bacilli in water varies with their number and, further, with their source. While the colon bacillus indicates pollution, it does not necessarily signify danger, that is, infection.

By common consent a ground water should be condemned if it contains even a few colon bacilli of fecal type, for these organisms have no business in a soil-filtered and properly protected well or spring water.<sup>2</sup> Surface waters are not regarded as particularly suspicious, provided they have not more than one colon bacillus per c. e., especially if the surface water is known to drain an uninhabited or controlled catchment area. Many of the colon bacilli in a surface water come from the droppings of wild and domestic animals and, therefore, are infinitely less indicative than those that come from the intestinal tract of man. Tests for the colon bacilli in water must, therefore, be qualitative and quantitative.

**Types of *B. Coli*.**—There are various types in the colon bacillus group. One type, believed to be of *fecal* origin, is characterized by (1) a low gas ratio—approximately equal volumes of carbon dioxid and hydrogen; (2) a red reaction with methyl red, indicating a high hydrogen ion concentration; and (3) a negative Voges-Proskauer reaction, indicating the absence of a certain type of decomposition of dextrose. The other type, believed to be *non-fecal* in origin and sometimes included in the *B. aërogenes* group, has (1) a high gas ratio—two volumes of carbon dioxid to 1 volume of hydrogen; (2) a yellow reaction with methyl red; and (3) a positive Voges-Proskauer reaction. These distinctions are not absolute, for *B. coli* of non-fecal (*aërogenes*) type

<sup>2</sup> Carbonated bottle waters may contain *B. coli* in relatively large numbers.

may be found in fresh feces—although relatively few occur in man, more in other animals. Appropriate laboratory tests to determine types of the colon group, combined with a sanitary survey of the watershed, will do much to indicate the probability of fecal contamination. See tests given below.

The absence of colon bacilli in water proves its harmlessness so far as bacteriology can prove it. It is fair to assume that typhoid bacilli, dysentery bacilli, and other intestinal parasites would not be likely to be present in a water in the absence of the colon bacillus. It is possible to conceive that in rare instances a water may be polluted with urine alone containing typhoid bacilli, but no colon bacilli.

**Tests for the Colon Bacillus.**—Presumptive tests or partial tests are sometimes used to determine the presence of *B. coli*. These tests are fairly reliable, and afford useful information. They consist, as a rule, in planting small quantities of the water sample in lactose bouillon in fermentation tubes and incubating at 37° C. for 24 to 48 hours. Under these circumstances it may be presumed that in the absence of fermentation colon bacilli are absent, and that fermentation with gas production suggests their presence. Both these conclusions may be misleading. Grossly polluted waters containing many colon bacilli may be slow in fermenting sugars with the production of gas on account of the preponderance of other more active species. On the other hand, many organisms other than the colon bacillus often found in water ferment sugars with gas production. It is therefore necessary to isolate the suspected organism in pure culture and pass it through the well-known tests before it is labeled *B. coli*.

**Presumptive Tests for *B. Coli*.**—A satisfactory method consists in inoculating a 10 c. c. portion of sample into each of five fermentation tubes containing from 30 to 40 c. c. of lactose broth. In order to obtain a sufficiently low dilution, so that no fermentation will result in one tube in the series 1 c. c., 0.1 c. c., 0.01 c. c., or even 0.001 c. c. (if heavy pollution is suspected), portions of the sample may be inoculated into lactose fermentation tubes. When such small quantities of water are tested, less than 30 c. c. portions of media may well be used. The fermentation tubes described above should be incubated 48 hours at 37° C. The presence of 10 per cent. or more of gas constitutes a presumptive test.

If in such a series fermentation with gas production occurs in the tubes containing 1 c. c. or more, but does not take place in the tubes containing the smaller portions, it may then be stated that the water contains at least one colon bacillus per cubic centimeter, *provided* the isolation tests show that the fermentation was caused by this organism.

The number of colon bacilli may also be determined approximately by planting the water directly upon the surface of lactose litmus agar or

Endo's medium. The red colonies should then be studied to determine how many of them are *B. coli*, and the number may thus be approximated per cubic centimeter.

*Confirmation Tests for B. Coli.*—Cultures should be made on Endo's or litmus lactose agar plates from tube showing gas with smallest portion of sample, and incubated 24 to 48 hours. If typical colon-like colonies form, at least two from each sample should be inoculated on agar slants and tubes of lactose fermentation medium for further confirmation. If, after 48 hours, no typical colon colonies develop on the Endo's or litmus lactose agar plates, two colonies appearing nearest like coli are treated as above. From the agar slant, examinations may be made to demonstrate that the organism in question is a short, gram negative, non-spore-forming rod. If sufficient organisms of the *B. coli* group have been found to render the water questionable, further studies should be made to determine their type, that is, whether fecal or non-fecal. This may best be done from colonies on Endo's or litmus lactose agar plated directly from the water, at least 10 or 12 colonies being studied. If no direct platings from the sample are available, a similar study may be made of cultures obtained from fermentation tubes, but these may all be descendants of a single cell in the original sample.

**Differentiating Fecal from Non-Fecal *B. Coli***—*The Gas Ratio Test.*—The earlier workers in this subject defined *B. coli* as an organism producing gas from dextrose, consisting of one volume of carbon dioxid to two volumes of hydrogen. More recent work indicates that the fecal coli usually produce carbon dioxid and hydrogen in about equal volumes, and is thus a low gas ratio organism. Organisms of the colon group are frequently obtained from soil, seeds, fruit, leaves, and many other similar non-fecal sources. Pollution of a water supply by bacteria from such a source would not in itself indicate direct fecal contamination. Such organisms usually differ from the fecal type in that they produce carbon dioxid and hydrogen in a ratio of 2:1 or 3:1 (high ratio type). Feces of different animals as a rule contain a small percentage of this non-fecal type of organism.

*The Methyl Red Test.*—The fecal type of *B. coli* produces a relatively high concentration of hydrogen ions in dextrose broth, and this correlates very well with low gas ratio. The non-fecal type, in addition to having a high gas ratio, is characterized by a relatively low hydrogen ion concentration. This may be determined by the addition of methyl red to cultures of dextrose broth. The former (fecal type) will give a red color, = acid or methyl-red-positive, and the latter (non-fecal type), yellow, = alkaline or methyl-red-negative.

*The Voges-Proskauer reaction* is also useful in differentiating between the various members of the *B. coli* group. To 5 c. c. of a dextrose broth culture, add 5 c. c. of a 10 per cent. solution of potassium hy-

droxid. Allow this to stand 12 to 18 hours. A positive test is indicated by an eosin pink color, and is seldom given by a positive-methyl-red organism. This production of pink color with a fluorescence is probably due to action of acetyl-methyl-carbinol (one of the by-products in decomposition of dextrose by bacteria) on peptone in the presence of alkali. In general, the methyl-red positive, and Voges-Proskauer negative organisms may be assumed to represent *B. coli* of fecal origin; methyl-red negative, Voges-Proskauer positive, *B. aërogenes* type, and most of these not fecal in origin. The presence in any considerable amount of organisms of the *B. coli* group would render the water questionable, and it would not seem advisable to certify to its purity on laboratory evidence alone, even if the organisms did appear to belong to the so-called non-fecal type.

#### SEWAGE STREPTOCOCCI

Fresh sewage from man and other mammalian animals usually contains streptococci resembling the *Streptococcus pyogenes*. At present little stress is placed upon isolation of these types, and the general consensus of opinion is that the occurrence of these organisms in a water is of less significance than *B. coli*; the streptococcus test is therefore of subordinate importance.

#### TYPHOID BACILLUS

The search for a typhoid bacillus in water is frequently like looking for a needle in a haystack; in fact, it has seldom been isolated from a drinking water. It is probable that the typhoid bacillus rarely, if ever, multiplies in natural waters. The dilution is usually enormous, and their number is therefore comparatively few. With modern methods and the use of Endo's medium it is comparatively easy to isolate typhoid bacilli from water richly seeded with these organisms, but it is practically a hopeless task to find them when there are only a few in a glassful. Great care must be exercised before an organism isolated from water is reported as *B. typhosus*. There are many organisms in water closely resembling typhoid, some of them even giving pronounced agglutination with specific serum. Thus *B. proteus*, *B. fluorescens*, and even *B. coli* sometimes agglutinate with typhoid serum and in higher dilutions than typhoid strains themselves. An interesting instance of this was found in our studies of the Potomac River water. Frost isolated an organism, the "*Pseudomonas protea*," from the filtered Potomac River water which, during the months of August, September, and October, 1909, was more common than *B. coli*. This organism could not be found in the raw water, nor could it be found in a large number of stools examined, which points to a saprophytic existence. This organism may readily be distinguished from *B. typhosus*, in that it has dif-

ferent cultural characters, and further that animals injected with cultures of *Pseudomonas protea* develop agglutinations for this organism, but not for *B. typhosus*.

### CHOLERA

The cholera vibrio may be detected in water by making a Dunham's solution of the water itself; that is, to a large quantity of the water sample add sufficient peptone to make a 1 per cent. solution, and render slightly alkaline with sodium carbonate. The water should be placed in Erlenmeyer, Fernbach, or similar flasks, presenting a large surface favoring aërobic development. The flasks are then placed in the thermostat at 37° C. and in 16, 18, 24 hours, or longer, a loopful of the surface growth is planted upon agar, Endo's medium, or gelatin. Cholera colonies upon gelatin have a ground-glass appearance when examined under a low power of the microscope, with irregular margins, and the gelatin is slowly liquefied. Upon agar the colonies are not particularly distinctive; upon the surface of Endo's medium cholera grows as faintly pinkish, moist, translucent colonies, not unlike typhoid colonies, excepting that they have slightly more color.<sup>3</sup> Dependence cannot be placed upon the appearance of the colonies nor upon the morphological characteristics of the organism. Suspicious colonies should be isolated and tested with an agglutinating serum of known specificity having a high agglutinating value. All organisms that are agglutinated with this serum in a dilution of 1-1,000 or over may be regarded as cholera. This, however, should not be accepted as final, for, as is the case with typhoid, there are numerous cholera-like organisms in water that agglutinate with a cholera serum, but which upon further study have characteristics which plainly show that they are not the organism which causes cholera. Final dependence should be placed upon Pfeiffer's phenomenon and upon cross-agglutinating tests or absorption tests to eliminate the phenomenon of group agglutination.

<sup>3</sup> See also pp. 111, 140, and 144.

## CHAPTER IV

### INTERPRETATION OF SANITARY WATER ANALYSIS

The interpretation of a sanitary water analysis is much more difficult than the analysis itself, where everything may be carried out by rule of thumb in accordance with standard procedures. Single or occasional determinations of either the chemical or bacterial properties of water are of little value. A single water analysis is often misleading, especially in surface waters, which may vary greatly from time to time. A river water may require repeated examinations extending over long periods of time correlated with conditions of rainfall, stream flow, wind, temperature, sewage pollution, and other factors in order to be helpful.

There has been much conflict and useless discussion between chemists and bacteriologists concerning the relative advantages of their methods. The chemists were first in the field, but the limitations of chemical methods were strongly emphasized when it was shown that chemistry can only indicate pollution but cannot discover infection. Much was hoped from bacteriology, but it is rather exceptional that bacteriologists are able to isolate pathogenic microorganisms from a sample of water. For the most part, the routine bacteriological examination of water does nothing more than the chemical examination, that is, it shows pollution but does not prove infection. Both chemical and bacterial analyses of water have, therefore, distinct limitations; they do not antagonize, but supplement each other. From the chemical side we learn much of the past history of a water; the bacteriology tells us more of its present state. Chemical methods reign supreme when we desire to discover the presence of lead or other inorganic poisons; also in determining the hardness, mineral and organic constituents, etc. From the number and character of the bacteria in water we obtain a fair index of the presence and degree of pollution. Occasionally bacteriologists may determine whether a water contains certain specific agents, such as cholera vibrio. It must, however, be admitted that the ordinary routine chemical and bacterial examination of water affords but meager information, especially when only one analysis has been made. Fortunately, the inferences drawn from a sanitary water analysis are on the safe side, for many good waters are condemned, so that it would be very difficult for an unsafe water to pass the muster of a

complete sanitary analysis. At most, the information furnished is only of present conditions and is not a guarantee of future safety. A surface water or a ground water may today be exceptionally free from chemical impurities and practically sterile bacteriologically, whereas tomorrow it may contain typhoid, dysentery, cholera, or other water-borne infections; these may come from sources that would at once be perfectly evident from a sanitary survey of the watershed.

A sanitary survey of the catchment area is frequently of much greater practical importance than all the information furnished by the laboratory. It needs neither chemists nor bacteriologists to tell us that the water from a creek with an overhanging privy a short distance above will some day carry infection; or that the water from a shallow well in limestone or coarse gravel very near a leaking cesspool must be a source of danger. A sanitary survey is able to discover the sources of contamination, the kinds of pollution, and the degree, often with greater precision than combined chemical or bacteriological tests. No sanitary analysis of a water can therefore be considered complete unless it includes an examination of the watershed and a study of the geology and topography of the catchment area.

From a sanitary standpoint, the principal substances to look for in a chemical analysis are the organic matter, nitrates, nitrites, and chlorin. Of these the nitrites are the greatest danger signal, indicating oxidation of organic matter through bacterial activity. High chlorin and nitrates without nitrites indicate passed or remote pollution; this is a frequent combination in ground waters. The ammonias (free and albuminoid) are a measure of the amount of nitrogenous organic matter in the water. A surface water may safely contain an amount of albuminoid ammonia that would be suspicious in a ground water. The significance of the chlorin varies with the location and source of the water. Ground waters should contain fewer bacteria than surface waters. Artesian wells should be practically sterile, and a good surface water should not contain over 100 bacteria per cubic centimeter. Waters that vary in composition from time to time without evident cause must be regarded as unsafe. This applies particularly to ground waters. Surface waters vary greatly as the result of freshets, etc., but a ground water, pond, or lake should show no sudden variations.

These general statements may be quite misleading when interpreting the analysis of a specific case. Therefore several selected analyses and interpretations have been given below.

**Allowable Limits.**—The following are sometimes considered as the allowable limits of the impurities commonly regarded as permissible in drinking water.

Chlorin depends upon the normal chlorin content of unpolluted surface waters in the neighborhood.

Bacteria not over 100 per cubic centimeter.

Colon bacillus should be absent from the ground water and not more than 1 per 10 c. c. in a stream or in a river water.

Free ammonia.....	0.015-0.03
Albuminoid ammonia.....	0.07 -0.35
Nitrogen as nitrites.....	None, or at most a trace (0.0001)
Nitrogen as nitrates.....	0.3 to 1.6
[Parts per million]	

The standard adopted by the government<sup>1</sup> for drinking water supplied by common carriers in interstate commerce and also for bottled waters demands that the total number of bacteria shall not exceed 100

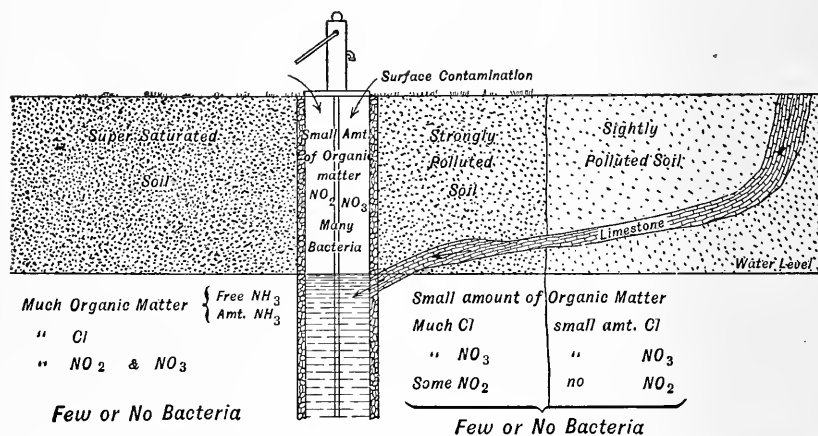


FIG. 115.—DIAGRAM ILLUSTRATING THE CHARACTER OF THE GROUND WATER IN RELATION TO SOIL POLLUTION, TO ASSIST IN THE INTERPRETATION OF A SANITARY ANALYSIS. See also Nitrogen Cycle, page 998.

per cubic centimeter when grown on standard agar plates and counted after twenty-four hours' incubation at 37° C. Further, that not more than one out of five 10 c. c. portions of any sample examined shall show the presence of organisms of the bacillus coli group. Later (February 12, 1917), the requirement was added that the source of water supplied interstate carriers be free of contamination.

According to the International Boundaries Commission, a raw water containing over 500 B. coli per 100 c. c. is too polluted for use even after purification.

Bacteriological standards for drinking water supplied common carriers in interstate commerce are given in the U. S. Public Health Reports, November 6, 1914.

These figures must not be taken literally, and are not given as

<sup>1</sup>Public Health Reports. Nov. 16, 1914. No. 29, Vol. XLV, p. 2959.



standards of purity, but the maximum limits of the impurities allowable under ordinary conditions. It will be seen from the illustrative analyses given below that at times these limits may be exceeded without sanitary significance, whereas at other times a water well within the prescribed limits may contain infection.

For a better understanding a number of sanitary analyses of water are given with an interpretation. The student is advised first to study the analyses, draw his own conclusions, and then compare them with the interpretation given.

#### ANALYSIS No. 1—*Gross Pollution*

Free ammonia.....	0.214	part	per	million
Albuminoid ammonia.....	0.810	"	"	"
Nitrogen as nitrites.....	0.005	"	"	"
Nitrogen as nitrates.....	21.0	parts	"	"
Chlorin .....	47.0	"	"	"
Total residue.....	412.0	"	"	"
Volatile residue.....	279.0	"	"	"
<hr/>				
Fixed residue.....	133.0	"	"	"
Bacteria per c. c. upon gelatin at 20° C.....	65,000			
Bacteria per c. c. upon agar at 37° C.....	120,000			

Many liquefying colonies. Many chromogens per c. c.  
 Fermentation in lactose bouillon in 0.001 c. c. *B. coli*  
 present in 0.01 c. c.

This represents a grossly polluted water and should unhesitatingly be condemned, no matter what its source.

The following analysis of the Hamburg public supply from the Elbe River during the cholera epidemic of 1892 is given in *Chemical News*, LXVI, 144:

#### ANALYSIS No. 2—*Elbe River During Cholera Epidemic*

Appearance .....	Turbid and very yellow
Taste .....	Slightly unpleasant
Odor .....	Extremely little
Deposit .....	Small and dirty-looking
Chlorin .....	472.0 parts per million
Free ammonia.....	1.065 " " "
Albuminoid ammonia.....	0.293 " " "
Nitrates .....	26.43 " " "
Required oxygen (15 minutes)....	0.928 " " "
Required oxygen (4 hours).....	3.428 " " "
Total solids.....	1,160.7 " " "

This is given simply as an instance of a grossly polluted river (Elbe) water, known to be infected.

ANALYSIS No. 3—*Boston Tap, Typical* (not averaged results)

Free ammonia.....	0.010	part	per	million
Albuminoid ammonia.....	0.114	"	"	"
Nitrogen as nitrites.....	0.000	"	"	"
Nitrogen as nitrates.....	0.02	"	"	"
Chlorin .....	2.7	parts	"	"
Total residue.....	27.0	"	"	"
Volatile residue.....	10.0	"	"	"
Fixed residue.....	17.0	"	"	"
Hardness, 13°.				
Bacteria per c. c. upon gelatin at 20° C.....				77
<i>B. coli</i> .....				None

This is a surface water, collected in impounding reservoirs and stored about 30 days before it reaches the consumer. The watershed is fairly well protected. The chemical analysis shows little organic pollution; the ammonias are moderate in amount, nitrites absent; nitrates low; chlorin normal; bacteria indicating nothing suspicious. The water is of good sanitary quality, judged by chemical and bacterial analysis.

ANALYSIS No. 4—*A Suspicious Water*

Free ammonia.....	0.018	part	per	million
Albuminoid ammonia.....	0.020	"	"	"
Nitrogen as nitrites.....	0.007	"	"	"
Nitrogen as nitrates.....	1.5	parts	"	"
Chlorin .....	19.3	"	"	"
Total residue.....	106.0	"	"	"
Volatile residue.....	37.0	"	"	"
Fixed residue.....	69.0	"	"	"
Hardness, 33.8°.				

(The residue did not char and gave no odor upon ignition.)

Bacteria per c. c. upon gelatin at 20° C.....	60
Bacteria per c. c. upon agar at 37° C.....	45

No liquefying colonies. One chromogen per c. c. No fermentation in lactose bouillon in 10 c. c. No *B. coli*.

This water came from a driven well at Wenham, Mass. Upon inspection it was found that the well was 400 feet from a stable, 200 feet from a cesspool, and 250 feet from the house.

The first thing that strikes our attention in this analysis is the high chlorin. This, however, lacks sanitary significance, as it is normal for the ground waters of this neighborhood. The hardness of the water is due to the very fertile character of the surrounding soil through which the water percolates. The carbonic acid taken up by the water from the decomposing organic matter dissolves the lime in the soil. The organic matter as represented by the ammonias is quite low. The nitrates are high and indicate that the water has dissolved this end

product of the oxidation of organic matter in its passage through the soil and perhaps in seepage from the cesspool. The noticeable quantity of nitrites indicates that all the organic matter has not been consumed and that the mineralization is not complete. The small number of bacteria present shows that the filtering action of this soil through which the water passes is effective in keeping out sewage contamination either from the surface or from the cesspool. This conclusion is strengthened by the absence of fermenting organisms and especially the absence of *B. coli*. The absence of liquefying bacteria and the presence of an occasional chromogenic organism indicate that there is little or no contamination from the surface and, in fact, upon inspection the platform covering the well was found to be tight and well constructed.

This particular sample of well water shows nothing injurious to health, and if subsequent analyses are equally satisfactory the water may be used without fear for drinking purposes. It is plain, however, that this well needs watching, for it is evident that the soil is already surcharged with organic matter, some of which appears in the water, and a further loading of the soil or a break in the cesspool might readily infect the well.

ANALYSIS No. 5—*Surface Pollution of a Well*

Free ammonia.....	0.022	part	per	million
Albuminoid ammonia.....	0.035	"	"	"
Nitrogen as nitrites.....	0.007	"	"	"
Nitrogen as nitrates.....	1.0	"	"	"
Chlorin .....	19.0	parts	"	"
Total residue.....	356.0	"	"	"
Volatile residue.....	151.0	"	"	"
Fixed residue.....	205.0	"	"	"

(Residue charred upon ignition with disagreeable odor.)

Bacteria per c. c. upon gelatin at 20° C.....	9
Bacteria per c. c. upon agar at 37° C.....	275

Many liquefying colonies. Several chromogens per c. c.  
Fermentation in lactose bouillon in 0.1 c. c. *B. coli* present  
in 1 c. c.

This is a shallow well in Washington, D. C., 28 feet deep, the water standing 4 feet in the well. There is a sewer 60 feet from the well and a privy within a block. The pump is old and of wood and the cover to the well is rotten at the base.

Although this water contains a small amount of organic matter, as indicated by the ammonias, every other factor indicates pollution both present and past. The nitrates and nitrites are high; the chlorin is excessive. It is important to notice that this water has only 9 bacteria per cubic centimeter when judged by the colonies that grow upon gelatin at 20° C. Nevertheless, it contains colon bacilli in 1 c. c., other

## 1102 INTERPRETATION OF SANITARY WATER ANALYSIS

fermenting organisms, as well as liquefying and chromogenic colonies. It is probable that most of the contamination in this case came from the surface, as the well had a very poor and leaky platform. This water should not be used for domestic purposes, and if it did not materially improve after the correction of the platform it should be condemned.

ANALYSIS No. 6—*Well Water, Surface Pollution*

Free ammonia.....	0.007	part	per	million
Albuminoid ammonia.....	0.018	"	"	"
Nitrogen as nitrites.....	0.0005	"	"	"
Nitrogen as nitrates.....	2.5	parts	"	"
Chlorin .....	14.0	"	"	"
Total residue.....	62.0	"	"	"
Volatile residue.....	32.0	"	"	"
Fixed residue.....	30.0	"	"	"

(Residue charred upon ignition and gave disagreeable odor.)

Bacteria per c. c. upon gelatin at 20° C.....	820
Bacteria per c. c. upon agar at 37° C.....	640

Many liquefying colonies. Many chromogens per c. c. Fermentation in lactose bouillon in 1 c. c. *B. coli* in 10 c. c.

This water came from a shallow well in Washington, D. C., 18 feet deep, the water standing 3 feet from the bottom. The rather high nitrates and chlorin in this case represent past pollution. The small amount of organic matter with a trace of nitrites plus the number and character of the bacteria indicate surface pollution. This view is strengthened by the fact that repeated examinations of the water from this well showed marked variations in the number of bacteria. Upon inspection the pump and covering to the well were found in very bad condition, leaky, and with surface drainage toward the well.

ANALYSIS No. 7—*Illustrating Remote Pollution*

Free ammonia.....	0.006	part	per	million
Albuminoid ammonia.....	0.011	"	"	"
Nitrogen as nitrites.....	trace	"	"	"
Nitrogen as nitrates.....	20.0	parts	"	"
Chlorin .....	89.0	"	"	"
Total residue.....	430.0	"	"	"
Volatile residue.....	113.0	"	"	"
Fixed residue.....	317.0	"	"	"

(No charring upon ignition; odor of burning rubber.)

Bacteria per c. c. upon gelatin at 20° C.....	92
Bacteria per c. c. upon agar at 37° C.....	16

No liquefying colonies. No chromogens per c. c. No fermentation in lactose bouillon in 10 c. c. *B. coli* absent.

This is a ground water from a shallow well in Washington, D. C. The well is 29 feet deep and the water stands 4 feet from the bottom. Top is well protected, waste water drains to sewer nearby. There are two privy vaults within two blocks of the well.

The analysis shows high chlorin and nitrates; otherwise nothing suspicious. This means remote pollution. The organic matter has been completely mineralized and the bacteria held back by the soil.

#### ANALYSIS No. 8—*High Chlorin*

Free ammonia.....	0.016	part	per	million
Albuminoid ammonia.....	0.015	"	"	"
Nitrogen as nitrites.....	0.000	"	"	"
Nitrogen as nitrates.....	0.14	"	"	"
Chlorin .....	11.20	parts	"	"

Bacteria per c. c. upon gelatin at 20° C.....	48
Bacteria per c. c. upon agar at 37° C.....	12

No liquefying colonies. No chromogens per c. c. No fermentation in lactose bouillon in 10 c. c. *B. coli* absent.

This water is from a driven well at Beverley, Mass. The analysis shows nothing suspicious, excepting the high chlorin, which is normal for this neighborhood and therefore lacks sanitary significance.

#### ANALYSIS No. 9—*High Free Ammonia; Deep Well*

Free ammonia.....	0.170	part	per	million
Albuminoid ammonia.....	0.000	"	"	"
Nitrogen as nitrites.....	trace	"	"	"
Nitrogen as nitrates.....	0.0	"	"	"
Chlorin .....	3.1	parts	"	"
Total residue.....	115.0	"	"	"
Volatile residue.....	45.0	"	"	"
Fixed residue.....	70.0	"	"	"

No bacteria per c. c. upon gelatin at 20° C.

No bacteria per c. c. upon agar at 37° C.

No fermentation in lactose bouillon.

This water is from a driven well in Washington, D. C., 96 feet deep; water stands 81 feet from the bottom. Good platform and drain, and pump is in first-class condition.

It is exceptionally pure, both chemically and bacteriologically, excepting the large amount of free ammonia. This supposedly comes from the reduction of nitrates.

It is not uncommon to find water from deep wells to be high in free ammonia, and it is assumed that this comes from a chemical reduction under high pressure, and perhaps temperature of the nitrogenous matter in coal and alluvial deposits.

ANALYSIS No. 10—*Rain Water Stored and Polluted*

Free ammonia.....	1.050	parts	per	million
Albuminoid ammonia.....	0.175	"	"	"
Chlorin .....	2.0	"	"	"
Nitrogen as nitrites.....	strong trace	"	"	"
Nitrogen as nitrates.....	0.0	"	"	"
Required oxygen.....	2.25	"	"	"
Total residue.....	20.0	"	"	"

Bacteria per c. c. upon gelatin at 20° C..... 625

No fermenting organisms. No *B. coli*.

This is rain water from a dirty cistern. In appearance the water was clear and good. The analysis shows that the water is dirty and contaminated with organic matter. The bacteriological results indicate absence of fecal pollution. The water is undesirable, but not dangerous, as far as infection is concerned.

ANALYSIS No. 11—*Artesian Well Water, Showing the Effects of Storage*  
(The figures are in parts per million)

	Water Directly from the Well	Same Water from the Storage Cistern
Free ammonia.....	.052	.062
Albuminoid ammonia.....	.003	.016
Nitrogen as nitrites.....	.000	.0007
Nitrogen as nitrates.....	.01	.01
Chlorin.....	10.4	10.2
Dissolved oxygen.....	10.65	10.69
Oxygen required.....	.10	.15
Total residue.....	111.0	97.
Volatile residue.....	40.0	30.
Fixed residue (mineral matter).....	71.0	67.
Bacteria per c. c. upon gelatin at 20° C.....	6.0	6500.
Fermentation in lactose bouillon.....	in none	in 0.1 c. c.
<i>B. coli</i> .....	absent	absent

This water is from eight artesian wells at the Government Hospital for the Insane at Anacostia, D. C., 375 feet deep. The water is forced out by compressed air and flows by gravity to the storage cistern, which is of brick and cement, and has a capacity of 80,000 gallons.

It will be observed that this water is low in total solids and is almost free of organic matter as represented by the ammonias, nitrites, nitrates, and oxygen required. The water is clear as it flows from the ground, but soon turns slightly yellowish on account of a small amount of iron in the ferrous state that is oxidized to the ferric salt, which is insoluble and is precipitated upon contact with the air. The amount of chlorin is somewhat large, but has no sanitary significance in this case. The principal point in this analysis is the bacteriology, which

shows the water to be practically sterile as it flows from the ground, but which contains over 6,000 bacteria per cubic centimeter in the storage cistern. These come from the air and other contaminating objects, and illustrate the great growth of the common water bacteria in water stored under these circumstances. The slight increase of the ammonias and nitrites in the cistern water, as compared with the water direct from the well, indicates organic pollution and bacterial activity. The diminution in the residue results largely from separation of the iron. This water is pure and wholesome, despite the fact it contains many more bacteria than that usually allowed. It has been used for some years by about 3,000 persons, who are singularly free from typhoid fever and other water-borne diseases.

ANALYSIS No. 12—*Chemical and Bacteriological Changes in Potomac River Water as the Result of Storage and Filtration*

(The figures are the averages of fourteen representative analyses)

	<i>Dalecarlia</i> Inlet Raw Water Entering Storage Reservoir	<i>Dalecarlia</i> Outlet Raw Water After About 3 Days' Storage	<i>Georgetown</i> Reservoir Second Storage Reservoir (Water Remains Here About a Day)	<i>Washington</i> Reservoir 3rd Storage Basin Water Applied to Filter	Filtered Water from Filtered Water Reservoir
Free ammonia .....	0.024	0.027	0.022	0.017	0.015
Albuminoid ammonia ....	0.161	0.131	0.117	0.096	0.054
Nitrogen as nitrites ....	0.0031	0.0051	0.0065	0.0056	0.0003
Nitrogen as nitrates ....	0.61	0.57	0.6	0.61	0.67
Chlorin .....	2.6	2.61	2.61	2.47	2.53
Total residue .....	203.0	163.0	160.0	141.0	127.0
Volatile residue .....	47.1	48.0	49.0	41.0	39.0
Fixed residue .....	156.0	115.0	111.0	100.0	88.0
Bacteria per c. c. upon gelatin at 20° C. ....	526	381	306	235	36
Per cent. of <i>B. coli</i> in 1 c. c. ....	42	40	33	16	4.7
Per cent. of <i>B. coli</i> in 10 c. c. ....	28	40	40	41	9.5
Total per cent. showing <i>B. coli</i> . ....	71	80	73	52	14.2

*Analysis No. 12* is a good illustration of the bacteriological and chemical character of a river water, and illustrates the changes that occur during short storage (3 to 5 days) and after filtration through a slow sand filter.

It will be seen from this table that there is a gradual diminution in the amount of free ammonia and a more marked diminution in the amount of albuminoid ammonia. The amount of organic matter as represented by the ammonias is diminished just one-third. The nitrites show an increase during storage of the water, indicating active oxidation, but a marked decrease after it is filtered, showing the rapid completion of the oxidation of the organic matter in the filter. The nitrates

show a tendency to increase in amount, which would be expected as the nitrites diminish. It is evident that storage and filtration have little effect upon the chlorin content of the water. The total residue diminishes as the result of storage, sedimentation, and filtration. It will be noted, however, that this diminution is more marked with the fixed residue than with the volatile residue.

The number of bacteria decreases as the result of storage, but the most marked decrease occurs as the result of filtration. It should be

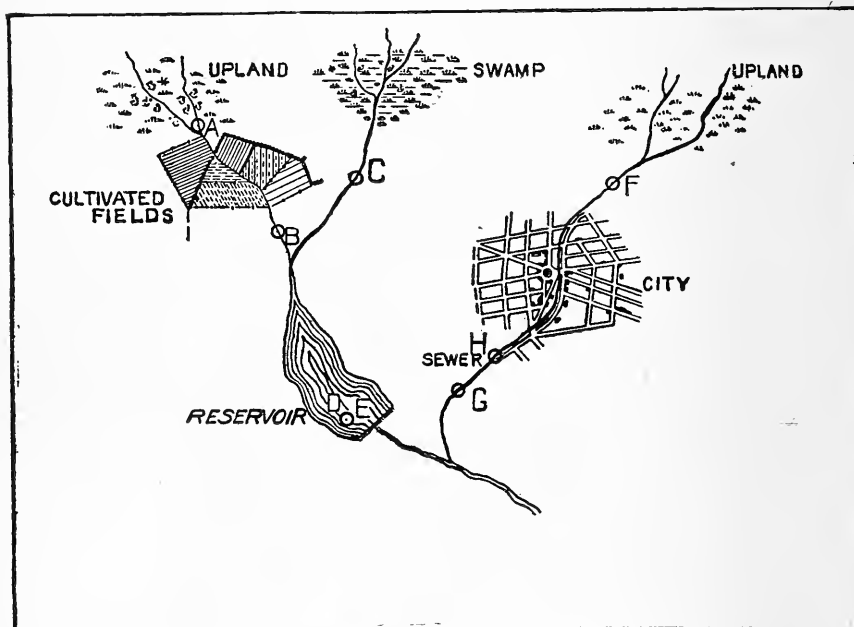


FIG. 116.—DIAGRAM SHOWING LOCATION OF SAMPLES.  
Analysis No. 13, page 1107.

remembered that all the bacteria in the filtered water do not represent those which have passed the filter. The effect of the few days' storage upon this water does not very materially affect the number of *B. coli*, but there is a marked diminution in their number as the result of filtration.

The analyses of surface waters, shown in the table on page 1107, with diagram showing the locations from which samples were obtained, will repay careful study. This table and diagram were furnished through the kindness of Professor Whipple.

The diagram (Fig. 116) shows the location of the samples employed in Analysis No. 13.



TYPICAL ANALYSIS NO. 13 OF SURFACE WATERS—Harvard University Laboratory of Sanitary Engineering

FIELD RECORD				PHYSICAL			CHEMICAL ANALYSIS (PARTS PER MILLION)									
Sample Number	Time Collection		Description of Sample	Name of Collector	Temperature	Turbidity	Color	Odor	Residue			Suspended Matter			Nitrogen	
	Date	Hour							Total	Loss on Ignition	Fixed	Total	Loss on Ignition	Fixed	Ammonia	Alkaline
A	July 1	1 P. M.	Upland stream.....	John Doe	68° F.	2	12	1v	29	10	19	.....	.....	.....	.....	.....
B	July 1	2 P. M.	Stream below cultivated land.....	John Doe	68° F.	4	18	2v	42	16	26	.....	.....	.....	.....	.....
C	July 1	3 P. M.	Stream below swamp.....	John Doe	66° F.	3	125	3v	51	30	21	.....	.....	.....	.....	.....
D	July 1	4 P. M.	Lower end of reservoir (surface).....	John Doe	72° F.	10	55	4g	47	22	25	.....	.....	.....	.....	.....
E	July 1	4 P. M.	Lower end of reservoir (bottom, 60 ft.).....	John Doe	50° F.	15	250	4m	83	45	38	.....	.....	.....	.....	.....
F	July 1	5 P. M.	Stream above city.....	John Doe	68° F.	2	5	2v	42	8	34	.....	.....	.....	.....	.....
G	July 1	6 P. M.	Stream below city sewer.....	John Doe	71° F.	8	10	3d	92	22	70	.....	.....	.....	.....	.....
H	July 1	5:30 P. M.	Sewage (fresh condition).....	John Doe	75° F.	220	18	4d	610	260	350	208	89	119	9.1	.....

CHEMICAL ANALYSIS (PARTS PER MILLION)										BACTERIOLOGICAL				MICROSCOPICAL						
Nitrogen		Oxygen Consumed	Chlorin	Total Hardness	Alkalinity	Incrustants	Magnesium	Iron	Fats	Free CO <sub>2</sub>	Dissolved Oxygen		Number per c. c.	Test for <i>B. coli</i>			Total Organisms per c. c.	Principal Genera per C. C.		
											Parts per Million	Per Cent. Saturation		.001 c. c. c. c.	0.1 c. c. c. c.	1.0 c. c. c. c.		Ana-bena	Antho-physa	Cili-thrix
a	.006	.001	2.3	12.0	10.0	2.0	.....	0.1	.....	2	9.19	100	40	.....	.....	.....	.....	.....	.....	
b	.020	.002	2.5	16.0	11.0	5.0	.....	0.2	.....	2	9.19	100	210	.....	.....	.....	.....	.....	.....	
c	.032	.003	2.4	10.0	9.0	1.0	.....	0.4	.....	2	9.19	95	420	.....	.....	.....	.....	.....	.....	
d	.058	.003	13.0	13.0	10.0	3.0	.....	0.3	.....	2	8.81	100	90	.....	.....	.....	.....	.....	.....	
e	.182	.004	2.6	14.0	11.0	3.0	.....	3.2	.....	25	0	0	800	.....	.....	.....	.....	.....	.....	
f	.008	.000	3.0	27.0	20.0	7.0	4.0	0.1	.....	2	9.19	100	50	.....	.....	.....	.....	.....	.....	
g	.094	.007	5.7	50.0	38.0	12.0	9.0	0.5	.....	8	6.22	70	3500	.....	.....	.....	.....	.....	.....	
h	7.500	.210	68.0	85.0	60.0	25.0	15.0	1.5	25	25	0.85	10	2-	.....	.....	.....	.....	.....	.....	

## CHAPTER V

### THE PURIFICATION OF WATER

The ways in which water may be purified for practical purposes are not many. It is worth noting that most of the advances in water purification come from the development of old empiric processes. It is only at long intervals that a new method or principle of treatment is discovered that is important enough to find a permanent place in the art of water purification.

The principal methods at present serviceable for the purification of water upon a large scale are: (1) storage, (2) filtration, (3) chemicals, such as ozone, hypochlorite of lime, sulphate of aluminium or iron, (4) ultraviolet rays.

No method of purifying water can be considered to approach a satisfactory hygienic standard that does not first of all practically eliminate water-borne diseases. The process must also reduce the turbidity and color to inappreciable amounts and remove something like 99 per cent. of the bacteria, when these organisms result from sewage pollution and are fairly numerous: there is perhaps no final reason for the bacterial standard. It has been adopted by consent because it represents a purification that is reasonably satisfactory and that can be accomplished at small cost. With the further awakening of the sanitary conscience of the community the standards will inevitably tend higher, and it is probable that in time our standards will approach an ideal that is now not regarded as necessary. At present there is no evidence that the few microörganisms left in the water after a satisfactory method of purification, such as slow sand filtration, are injurious. Certainly, if injurious influence is exercised, it is too small to be determined or measured by any methods now at our disposal.

### NATURE'S METHODS OF PURIFYING WATER

In nature, water is purified by various methods, the chief of which are: (a) evaporation and condensation, which makes rain water the purest of natural waters; (b) the self-purification of running streams, which is a variable and uncertain quantity; (c) storage in lakes and ponds which clarifies water and in time eliminates danger; and (d) the physical, chemical, and biologic action of the soil upon water that

filters through the soil into the earth, which is one of nature's greatest purifying agencies.

**Evaporation and Condensation.**—The purifying action of the distilling and condensing process through which all meteoric water passes is one of nature's beneficent processes. Enormous quantities of sea water, marsh water, and polluted water of all kinds are thus returned to us suitable for domestic use. Somerville estimates that "186,240 cubic miles of water are annually raised from the surface of the globe in the form of vapor chiefly in the intertropical seas." Water is thus constantly being purified in nature. The ocean has been compared to a boiler, the sun to a furnace, and the atmosphere to a vast still. The cooler air of the higher atmosphere and colder zones acts as a condenser, causing the precipitation of the distilled water as rain. About three-fourths of the earth's surface (145,000,000 square miles) is covered with water, much of which is in the tropical belt.

**Self-purification of Streams.**—Streams become purer during the course of their flow. Of this there can be no doubt. This half-truth based upon chemical data has in the past suffered sanitarians to permit the use of water that now we know was responsible for much sickness and many deaths. Streams become purer, but not pure. Some impurities always remain, that is, the process is not complete and final. All surface supplies are now regarded with suspicion and are stored, filtered, or otherwise purified before they are used by educated communities.

It was formerly said that a stream purifies itself in seven miles. Such a generalization is absurd. We now know that it is not the distance so much as the time and opportunity for the various factors involved to become effective. Thus, Buffalo's sewage flows to Niagara's intake, a distance of about 16 miles, in a few hours. There is little chance for self-purification to take place, and despite the great dilution the danger is very great. Niagara's average typhoid rate for 10 years, from 1899 to 1908, was 132.9 per 100,000, the highest in the country. A brisk flow brings the microorganisms of disease alive and virulent to the intake of the water works below; sluggish flow or stagnation corresponds to storage and results in the destruction of most of the bacteria which cause water-borne infections.

A good instance of self-purification of streams was found in the studies of the Potomac River and its relation to typhoid fever in the District of Columbia. The Potomac River drains an area of about 11,400 square miles which, in 1900, contained a population estimated to be about half a million, or about 44 per square mile. The velocity of the flow of the Potomac is extremely variable. It takes from 4 to 7 days for the water to travel from Cumberland to Great Falls (where the Washington intake is located), a distance of about 176 miles. The

waters of the Potomac are directly polluted by sewage at numerous points. The direct pollution is contributed by about 45,000 individuals, or 9.1 per cent. of the total population on the watershed. Of this pollution about 80 per cent. enters the river at points 176 or more miles from the intake at Great Falls, about 15 per cent. enters it at points between 50 and 170 miles above Great Falls, and 5 per cent. is contributed by about 2,200 of the population and enters the river at points between 19 and 50 miles above the intake. There is practically no direct pollution of the Potomac within 19 miles of the intake. Here we have an instance of a stream draining an extensive and populous area and receiving industrial and human wastes from many thousand persons. Nevertheless, self-purification has occurred to such an extent that little, if any, of the typhoid fever occurring in Washington could be attributed to the use of this water.

The Mississippi River is perhaps one of the best examples of the self-purification of a stream, for, after draining almost the entire continental United States in a flow of over 3,000 miles, it is exceptionally free of intestinal bacteria at New Orleans, judged by the comparative absence of colon bacilli.

The principal factors concerned in the self-purification of water are varied and interesting. They are: (1) *Chemical*, the oxidation of nitrogenous organic matter, resulting in its reduction or mineralization; (2) *biologic*, the death of microorganisms through antibiosis, time, and various means; and (3) *physical*, such as dilution, sedimentation, sunlight, etc.

*Oxidation*.—Organic matter is gradually oxidized, thus diminishing the amount of food for bacteria. The activity of the oxidation depends largely upon the amount of dissolved oxygen in the water. It is therefore favored by falls, rapids, and a turbulent flow. It is mainly the aërobic bacteria which have an active proteolytic action, and are thus able to digest and destroy organic matter. During the course of flow the complex nitrogenous substances are thus mineralized. Chemical analyses show a rapid decrease in the amount of organic matter and an increase of nitrates, and diminution of nitrites. It was these facts that led chemists to conclude that flowing rivers soon purified themselves.

*Biological Factors*.—Minute animals, such as infusoria, amebae, water-worms, water-fleas, etc., which exist in countless numbers in certain waters, feed upon the organic matter and bacteria, and are a considerable factor in the self-purification of water.

*Time and antibiosis* play an important rôle in self-purification of streams, as they do elsewhere. Pathogenic bacteria die more quickly in a polluted water than in a pure water. It is probable that symbiosis and antibiosis here plays a part. The saprophytic bacteria somehow help

to kill off the dangerous varieties. Pettenkofer believed that the greater part of self-purification is due to the growth of algae and other low forms of vegetation which clear the water of its impurities in the same way that the higher plants utilize the decomposing manure on cultivated fields. This view is endorsed by Bokorny, Emerisch, and Br  ner and others who have studied the question. It is proved that these plants take up all manner of organic substances. This includes volatile fatty acids, amino-acids, glucose, and urea. The purifying effects of water vegetation are therefore placed near the head of the list of self-purifying agencies.

*Dilution and Sedimentation.*—Dilution is one of nature's real sanitary blessings. The abundance of water quickly dilutes the impurities under ordinary conditions so as to render them harmless. A small amount of infection in a great volume of river or lake water soon becomes so diluted as literally to become lost. It is true that one germ may cause disease just as a spark may start a forest fire, but the conditions must be exceptionally favorable. It is fortunate for us that a single typhoid, cholera, or dysentery bacillus, especially when attenuated, may not, as a rule, induce disease. It is further clear that the chances of receiving a single bacillus in the few glasses of water one drinks are mathematically very small when the dilution is very great. Owing to these facts and to the further fact that pathogenic spore-free bacteria soon become attenuated and die in water, dilution becomes one of our chief sanitary safeguards.

Sedimentation is favored by a slow-moving stream containing insoluble inorganic particles such as clay. In muddy streams such as the Mississippi and Potomac Rivers the water is purified in very much the same way that the snow clears the air. The particles, constantly settling, wash the water by enmeshing the bacteria, which are thus carried to the bottom, where they are imprisoned and die. It is almost a filtration process. The water is swept or scoured many times by the innumerable fine particles in a turbid stream. This is the same principle used to clarify water with chemical coagulants such as sulphate of alumina.

*Sunlight.*—The germicidal influence of sunlight exerts its power upon all surface waters. The depth of penetration is slight, but varies somewhat with the turbidity of the water, the strength and direction of the sun's rays, and other factors.

*Storage in Lakes and Ponds.*—Nature makes use of the purifying power of time in storing water in lakes and ponds and other surface collections. Very few parasites pathogenic for man multiply in water under natural conditions. In time they all die out. Hence a stored water is reasonably safe. In addition, the organic matter undergoes decay and returns to its simple mineral constituents. Hence a stored water will in time free itself not only of harmful parasites, but also of most

of its organic pollution. The stagnation of stored water has been described on page 1030.

The purifying power of the soil has been fully discussed in connection with the nitrogen cycle (page 998).

### **DISTILLED WATER**

The distillation of water is the only method known for rendering it pure in a chemical sense. From a hygienic standpoint it is ideal; from a practical and economic standpoint it has several objections. It is used especially on naval and other vessels and in some industries.

In the distillation of water the first portion of vapor contains a disproportionate amount of volatile impurities, if such are present. If the distillation is continued to dryness or nearly so the concentrated solution of mineral and organic matters suffers reactions by which more volatile matter is formed and the distillate is again contaminated. For these reasons standard distilled water usually includes only what is technically termed the "middle run of the still," some of the first portion being rejected and the distillation stopped before all the water passes over.

Distilled water, even when obtained with precautions, is not always acceptable for drinking purposes. The taste is flat and suggestive of scorched organic matter. This is often ascribed to the want of aëration, but in many cases the sample is not improved by thorough aëration. Even when so improved, the additional operation adds expense, and unless purified air is used it adds organic matters living and dead. Leffmann believes that the disagreeable taste of distilled water is often due to volatile matter.

The economic production of a high-class distilled water is to be desired both from a sanitary and technical point of view, such as for use by brewers and bottlers of soft drinks, laundries, paper mills, and many other processes requiring clean and pure water.

Statements are occasionally made that distilled water is too pure and hence not well adapted for drinking purposes, but these statements are not based upon physiological principles or clinical experience.

### **BOILED WATER**

Boiling renders water safe so far as water-borne infections are concerned. It also destroys the true toxins and probably renders most poisonous substances of organic origin that may be in the water harmless. Water containing lead and other stable chemical substances injurious to health would not, of course, be rendered safe by boiling.

For the traveler, the camper, and others who must use water of various sources, the character of which cannot be readily ascertained, the only safe procedure is to have his own tea kettle and little alcohol lamp. Enough water may be boiled in a few minutes in the morning or evening to last twenty-four hours or more for personal use. Chlorinated lime may also be used for this purpose. See page 1139.

Boiling drives off the dissolved gases, which gives to boiled water a flat taste. This may be corrected by shaking the water in a bottle or stirring with an egg-beater, or simply exposing it to the air over night, care being taken not to recontaminate it. The disagreeable taste of boiled water is partly due to changes in the organic matter which take place at 100° C. As a matter of fact, it is not necessary actually to boil water to render it safe so far as typhoid, cholera, dysentery, and other non-spore-bearing infections are concerned. A temperature of 60° C. for twenty minutes or 70° C. or 80° C. for a few moments is sufficient. However, in the kitchen, where thermometers and scientific care are not expected, it is better to require the water actually to boil to insure safety, especially in waters known to be infected or during epidemics. Boiled water may be kept in covered pails or conveniently placed in well stoppered bottles, in which case it may be iced without the risk of contamination.

## FILTERS

**Slow Sand Filters.**—Slow sand filters, also called English filter-beds, consist of large, shallow, tight reservoirs suitably underdrained and containing some five or six feet of stratified filtering material of progressive degrees of fineness, beginning at the bottom with broken stone or gravel and ending with an upper layer of fine sand. The water is passed through such a filter very slowly, from above downward. The cleansing of such a filter is done by removing the surface layer of dirty sand.

Slowly passing water in this way through sand purifies it biologically, physically, and chemically; nearly all of the objectionable bacteria as well as other microorganisms are removed and many of the particles in suspension are strained out and much of the organic matter is oxidized.

This process is called "slow" sand filtration to distinguish it from the rapid process known as mechanical filtration. The slow sand filters are spoken of as the English method, or as English filter-beds, because it was in England that they originated;<sup>1</sup> whereas the mechanical filters

<sup>1</sup>The first recorded attempt to filter water through sand was in 1829 when the one-acre slow sand filter was built by James Simpson for the East Chelsea Water Co., at London, England. In 1872 a plant was built at Poughkeepsie,

are spoken of as the American method, because this process was developed in this country to meet our special needs. The student should have a clear comprehension of the differences between these two methods.

The water in the slow sand filter passes very slowly through a layer of sand; the filter chokes by the clogging of the superficial layer of sand, and the cleansing of this type of filter is done by removing this layer or *Schmutzdecke*, as it is called. Mechanical filtration, on the other hand, consists in first adding a coagulant such as sulphate of alumina and then passing the water rapidly through a layer of sand.

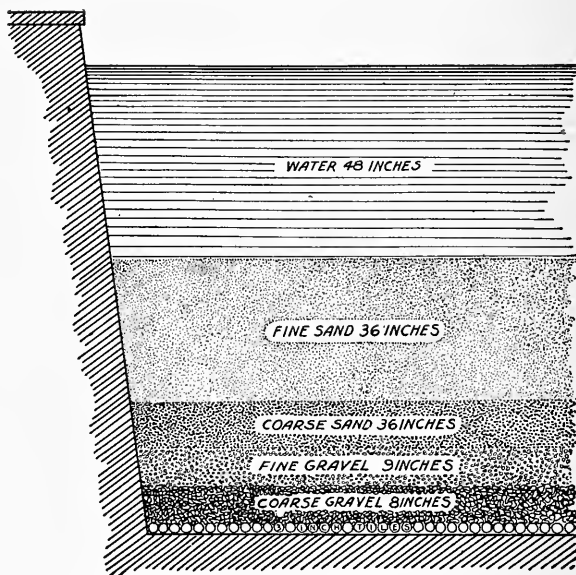


FIG. 117.—SECTION OF AN ENGLISH FILTER-BED.

The sand is cleansed mechanically by clever devices and by a reversed current of the water.

The slow filtration of water through sand originated as an empiric process imitating nature's method of purifying water as it slowly passes through the soil. It was used before the chemistry or bacteriology of the process was understood. In fact, the intimate processes concerned in slow sand filtration are not yet part of our philosophy. We know that the spaces between the sand are enormous when compared with the size of bacteria; nevertheless, over 99 per cent. of the bacteria are held in the superficial layers of the sand. Nitrification and oxidation of organic matter also take place. The process is not a simple straining,

N. Y., in accordance with plans prepared by Mr. James P. Kirkwood, which was the first practical attempt at purification of a municipal water supply in America.



that is, a simple mechanical filtration. It is a "vital" process in which bacterial activity plays a very large part. The bacteria, algae, and other microorganisms resting upon the upper layer of the sand grow and form a zoögleal mass; each grain of sand becomes coated with a gelatinous and adhesive growth. A continuous layer forms upon the surface a carpet-like mass which constitutes the *Schmutzdecke*. This *Schmutzdecke* effectively holds back the bacteria in the water.

The removal of the bacteria then is largely due to the action of the bacteria themselves, but a visible *Schmutzdecke* is not essential for successful sand filtration. In Hamburg, Lawrence, and other cities a greenish or brownish, slimy *Schmutzdecke* is formed upon the surface of the sand, and gradually becomes so thick and dense as to offer much resistance to the passage of the water itself. The *Schmutzdecke* is then removed. This can readily be done by scraping or shoveling, or by

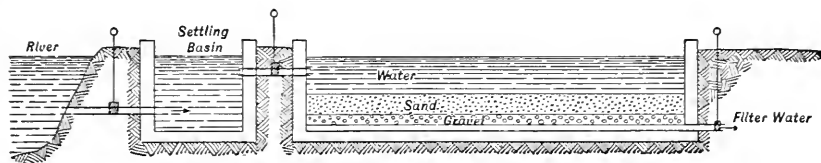


FIG. 118.—THE ARRANGEMENT OF A SLOW SAND FILTER.

washing the surface sand with special apparatus. Where a visible *Schmutzdecke* is not formed, as in Washington sand filters, it is probable that the microorganisms which form a zoögleal mass do not find favorable conditions for growth. Nevertheless, in this case the surface layer of the sand becomes clogged in the usual manner and the underlying sand is quite clean. The bacteria that escape the surface action are caught upon and stick to the mucilaginous coating of the sand particles, where they perish as in a trap. The experiments of the Massachusetts Board of Health at Lawrence show that filtration may be as effective from a bacteriological standpoint without the visible *Schmutzdecke* as with it.

**Construction and Operation.**—In view of the importance of the subject the student should be familiar with the general principles and some of the details concerning the construction and method of operating a slow sand filter.

It is advisable to let the water settle before it is applied to the sand for the reason that this prevents undue choking or clogging of the filters and thus effects a great economy. One of the main items in the cost of maintaining a slow sand filter is the scraping of the surface layer and the washing of the dirty sand. There are several preliminary methods of treating the water before it is applied to the filter. These methods differ with the character of the water, and consist in the

main of screening, scrubbing, or coagulation. These processes are discussed more in detail upon another page.

A slow sand filter requires an extensive tract of land, for it should be recalled that only two and one-half to five million gallons of water should be filtered per acre per day. The filter should be conveniently located near the community it is to serve, and the high price of urban property is an important economic consideration. Thus, in Washington it requires 21 acres alone for the filter-beds to furnish 63,000,000 gallons of water daily at a 3-million-gallon rate per acre. The settling basins, storage basins for the filtered water, sand-washing apparatus, pumping station, laboratory, and other accessories require considerably more land.

The entire filtering surface is divided into units known as filter-beds. The size of each filter-bed has grown with the development of the art. In the filters recently constructed each bed occupies about one acre. Each bed must be an independent unit, so that the rate of filtration, the cleaning and all other operations may be carried on without disturbing the other beds. The pipes carrying the effluent from each filter-bed must be so arranged that the water may be wasted or utilized. Where the climate is cold, filters should be covered to prevent freezing.

In construction a filter-bed is built very much like an ordinary reinforced concrete reservoir. The bottom and sides must be water-tight, for failure in this regard may be annoying and dangerous for the reason that there may be considerable loss of filtered water or entrance of pollution from the outside if the pressure is reversed. The sides of the bed are usually vertical, although it is of some advantage to make them slanting or with horizontal ledges in order to diminish leaks.

The sand may be obtained from a river bed or from sand banks; the grains should be sharp, hard silicates. If the sand contains clay this should be removed by washing before it is used. It is also important that the filtering sand should be free from lime, which has a tendency to make the water hard. The average diameter of the sand best suited usually varies from 0.2 to 0.3 millimeter. It is especially important that the particles should be mainly of the same size. This is determined by establishing the coefficient of uniformity.

The sand used for filtration contains particles of various sizes; the water is forced around the larger particles and through the finer interstices which occupy the intervening spaces, so that it is the finest portion which mainly determines the efficiency of the sand for filtration. According to Hazen, a provisional basis which best accounts for the known facts considers the size of grain such that 10 per cent. by weight of the particles are smaller and 90 per cent. larger than itself. This is considered the *effective size*, and is determined by sifting a weighed amount of the sand through a series of sieves. Another important point

in regard to the sand is its degree of uniformity; that is, whether the particles are mainly of the same size or whether there is a great range in their diameters. This is shown by the *uniformity coefficient*, a term used to designate the ratio of the size of grain which is 60 per cent. of the sample finer than itself to the size which is 10 per cent. finer than itself.

The usual thickness of the sand layer varies from 12 to 48 inches. The Imperial Board of Health of Germany has fixed 12 inches as the limit below which the sand should never be scraped. The higher limit is advisable wherever practicable. In this country the usual depth of the sand layer is about 3 feet, and this is reduced by successive scrapings for the purpose of cleaning until it approaches 12 inches, when the sand is replaced. A thick sand layer has a steadying action upon the water on account of the increased friction, and thus aids in preventing irregularities in the rate of filtration.

The sand rests upon a stratified layer of rock and gravel laid in graded sizes which supports it so that it does not work its way down into the underdrains.

The size, position, and nature of the underdrains are a very essential part of the construction of a slow sand filter. The underdrains must be set so that the rate of filtration will be the same in all parts of the filter. If this part of the apparatus is not properly designed in a filter-bed having the broad expanse of an acre the water may pass through the sand in certain portions at the rate of ten or more million gallons while it may be found that at other portions there is practically no flow at all.

The depth of the water above the sand is usually 3 feet. In European filters the depth varies from 3 feet to 52 inches. It is comparatively easy through simple mechanical devices to regulate the flow of the applied water so that the depth of the water above the sand will remain uniform.

Probably the most important factor in the operation of a slow sand filter is the rate of filtration. The tendency has been gradually to reduce the rate during the past thirty years. In this country slow sand filters are usually run at a rate of about 2,500,000 to 3,000,000 gallons per acre per day. Three million gallons is the maximum rate commonly allowed. During times of stress, however, or for other reasons, the rate is sometimes speeded up to five or six million gallons per acre daily. In Hamburg the filters are not allowed to run faster than 1,600,000 gallons, and in Berlin 2,500,000 gallons. Water passed through sand at the rate of 4,800,000 gallons per acre daily has a vertical movement of 3.94 inches in an hour. When the rate is 2,400,000 gallons the vertical motion is 1.97 inches per hour, and when the rate is slower the vertical motion is correspondingly diminished. It will

thus be seen that this process is well named in that the water passes very slowly through the filter. This is of fundamental importance because the hour or more during which the water rests upon the surface of the sand and passes through the superficial layer is the critical time when the bacteria are enmeshed in the *Schmutzdecke* or adhere to the particles of sand and the other biological and chemical processes take place. The tendency of engineers is to increase the rate of filtration on account of the evident economy; the tendency of sanitarians is to diminish it so as to keep well within the factors of safety. If hypochlorite or chlorin is added to the filtered water there is no objection to speeding up the rate of the filter. The rate of filtration may be governed by automatic devices or may be controlled by hand by simply regulating

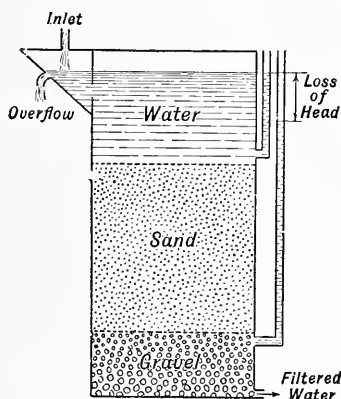


FIG. 119.—DIAGRAM ILLUSTRATING  
"LOSS OF HEAD."

the valve which governs the pipe carrying the effluent from each filter-bed. The friction of the sand layer varies from time to time, so that careful attention is required in order to maintain a steady flow and a constant rate, which is essential, for sudden variations in rate are fatal to the successful purification of water by the slow sand process.

The friction of the sand is measured by the loss of head. The loss of head is the difference between the level of the water above and below the sand layer measured in water gauges. This loss represents the friction or resistance of the sand layer. It greatly increases as the filter clogs up. When a filter is new or perfectly clean the loss of head is usually about 0.2 foot or less; when it exceeds 4 feet the rate of filtration cannot be maintained at 3,000,000 gallons per acre daily with the devices provided, and the filters must be cleaned.

The length of time a filter may run before the loss of head becomes so great that it becomes unprofitable and requires cleaning varies from a few days to many months. The time depends upon the character of the water, the rate of filtration, and temperature, the formation of the *Schmutzdecke* and many other factors. In cleaning a filter it is sufficient to scrape off only enough sand to a layer that appears clean. As a rule the sand immediately below the surface is not apparently soiled, and usually it is not necessary to take off more than an inch or so of the surface layer. This sand is removed to special cleaning devices, where it is thoroughly washed with filtered water and then stored in bins and replaced when the sand layer reaches a depth of about 12

inches. The *Schmutzdecke* and the surface layers of the sand are usually removed by hand with broad shovels. There are also mechanical devices which accomplish the same purpose. After cleansing, the effluent from a filter-bed should be wasted until the bacteriological examination shows that the filter is again performing efficient work. This may require several days, the time varying with the temperature and other conditions.

**Efficiency and Control of Slow Sand Filters.**—The efficiency of a slow sand filter is mainly measured by a comparison of the number of bacteria in the raw and filtered water. A good filter should eliminate at least 99 per cent. of the bacteria, provided the applied water is grossly polluted. In any event the filtered water should not contain over 100 bacteria per cubic centimeter and very few colon bacilli. It is to be noted that all the bacteria in the filtered water do not represent those that actually pass through the sand. Some of them grow in the underdrains and gravel layer and are, so far as known, harmless varieties.

In Germany the rate of filtration and other factors are minutely regulated and controlled by official ordinances. In this country the operation of the filter is usually left to the individual caprice of the engineer in charge.

New Jersey has recently (August, 1918) passed a law requiring the examining and licensing of operators of water and sewage treatment plants, under the direct control of the State Department of Health. This appears to be pioneer legislation of this kind in this country.<sup>2</sup>

A slow sand filter cannot be effectively operated without skilled superintendence of an engineer expert in the art of water purification. It also requires a small laboratory with a competent bacteriologist, who must make daily observations of the applied water and the effluent from each filter. The effluent from a filter not giving good results should be wasted. The water from a new filter, or one just scraped, should not be used until the bacterial results show that it is accomplishing effective purification.

There are many ways by which a better effluent may be secured, such as the use of lower rates of filtration, finer grained filtering materials, and more complete preliminary treatment, such as settling basins, storage, or chemical coagulation. The filtered water may be further purified with hypochlorite of lime, chlorin, ultraviolet rays, or ozone. It requires a surprisingly small amount of hypochlorite practically to sterilize a filtered water. In Pittsburgh 0.13 part of bleaching powder (measured as available chlorin) per million parts of water is sufficient for this purpose.

<sup>2</sup>The need for expert supervision was recently shown by the occurrence of an epidemic of typhoid fever at Xenia, Ohio. The city's drinking water was treated with bleach, and therefore was considered safe. It developed on investigation that the hypochlorite used had a chlorin content lower than specified.

Because slow sand filtration has achieved such marked success with some waters and greatly reduced the amount of typhoid is no reason why it should be universally recommended under all circumstances. To recommend slow sand filtration in all cases would be as irrational as to recommend the use of antitoxin in every case of sore throat. A correct diagnosis is essential. Every water cannot be successfully or economically treated by this process alone. Thus, the very turbid waters of our South and West contain particles of clay so fine that they pass a sand filter. No amount of sand filtration will take out some of these particles. The Potomac water in times of high turbidity may be passed through a sand filter three or four times without removing the residual turbidity due to these microscopic particles. To apply a very turbid water to a sand filter soon chokes it and adds unnecessarily to the difficulty and expense of the process. The particles may be so fine that they will not all settle even when the water is given long storage. There are several ways of solving this problem, which is of first magnitude for the purification of the surface water of a large part of our country. One of the best ways is to provide large storage reservoirs, so that the water may be taken from the river only at favorable times, rejecting the flow during periods of high turbidity. Another is to use preliminary coagulation with aluminium sulphate and provide for sedimentation before applying the water to the sand. Much of the turbidity may be removed by a rapid preliminary filtration through some coarse material such as charcoal, sponge, etc. This process is known as scrubbing. No general rule can be set down. Waters differ radically, and the same stream varies from time to time. Each problem must be studied and solved in relation to its own special condition. Whether the filtered water should be further purified with bleaching powder, chlorin, ultraviolet rays, or ozone depends upon circumstances.

**Results of Slow Sand Filtration.**—The cities listed in the table on the following page purify their water supply by slow sand filtration.<sup>3</sup>

The good results of purifying water by the slow sand method have been abundantly demonstrated in Altone, near Hamburg, in 1892, during the cholera epidemic; also in Hamburg since 1893 and in Lawrence also since 1893; further in Albany, Philadelphia, Pittsburgh, Berlin, Paris, and many English cities. It should be noted especially at Albany that the typhoid rate did not come down immediately after filtration. It sometimes requires one or two years to reach the residual or "normal" rate. In a few instances, such as Washington, D. C., and Youngstown, O., filtration of the water was not followed by a noticeable diminution in the typhoid rates, presumably due to the fact that little of the typhoid fever in these places was water-borne.

The best results in water purification, as measured by the improve-

<sup>3</sup> List furnished by Allen Hazen, March 31, 1920.

LIST OF SLOW SAND FILTRATION PLANTS IN U. S. AND CANADA

	Population	Date of Installation	Area in Acres	Capacity in Million Gallons per Day
Philadelphia .....	1,549,000	1902	70	420
Pittsburgh .....	533,905	1908-10	56	225
Montreal .....	450,273		6	60
Toronto, Ont.....	376,538	1910	9.6	60
Washington .....	331,069	1905	29	87
Indianapolis .....	233,650	1903	4.5	24
Providence .....	224,326	1904	10	24
Denver .....	213,381	1890	10	30
New Haven.....	133,605	1905	4	15
Lowell .....	106,290	1915	1	10 iron removal
Albany .....	100,253	1899	5.6	17
Hartford .....	98,915	Building	4.25	23
Reading .....	96,071	1911-13	7.0	22
Springfield (Lud- low) .....	88,926	1906	4	12
Springfield (Little River) .....		1909	3	15
Wilmington .....	87,411	1909	2	15
Lawrence .....	85,892	1893-1907	3.25	7
Yonkers .....	79,803	1903-06-13	4	10
Superior .....	40,384	1899	0.5	5 iron removal
Poughkeepsie .....	27,936	1874	1.36	5
Brookline .....	27,800	1915	1	5
Ogdensburg .....	15,933	1912	0.8	3
Peekskill .....	15,245	1909	0.8	3
Steeleton .....	14,246	1907	0.435	4
Dover, N. H.....	13,247	1902	0.4	2
So. Bethlehem.....	13,241	1905		4
Milford, Mass....	13,055	1902	0.261	0.8
Geneva, N. Y.....	12,446	1911		3
Ashland, Wis.....	11,594	1895	0.5	2
Hudson .....	11,417	1876	0.74	2.5
Coatesville, Pa....	11,084	1915	0.5	2
San Angelo, Texas.	10,323			1
So. Norwalk.....	8,970	1907	1.25	2.5
Middleboro, Mass..	8,210	1913		1.0
Greeley, Col.....	8,180	1906	2.5	5.0
St. Johnsbury, Vt..	8,100	1897		2.5
Fostoria, Ohio.....	7,730	1907	0.67	1.5
Marblehead, Mass..	7,340	1908		2.0
Putnam .....	7,280	1907	0.224	1.0
Somersworth, N. H.	6,700	1898	0.5	1.5
Mechanicsville, N. Y.....	6,630			2.6
Ilion, N. Y.....	6,590	1893	0.14	1.02
Franklin, N. H....	6,130			0.5
Gardiner, Me.....	5,311		0.4	1.0
Canon City, Col....	5,160	1908	1.0	2.0
Lambertville, N. J.	4,637	1896	0.3	
Nyack, N. Y.....	4,620	1899	0.38	2.0
Bethel, Conn.....	3,790			0.5
Apollo, Pa.....	3,010		1	2.0
Bar Harbor, Me....	{ 3,000 10,000 }	1906	0.8	2.5
Westfield, N. Y....	2,990		0.5	1.0
Nantucket .....	2,962	1892	0.11	0.55
Hot Springs, S. D..	2,140		0.4	
Yuma, Ariz.....	2,910	1903	0.3	

LIST OF SLOW SAND FILTRATION PLANTS IN U. S. AND CANADA—*Continued*

Population	Date of Installation	Area in Acres	Capacity in Million Gallons per Day
Baltimore Water Co. ....	1905	0.5	1.5
Deposit, N. Y. .... 1,860		0.11	0.5
Mellen, Wis. .... 1,830			0.2
Hamilton, N. Y. .... 1,689			1.5
Matawan, N. J. .... 1,650			0.2
Marion, N. C. .... 1,520			0.3
Buena Vista, Cal. .... 1,040			0.5
Berwin, Pa. .... 1,000	1898	0.5	2.0
Marion, Mass. .... 1,000			0.3
Harrisburg, Pa. Hosp. ....	1899	0.12	0.15
Poughkeepsie, H. R. Hosp. ....	1905	0.3	1
Brooklyn, Bayside. ....	1909	0.4	2.0
Brooklyn, N. Y. ....	1909		1.0
Red Bank, N. J. ....	1897	0.03	0.10
Calexico, Cal. .... 800			
Brooklyn:			
Forest Stream. ....	1905	2.0	6.0
Hempstead. ....	1905	0.9	3.0
Far Rockaway. ....	1896	0.92	10 iron removal

ment in the health and reduction of the death rate among those who use the water, have been obtained with slow sand filters. Hazen believes that this is probably because the method is an old one, has been long and carefully studied, and has been applied on a large scale in well-perfected forms for many years, rather than to any natural superiority of the method.

The purification of water through slow sand filtration not only diminishes the amount of typhoid and other water-borne intestinal infections, but is believed also to reduce the general death rate. This fact, known as the Mills-Reinecke phenomenon, is discussed on page 1148.

**Mechanical Filters.**—The essential and characteristic features of mechanical filtration are: (1) The addition of a chemical precipitant or coagulant to the water, and (2) then passing the water rapidly through a layer of sand. These are either the gravity or the pressure type. The filtering sand is contained in a large wooden, iron, or concrete tank so arranged that it can be mechanically washed.<sup>4</sup> These filters are well named, not only because the filtering sand is washed mechanically, but because the action is more strictly a mechanical strain-

<sup>4</sup>Mechanical filters date from 1884, when the process was patented by J. W. Hyatt and Professor Albert R. Leeds. They were first used municipally at Somerville, N. J., in 1885. The Hyatt patent expired in 1901, and since then numerous improvements in details have been made and patented, considerably improving the art of cleaning water through this process.

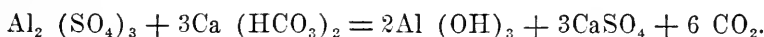


ing, whereas biological processes are the main features in the purification of water passing through a slow sand filter.

*Washing the Filters.*—The filters are washed by a reversed flow of water. The sand may be agitated by compressed air; originally revolving rakes were used in small installations. When a “high velocity wash” is provided, as is usually the case, twenty gallons or more filtered water per square foot of filter per minute is forced in a reversed direction through the sand. This rate provides sufficient force to “boil” the sand, at the same time ridding it of retained coagulum. Low velocity washing occasionally used in conjunction with compressed air saves filtered water. This requires filtered water to the extent of 5 per cent. of the total daily pumpage.

It has been found that the periods of operation in some instances can be more than doubled by shutting the effluent valve to allow air and gases entrained in the sand to rise, or by slowly passing filtered water back to drive it out without disturbing the sand.

**Coagulants.**—The *coagulants* commonly used are sulphate of aluminium, sometimes alum, occasionally sulphate of iron. The alkaline carbonates present in the water decompose the aluminium sulphate with the formation of aluminium hydroxid, which is thrown out of the solution as a flocculent, colloidal, jelly-like precipitate. The reaction is as follows:



Calcium bicarbonate is necessary to break up the alum, and if not normally present in the water some lime or soda must be added. The reactions and methods of estimating the quantities are given in detail on page 1141. The precipitated aluminium hydroxid clears the water very much as white of egg clears coffee. Suspended matter, including bacteria and inorganic particles, are enmeshed and deposited on the surface of the sand. Thus it will be seen that an artificial inorganic *Schmutzdecke* is produced upon mechanical filters instead of the natural organic *Schmutzdecke* of the slow sand filter-bed. When this deposit becomes abundant enough to clog the filter the filter is washed by reversing the flow and mechanically agitating the sand.

It is advisable to provide coagulating basins to hold the water for a short time after it has received the coagulant, in order to allow the chemical reaction resulting from the treatment to take place. Such basins also serve to remove by sedimentation much of the precipitate, and the filters therefore do not clog so readily, and cleansing is not required so frequently.

The rate at which water is passed through mechanical filters is very great when compared with slow sand filters. Rates varying from 125,000,000 to 175,000,000 gallons per acre per day are used.

One hundred and fifty million gallons per acre daily may be taken as a fair average of what is to be expected of them. On account of the rapid rate of filtration there is great economy of space. However, while the mechanical filters are cheaper when first cost is considered, the advantage is with slow sand filters as far as cost of maintenance is concerned.

The proper amount of coagulant is added to the water by means of a small automatic measuring apparatus. It requires, as a rule, about one or two grains of alum or sulphate of aluminium for each gallon of water to be treated. The amount of alum added to the water must vary from time to time, depending upon the turbidity, the reaction, and also upon the amount of calcium carbonate in the water. The turbidity and composition of many of our streams vary suddenly and require a watchful eye. If too little alum is added the effluent will not be clear; if too much is used the effluent will contain the excess of alum in solution. Mechanical filters, therefore, require intelligent and constant supervision in order to furnish satisfactory results.

Mechanical filtration meets with special favor in this country because it affords a comparatively cheap method of supplying a clean-looking water from a very turbid source. The process is particularly applicable to the muddy streams of our South and West. In fact, it is the only known method of rendering some of these waters quite free of turbidity.

Mechanical filters, when properly manipulated, will take out most (from 95 to 99 per cent.) of the bacteria contained in the raw water. The bacterial purification, however, is not as constant and uniformly high as that obtained by slow sand filtration. The aluminium hydroxid also takes out much of the soluble coloring matter which the water may contain, as well as its turbidity.

Judged by the effects upon morbidity and mortality, mechanical filtration of water alone has in no instance given the same satisfactory results afforded by slow sand filtration. Most of the older mechanical filters in use in America fell short in hygienic efficiency. This was especially true with the old and inferior plants which often were without skillful supervision.

In 1900, according to Hazen, 1,860,000 people, or 6.3 per cent. of the urban population of the United States, were being supplied with filtered water. In 1904 the number of people so supplied had increased to 3,160,000, or 9.7 per cent. of the urban population of the country. Since that time many large cities have installed filter plants, until (1913) about 8,000,000 people, or over 20 per cent. of the urban population, were being served with filtered water. Most of this filtered water is now also treated with bleaching powder or chlorin.

THE DIFFERENCE BETWEEN SLOW SAND AND MECHANICAL FILTRATION

<i>Slow Sand Filtration</i>	<i>Mechanical Filtration</i>
English system or English filter-beds—originated in England.	American system — developed in America to meet our special needs.
Has been long in use and effectiveness is established.	Comparatively recent (since 1884), and hygienic effectiveness not fully established.
Preliminary treatment not an essential part of the process, though sometimes desirable.	A coagulant is first added to the water—sulphate of aluminium, alum, or sulphate of iron.
Water passes slowly through a layer of sand, in large, shallow, tight reservoirs.	Water passes rapidly through a layer of sand in small wooden, concrete, or iron tanks.
Usual rates from 1,600,000 to 5,000,000 gallons per acre per day.	Usual rates 100 to 200 times as rapid—100,000,000 to 175,000,000 or more gallons per acre daily.
Cleaned by scraping surface layer of sand— <i>Schmutzdecke</i> .	Cleaned by reversed flow of water and mechanical agitation of the sand—hence the name “mechanical” filtration.
The process is mainly biological, partly a mechanical straining. Duplicates nature’s process of purifying water.	The process is mainly a mechanical straining. An artificial imitation of nature’s process.
Partial oxidation of nitrogen compounds.	Chemical indices of pollution not affected.
First cost is large; maintenance comparatively small.	First cost is comparatively small; maintenance large.
Especially serviceable for water having little turbidity.	Especially suitable for turbid waters, containing silt and clay.
Removes about 20 per cent. of the coloring matter.	Takes out nearly all of dissolved coloring matter.
Removes about 99 per cent. of the bacteria; action is uniform.	When properly operated removes from 95 to 99 per cent. of bacteria—less uniform.
Favorable effect upon health demonstrated.	Hygienic efficiency not established, but doubtless would be more satisfactory if well operated.

**Recent Tendencies in Water Purification.**—The development of water disinfection with chemicals (bleach or chlorin) has lessened the importance of filtration as a sanitary safeguard. Chemical disinfection invariably follows filtration; that is, filtration is now used to render the water clean, disinfection to render it safe. Filtration is now used mainly to remove turbidity and color; chemicals are used to kill typhoid and other bacteria. The sanitary importance of filtration, therefore, is

The following is a partial list compiled by Hazen of places in the United States where mechanical filters are in use:

Place	Population 1910	Capacity of Filters in Gallons per Day
Cincinnati .....	363,591	112,000,000
New Orleans.....	339,075	44,000,000
Minneapolis .....	301,408	20,000,000
East Jersey Water Co.....	300,000	32,000,000
Hackensack Water Co.....	250,000	24,000,000
Louisville .....	223,928	37,000,000
Columbus .....	181,548	30,000,000
Toledo .....	168,497	20,000,000
Atlanta .....	154,839	21,000,000
Seranton .....	129,867	6,000,000
Grand Rapids.....	112,571	20,000,000
Kansas City, Kan.....	82,331	6,000,000
Youngstown .....	79,066	11,000,000
St. Joseph.....	77,403	11,000,000
Fort Worth.....	73,312	5,000,000
Evansville .....	69,647	12,000,000
Norfolk .....	67,452	8,000,000
Oklahoma City, Okla.....	64,205	4,000,000
Harrisburg .....	64,186	12,000,000
Charleston .....	58,833	5,000,000
East St. Louis .....	58,547	11,000,000
Terre Haute .....	58,157	9,000,000
Binghamton .....	48,443	8,000,000
Little Rock.....	45,941	5,000,000
York .....	44,750	4,000,000
Chattanooga .....	44,604	9,000,000
Davenport .....	43,028	7,000,000
McKeesport .....	42,694	10,000,000
Augusta, Ga.....	41,040	6,000,000
Macon .....	40,665	.....
San Diego.....	39,578	5,000,000
Chester .....	38,537	4,000,000
Montgomery .....	38,136	1,000,000
Elmira .....	37,176	7,000,000
Quincy .....	36,587	4,000,000
Knoxville .....	36,346	4,000,000
Newcastle .....	36,280	4,000,000
Springfield, Mo.....	35,201	6,000,000
Lexington, Ky.....	35,099	3,000,000
Oshkosh, Wis.....	33,062	2,000,000
Cedar Rapids.....	32,811	2,000,000
Decatur .....	31,140	.....
Niagara Falls.....	30,445	16,000,000
Lorain .....	28,883	9,000,000
Danville, Ill.....	27,871	6,000,000
Newport, R. I.....	27,149	6,000,000
Watertown, N. Y.....	26,730	6,000,000
Waterloo, Ia.....	26,693	.....
Columbia, S. C.....	26,319	8,000,000
Elgin .....	25,976	2,000,000
Kingston .....	25,908	.....
Wilmington, N. C.....	25,748	2,000,000
Newark, Ohio.....	25,404	2,000,000

And about 250 smaller plants.

lessened, where reliance is placed on chemical disinfection. For these reasons, sand filters are speeded up. This tendency has an element of danger, for the factor of safety in many municipal water plants is now very small. Accidents happen with dire results.

Nearly all of our large cities have adopted filtration or chlorination or both. Boston is practically alone at present in supplying an unfiltered, untreated water. The most notable recent developments in municipal water supplies may be found in impounded and gravity supplies. New York City proposed to add a rapid sand filter of 320 million gallons per day to the Croton supply. Los Angeles uses a mountain stream 250 miles away for her drinking water, while the Hetch-Hetchy project for San Francisco is 175 miles distant from that city.

**Household Filters.**—The domestic filter as ordinarily used in the household has limited sanitary value. The purification of water, even by so simple a method as straining, requires a degree of care, knowledge, and experience that is not found in the kitchen. If a water is infected, reliance should not be placed upon any household filter operated in the usual way. It is possible in the laboratory by the use of special precautions to pass water through a Pasteur-Chamberland or a Berkefeld filter so as to obtain a sterile filtrate. This requires skilled bacteriological manipulation of a kind that cannot be attained in ordinary service in the house. I have seen janitors "clean" a filter in such a way as to actually contaminate the water.

There are two main types of household filters: one made of unglazed porcelain (kaolin), known as the Pasteur-Chamberland, and the other made of diatomaceous earth, the Berkefeld, or Mandler. Even in the closest grained unglazed porcelain filter the pores of the filter are larger than the bacteria. The bacteria do not get through on account of the tortuous passage; they adhere to the particles that make up the filtering substance. But if conditions are favorable, bacteria, such as typhoid, may soon grow through its walls. The Berkefeld or Mandler filters of diatomaceous earth are more porous than the Pasteur-Chamberland filters.

When a water is not infected, but turbid, household filters are serviceable in rendering it clear. They are specially useful when the turbidity is due to clay or to iron, or other inorganic particles that may readily be removed by simple straining.

The sanitarian places no reliance upon the filtration of water in the household, and for drinking purposes such water, if infected, or suspected, should be boiled. The boiling should be the last process.

Filters of natural stone, charcoal, asbestos, and a great variety of porous substances are on the market for domestic use. These filters may be useful in cleaning water that is turbid, but they cannot be depended upon to purify an infected supply.

**Scrubbing or Roughing Filters.**—Scrubbers are rapid coarse-grained filters through which turbid water is passed at a very high rate in order to remove coarser particles and some of the turbidity. This process of scrubbing the water is principally used as a preliminary to sand filtration. It is designed to protect the sand filters from clogging up too quickly and thus economize the operation. Scrubbers, also known as roughing filters, consist of some porous substances such as sponge, coke, and lava. The principal difficulty connected with a scrubber is an efficient and economical device for cleaning them, which must be done at frequent intervals.

**Screening.**—Screening or straining is used particularly to remove fish and floating leaves, sticks, etc. Screens may consist of steel bars arranged so that they may be easily raked off, or of wire cloth arranged in pairs, so that while one screen is raised for cleaning its mate is below in service. Revolving screens are efficient. The motion should be continuous, and the cleaning is done on that part of the screen above the water by jets of water playing upon it. Screening is of no service in removing algae or microorganisms, and can only be depended upon to remove the coarse particles, and is only necessary where the water contains such material. Thus, St. Paul uses a motor-driven rotary screen of 80 mesh monel metal to eliminate vegetable and solid matter in its lake-water supply.

## STORAGE

The storage of water is one of the simplest and best means of purifying it. The first cost may be large, but the cost of maintenance is comparatively trifling. Harmful bacteria soon die in a stored water, the solid particles settle out, the organic matter is largely oxidized, the color is gradually bleached, and other improvements take place. Storage takes advantage of many of nature's methods of purifying water, viz., time, sunlight, dilution, sedimentation, oxidation, and antibiosis.

A stored water may deteriorate in quality owing to the growth of algae and the decomposition of organic matter. Algae and diatoms grow in stored water exposed to sunlight, particularly in warm weather. While these organisms are not harmful, they impart disagreeable tastes and odors to the water. See page 1050. The decomposition of the organic matter in a storage water may also cause unpleasant tastes and odors, especially at the spring and fall overturn. See page 1031. Waters stored in a closed reservoir keep without deterioration, and the advantage is therefore manifest. Filtered water should always be stored in covered reservoirs, not only to protect it from strong light, but also to prevent contamination from dust and other sources.

## SEDIMENTATION

Sedimentation is of limited use in improving the sanitary quality of a water. Sedimentation basins are frequently used as a preliminary process in water purification. It is the cheapest way of removing relatively large particles which will settle out in a moderately short time. There is also a sanitary advantage in that the suspended particles mechanically carry down with them some of the bacteria. The water, as a rule, does not remain in the sedimenting basins long enough to obtain the full effects of storage.

Sedimentation is a very important factor in the bacterial purification of flowing streams. The effect of sedimentation is most manifest when the flow of water is rapid enough to prevent accumulation, at any point, of the products of bacterial multiplication, but not so rapid as to interfere with a comparatively rapid action of gravity. Turbid streams purify themselves through sedimentation more quickly than clear streams, owing to the washing or scouring action of the particles as they fall through the water.

## CHEMICAL METHODS OF PURIFYING WATER

Methods for chemically purifying drinking water include the use of lime, ozone, permanganate of potash, various metals and their salts, and chlorin and its compounds the hypochlorites. Other methods have employed hydrogen peroxid, barium peroxid, peroxid of chlorin ( $\text{ClO}_2$ ) and bromin and chlorin together.

**Ozone.**—Ozone, discovered by Schönbein in 1840, is one of the most satisfactory methods of purifying water from a sanitary standpoint. As a germicide it is the most effective of all the methods used except boiling. A ozonized water is practically sterile and the organic matter is partially oxidized. It is true that a few resisting spores are not killed, but they are harmless when taken by the mouth. The limitations of the ozone process are that it does not clarify the water in any way, and that it has practically no effect upon the mineral salts. From a practical standpoint the expense of producing ozone in sufficient concentration is disproportionately large, but this is an electrical engineering problem which is showing encouraging advance.

As a general rule it is not desirable to add ozone to a dirty or turbid raw water. It is better first to clarify the water by some method before applying the ozone. The quantity of ozone required for effective bacterial action depends upon the amount of organic impurities contained in the water. Some German plants have an average consumption

of 1.3 g. of ozone per c. c. or about 10 pounds per million gallons. Much of the ozone is used up by the organic impurities, and this may happen so rapidly that it will not have a chance to act upon the micro-organisms.

An impure water containing much organic pollution treated with ozone may give disappointing results, from the fact that unpleasant flavors may be developed. These are doubtless due to the partial oxidation of the decomposing organic matter with the production of nitrogenous compounds not well understood.

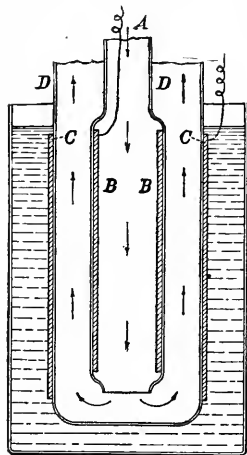


FIG. 120.—AN OZONIZER.

A. Open tube through which air is led. B and C are electrodes, separated by the glass tubes D, between which the current of air passes. (After McPherson and Henderson's "A Course in General Chemistry," published by Ginn and Co., Fig. 13, p. 31.)

For the purification of water, ozone is produced by electrical discharges in the atmosphere, and this ozonized air is then brought into intimate contact with the water. To produce the ozone requires a silent brush discharge and the air must be cold and free of moisture. If sparking occurs between terminals, oxids of nitrogen are formed which are corrosive and prevent the formation of ozone. The ozonizing apparatus therefore must be carefully designed, and its operation needs skilled supervision.

An ozonizer consists of two conducting metallic surfaces separated by a dielectric, such as glass or mica, and so constructed that a current of air may pass between the two conducting surfaces.

Fig. 120 represents a common form of ozonizer. Oxygen or air enters at A and follows the course indicated by the arrows. The conducting surfaces B and C are separated by a glass dielectric D. Wires leading from an induction coil are connected with B and C. As the oxygen passes upward between the conducting surfaces it is subjected to the influence of the electric discharge, and a portion of the element is thereby changed into ozone. The air passing between the electrodes must be dry, otherwise peroxid of hydrogen will form at the expense of the ozone. It is therefore customary first to dry the air by refrigeration or by passing it over unslaked lime before it enters the ozonizer. The temperature of the air in the ozonizer must not go above a certain degree, else ozone will not be formed. The maximum production of ozone takes place at about 25° C. Overheating may be prevented by a water jacket in contact with the electrodes. The voltage must be high—from 8,000 to 20,000 volts; that is, the current must have a small volume, but high potential. Ordinarily only a very small percentage of



the oxygen is transformed into ozone. Recently, however, Harries has obtained a yield of from 18 to 19 per cent. by means of an improved ozonizer.

The molecule of ozone ( $O_3$ ) readily gives up one atom of this gas in a nascent condition. It therefore has a very strong oxidizing action upon organic matter, decolorizes many pigments, especially of vegetable origin, and has a very powerful germicidal action. In this respect the action of ozone corresponds chemically to potassium permanganate, the hypochlorites, and other powerful oxidizing chemicals used in water purification.

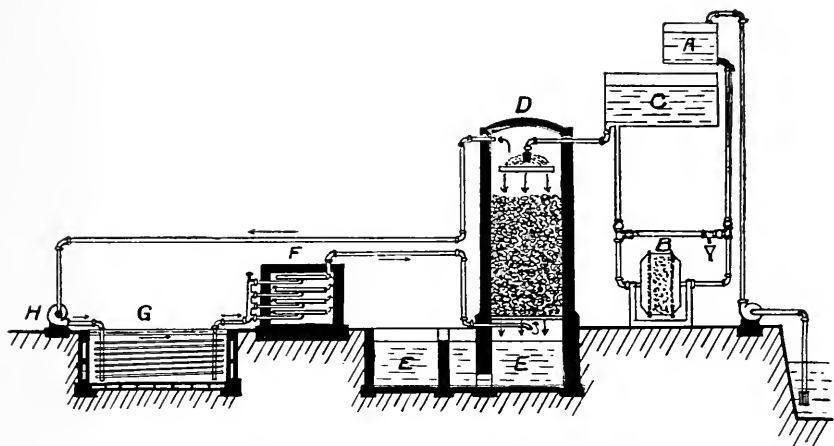


FIG. 121.—AN INSTALLATION FOR TREATING WATER WITH OZONE

A. Settling tank. B. Filter. C. Storage reservoir for filtered water. D. Tower, water enters above and ozone below. E. Pure water reservoir. F. Ozonizer. G. Dryer, to remove moisture from air before it passes into ozonizer. H. Fan.

It is necessary to get any excess of ozone out of the water in order to avoid the corrosion of pipes. This may be done by aëration, by means of fountains or cascades. On account of the insolubility of the ozone, it soon disappears. The fact that ozone is largely insoluble in water makes it necessary to bring it into intimate contact with all portions of the water to be treated. This is usually accomplished by allowing the water to trickle downward through tall cylinders filled with coke, lava, or other similar substances while the ozone is admitted to the bottom of the cylinder. The water flows downward, the ozonized air works its way upward, and in that way the desired contact is obtained between the ozone and every portion of the water.

A very small amount of ozone is effective for the purification of water. It only requires from 1 to 3 milligrams per liter. The modern machines produce concentrations as high as 10 grams and more of ozone per cubic meter of air. The ozone not taken up by the water

may be used over and over again. This is accomplished in some of the ozonizing processes by conducting the air that leaves the upper part of the water cylinder back to the ozonizer.

In general, it may be said that, owing to the expense and the electrical and engineering difficulties involved, the ozonizing process is not at present applicable to the purification of water upon a small scale. It has been applied with success upon a large scale in a number of places. The first ozonizing apparatus for the purification of water on a large scale was installed by Siemens-Halske at Lille, France. Other ozonizing plants for purification of drinking water have been installed at Wiesbaden and Paderborn in Germany; Cosne, Chartres, Nice, Denard in France; Ginnekin in Holland; Sulina on the Black Sea, and Petrograd in Russia; Lindsay, Ontario; and Paris, in part, 24,000,000 gallons per day from the River Marne. In France there are 26 large municipal plants where ozone is used. At Lindsay the ozone treatment failed because the ozone and the water were not properly mingled. At Wiesbaden much trouble was caused by the oxidation of the iron. Experiments at Ogdensburg, N. Y., failed to remove the color of the water. Where water power may be obtained for the generation of the electricity necessary to produce the ozone the cost is very much lessened. The principal systems at present used for ozonizing water are the Siemens-Halske, the Gerhard, Tindal, De Frise, Otto, Abraham Marmier, Vosmaer, Bridge, Stynis, and others.

Ozone treatment is best adapted to sewage-polluted waters, the appearance of which is satisfactory. Waters of turbid streams are least suited to this treatment. Ozone must now compete with bleaching powder, which has nearly the same effect and is cheaper and simpler. One objection to the treatment of water by ozone is that the electric apparatus is delicate and complicated and requires skilled attendance. The ozone processes are not yet standardized; at present it is difficult to determine what waters may best be treated with it.

**Chlorinated Lime—Bleaching Powder or “Chlorid of Lime.”**—Chlorinated lime, popularly miscalled “chlorid of lime,” and often spoken of as “bleach,” has for years been used to disinfect sewage, outhouses, cellars, and for miscellaneous purposes. The first recorded use of hypochlorite was by Houston in 1905 at Lincoln, England, where the sodium salt was employed. Its use in the disinfection of water as a practical process in the United States dates from 1908, when Mr. G. A. Johnson was called to solve the serious and difficult problem in water purification at the Chicago stock yards, the discharges from which entered Bubbly Creek. Filtration of the water of Bubbly Creek was not satisfactory, and all methods failed to abate the nuisance until Mr. Johnson treated the water with chlorinated lime. The method further attracted widespread attention by the Jersey City Water Company in essaying to

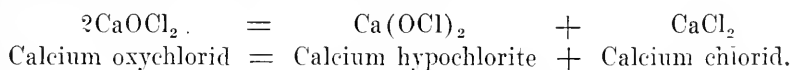
comply with its contract to furnish pure water to Jersey City by simply adding a little bleaching powder. Other municipalities soon took it up in order to render their public water supply safe, until now it is used by most cities and towns throughout the country.

*Properties.*—Chlorinated lime is made by saturating slaked lime with chlorin at ordinary temperatures. It is a white or whitish powder occurring also in friable lumps; dry or slightly damp, with a feeble odor of chlorin and a disagreeable, bitter, and saline taste. It has an alkaline reaction, but finally bleaches litmus paper. The medicinal dose administered by the mouth is from one to five grains (gram, 0.06—0.3). As a mouth wash a one per cent. solution may be used. The physiological action of chlorinated lime resembles that of chlorin with the super-added causticity derived from the lime in its composition. Externally it is an active irritant and sometimes moderately caustic.

A 6 per cent. solution in water may be made. However, all the constituents of bleaching powder are not soluble. Chlorinated lime contains a large amount of calcium hydroxid ( $\text{Ca}(\text{OH})_2$ ) which is largely insoluble, hence the milky appearance of the solution, and also the precipitate known as "sludge," which settles rapidly. The calcium oxychlorid, and also calcium hypochlorite, the active principles in chlorinated lime, are readily soluble in water.

Upon exposure to the air the hypochlorites deteriorate rapidly to the more stable and inert carbonates. Great care must therefore be taken to keep the substance in air-tight containers and to know the correct amount of available chlorin in each lot of the bleach at the time it is used.

*Composition.*—The precise chemical constitution of chlorinated lime is not definitely known, although the matter has been frequently investigated. It seems quite certain that neither chlorid of lime,  $\text{CaCl}_2$ , nor hypochlorite of lime,  $\text{Ca}(\text{OCl})_2$ , exists as such in dry bleaching powder, but is formed on dissolving it in water. Calcium oxychlorid,  $\text{CaOCl}_2$ , is now generally accepted to be the essential agent of *dry* bleaching powder, and calcium hypochlorite,  $\text{Ca}(\text{OCl})_2$ , to be the active germicidal principle of the solution. Thus:

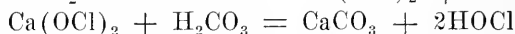
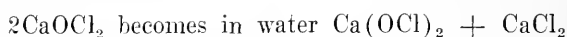


Calcium chlorid which is thus formed, or calcium carbonate, which forms when bleaching powder is exposed to carbon dioxid, are both inert so far as germicidal value is concerned.

*Modes of Action.*—When bleaching powder is added to water, the reactions taking place are complex. The germicidal action is due at least to three factors: (1) the nascent oxygen formed; (2) the free and liberated chlorin; and (3) chloramins which are formed from

organic matter in the water. The hypochlorites are themselves directly toxic.

(1) *Nascent oxygen* is a very powerful germicide; it is liberated from the hypochlorous acid.



(2) *Chlorin* is a potent germicide. There is always some free chlorin in bleaching powder. Chlorin is also liberated when the hypochlorous acid decomposes, thus:



The intimate nature of the chemical processes is somewhat involved, but it is plain that hypochlorous acid and its salt, calcium hypochlorite, both liberate free chlorin, especially in acid solutions.

That chlorin itself acts as a germicide in water is evident from the fact that liquid chlorin gas has about twice the effect of the same amount of chlorin in bleaching powder. Further, water free of organic matter (except bacteria) can be sterilized with minute amounts of chlorin, before this element has combined chemically with  $\text{H}_2\text{O}$ .

(3) *Chloramins*. Hypochlorites in contact with ammonia form chloramin,  $\text{NH}_2\text{Cl}$ . Hypochlorites in contact with amino-acids also form chloramins, most of which are germicidal, some of which have extraordinary potency. Dakin and Cohen examined a number of chloramins, and found dichloramin-T to be particularly active.

Rideal added chlorin to water and found that when all the chlorin is consumed, there remains a strong germicidal action. It was also found that ammonia added to water with bleaching powder increases the activity of the hypochlorite. Dakin attributed the persistent action to the formation of chloramins, by reaction of the hypochlorites on protein or amino-acids. Dakin and Dunham studied the disinfection of water and found that adding citric, tartaric, acetic and similar organic acids increases the activity of chloramin-T. The compounds thus formed are unstable but benzoic acid produces a relatively stable compound with chloramin-T which is sold as *Halozone* (p-sulphon-dichloramin-benzoic-acid). It destroys typhoid bacilli in thirty minutes in dilutions of 1 part to 300,000 parts of water. For further discussion of chloramins, see page 1417.

It will thus be seen that chlorin itself, nascent oxygen and also chloramins take part in the disinfecting action of bleaching powder. The relative part played will vary with the amount of organic matter contained in the water. It is theoretically conceivable that the liberated chlorin will directly kill a typhoid bacillus by combining with the

protein of the germ, and the chloramin thus formed may kill another typhoid bacillus.

**Strength.**—The amount of hypochlorites added is usually expressed in terms of “available chlorin,” although in reality this represents the available oxygen liberated by the chlorin. Thus a good bleaching powder will average 35 per cent. of available chlorin, which is the equivalent of about 7.9 per cent. of available oxygen. By available chlorin is understood the chlorin readily liberated from its combination as determined by the usual thiosulphate titration.

*How to Dissolve Chlorinated Lime.*—Chlorinated lime is soluble in about twenty times its weight of water, leaving an insoluble residue consisting mostly of calcium hydroxid,  $\text{Ca}(\text{OH})_2$ . Half a pound of chlorinated lime may be dissolved in a gallon of water. Such a solution contains approximately 6 per cent. by weight of chlorinated lime, representing about 2 per cent. of available chlorin.

To obtain a clear solution of chlorinated lime it is important to remember that the available chlorin is readily soluble, even in fairly cold water, and the undissolved sludge of calcium hydroxid, silica, etc., settles readily. Settling, at least, takes place readily if a few simple rules are observed. (1) Do not mix too stiff a paste, otherwise a gelatinizing action takes place and greater difficulty in settling is encountered. (2) Never mix a paste with less than one-half a gallon of water for one pound of chlorinated lime. (3) It is not necessary or desirable to grind up or break up the lumps too thoroughly; the available chlorin nearly all dissolves readily, and too much agitation is detrimental to prompt settling. With these points in view a stock solution containing approximately 2 per cent. of available chlorin may be made as follows:

Three hundred pounds commercial chlorinated lime (35 per cent. available chlorin) = 105 pounds of available chlorin, assuming a recovery of 100 pounds of this free from sludge. These 100 pounds must be contained in 600 gallons to give a clear 2 per cent. solution. Due allowance must be made for proper washing of the sludge, for it contains, in addition to the suspended lime and silica, a solution of equal strength to that of the clear liquid. The amount of sludge is equivalent to about one gallon for each five pounds of chlorinated lime used.

*Method of Dosing.*—While the chlorinated lime treatment of water supplies is essentially simple, yet it requires able professional supervision; disappointing results will come from haphazard work. The great essential is a uniform dosing of a standard solution.

Economical working makes it desirable to use two tanks, each equipped with agitators and a looped chain as a drag along the bottom. These tanks should be made of concrete, or at least lined with cement, and adjustable means provided for drawing off the clear liquor from above, as well as an outlet for removing the sludge at the bottom.

Assuming that two 700-gallon tanks are provided, and that 300 pounds of chlorinated lime giving 600 gallons of clear 2 per cent. solution are to be prepared in each tank at one mixing, the procedure should be as follows:

Into tank No. 1, which is empty, is drawn 200 gallons of weak wash water from tank No. 2.

Then 300 pounds of chlorinated lime is dumped into the tank and mixed for one-half hour.

The tank is now filled to a mark indicating 660 gallons with the remaining wash water from tank No. 2, which does not have to be particularly clear.

This is now allowed to settle for at least 8 hours and preferably over night, when 600 gallons of clear solution will be ready to draw off to the stock tank. There will remain about 60 gallons of sludge which requires washing to obtain the remaining available chlorin. The agitator is now started in tank No. 1, which is filled to the 660-gallon mark with water, and then allowed to settle. This wash water is used in making up the next batch in No. 2 tank; the now practically exhausted lime sludge in tank No. 1 is thrown away.

The standard stock solution thus prepared will contain available chlorin equal to  $\frac{1}{2}$  pound of chlorinated lime per gallon, or about 2 per cent. available chlorin, or 6 per cent. of chlorinated lime by weight. Hence an average clear water requiring 8 pounds of chlorinated lime per million gallons will require 16 gallons of this standard solution per million gallons of water. This is a trifle less than 1 drop of this solution containing 2 per cent. of available chlorin in a gallon of water.

The table on the following page covers the range of chlorinated lime ordinarily used in water purification, and may be found useful for comparison.

*Amount Used in Water Purification.*—The remarkable germicidal power of chlorinated lime is better understood when it is known that 3 grains of a practically harmless substance will kill myriads of bacteria contained in a barrel of water. Ordinarily the amounts used are from 1 to 2, or 5 parts in terms of "available chlorin" per million gallons of water. In practice the actual amount used in water purification is from 5 to 12 or more pounds of bleaching powder per million gallons of water. The bleach cannot be detected by the sense of taste provided the amount does not exceed 25 pounds.

The amount of chlorinated lime necessary to add to a water in order to accomplish satisfactory results varies with the composition of the water. In general, the more organic matter the water contains the more bleaching powder is necessary. This is for the reason that some of the bleaching powder is used to oxidize the organic matter before it can produce its germicidal action. A bacterial reduction of 99 per cent.

Pounds Chlorinated Lime per 1,000,000 Gallons of Water	Parts Chlorinated Lime per 1,000,000 Parts Water	Parts Chlorin per 1,000,000 Parts Water	Grains Chlorinated Lime per Gallon of Water	Grains Available Chlorin per Gallon of Water	Drops Chlorinated Lime Solution 2 Per Cent. Chlorin or 1/2 Pound Chlorinated Lime (per Gallon) Used per Gallon Water
2.....	.24	.08	.014	.005	.25
4.....	.48	.16	.028	.009	.50
6.....	.72	.24	.042	.014	.75
8.....	.96	.32	.056	.019	1.00
10.....	1.20	.40	.070	.023	1.25
12.....	1.44	.48	.084	.028	1.50
14.....	1.68	.56	.098	.033	1.75
16.....	1.92	.64	.112	.037	2.00
18.....	2.16	.72	.126	.042	2.25
20.....	2.40	.80	.140	.047	2.50
22.....	2.64	.88	.154	.051	2.75
24.....	2.88	.96	.168	.056	3.00
26.....	3.12	1.04	.182	.061	3.25
28.....	3.36	1.12	.196	.065	3.50
30.....	3.60	1.20	.210	.070	3.75

may be obtained in a water containing little organic matter with 1 part per million, whereas it requires up to 40 parts per million in sewage to affect a similar bacterial reduction; and still more for feces in a bed pan or cesspool.

New York used 16 pounds per million gallons; Omaha, 7½ pounds per million gallons after coagulation and sedimentation; Cincinnati, 5 to 12½ pounds; Toronto, 6 pounds; Montreal, 5 to 7½ pounds; Cleveland, 16 pounds; Erie, 7 to 10 pounds; Milwaukee, 6 pounds; Pittsburgh, 3 pounds after slow sand filtration; Jersey City, 5 to 8 pounds; Council Bluffs, 15 pounds following the alum precipitation; Nashville, 14 pounds. Bleaching powder was also used to purify the public water supplies of St. Louis, Minneapolis, Chicago, Brainerd, Minn.; Ridgwood, N. J.; Corning, N. Y.; Grand Rapids, Mich.; Little Falls, N. J.; Harrisburg, Pa.; Baltimore, Md.; Niagara Falls; Toronto; Ottumwa, Ia., and many other places. Some of these cities have recently changed from bleaching powder to chlorin gas.

Clark and Gage found that 0.1 part of available chlorin per 100,000 effected a satisfactory purification of the Merrimac River water; that is, results were obtained equal to slow sand filtration. *B. coli* was entirely eliminated. They discovered the interesting fact that the hypochlorite is a differential germicide, that it destroys some bacteria more readily than others. When small quantities are employed certain species growing at body temperature are only slightly affected. In Pittsburgh it was found that 0.13 part of chlorinated lime, measured in terms of available chlorin per 1,000,000 parts of water, was sufficient to prac-

tically sterilize the Allegheny River water after it had passed the sand filters. It required as much as 1 part per 1,000,000 to accomplish the same results in the raw water. In Minneapolis from 2 to 4 parts per 1,000,000 have been used. In the Jersey City case, already referred to, 5 pounds of bleaching powder, containing 35 per cent. of available chlorin, are added to each million gallons of water treated. The raw water in this case is not highly polluted, ranging as low as 30 bacteria per cubic centimeter, and rarely going over 15,000. The number of bacteria in the treated water averages only 15 bacteria per cubic centimeter, and *B. coli* is practically absent. It was found only once out of 455 samples.

*Summary.*—The purification of water by means of a little bleaching powder is cheap, reliable, efficient, harmless, and easy of application, all of which make it an attractive method. When added in proper quantities it leaves no undesirable chemical substance in the water. It must, however, be remembered that bleaching powder in no sense clarifies a water. In fact, turbidity interferes with its action to a certain extent. It cannot, therefore, render a turbid supply satisfactory. Furthermore, while chlorinated lime in such small quantities will kill bacteria it will not purify organic matter nor cure discoloration, nor take away the unpleasant smells which raw waters often contain. It is, in fact, least effective when water is most polluted with organic matter. It is especially useful in a clean water; hence, turbid and polluted waters should have a preliminary process.

In spite of the enormous improvement effected in the safety of public water supplies in this country by chlorination, the danger of water-borne typhoid is by no means a thing of the past. Epidemics are occurring from time to time as a result of mismanagement, neglect and other causes.

Chlorinated lime has a slight tendency to add to the hardness, while chlorinated soda renders the water correspondingly soft. The latter, however, is more expensive than the former.

Impure waters containing organic matter of any kind may, when attacked by hypochlorites, give rise to unpleasant flavors. These substances appear related to the amins, chloramins, and other compounds the exact composition of which requires further study. Hence the chemical sterilization of impure waters without subjecting them to some preliminary treatment may give disappointing results.

Bleaching powder is also used in the disinfection of the water of swimming pools, for street sprinkling, and flushing, for the disinfection of feces and sputum; and to a certain extent, for the disinfection of glassware, fabrics, brushes, and combs. It is one of the best substances we have for the general disinfection of rough places, such as slaughter-houses, bakehouses, dairies, outhouses, cellars, and the like.



In surgery chlorinated soda is used, the action of which is entirely analogous to chlorinated lime.

The hypochlorite treatment is also suitable for water on a small scale, as for military use, camps, tourists, explorers, and others. For *tourists* and *campers* a solution may be prepared by adding one-half a teaspoonful of chlorinated lime to one pint of water. Use one teaspoonful of this to 10 gallons; 36 drops to 1 gallon; or 9 drops to 1 quart. Let stand at least 15 minutes.

Tablets of "Halazone"<sup>5</sup> and other hypochlorites have been prepared for this purpose; they are effective only when fresh, for they are not stable.

**Chlorin.**—Liquid chlorin may be used in place of chlorinated lime. It is just as efficient and acts in practically the same manner. Its first use for the disinfection of a city water supply dates from December, 1912, at Niagara Falls, and January, 1913, at Wilmington, Delaware; by the end of 1918 there were about 2,500 liquid chlorin municipal plants in the United States.

*Chlorin gas* is formed by the electrolytic decomposition of salt solutions. The moist gas evolved from the electrolytic cells is dried and then compressed into a liquid in steel cylinders of about 100 pounds capacity. The gas is controlled and measured by special apparatus and introduced into the water (or sewage) in the proper proportions to effect disinfection.

There are two general types of apparatus, one by which the chlorin gas is introduced directly into the water; this is known as *dry feed*; another by which the gas is first dissolved in a small quantity of water and the resulting chlorin solution is piped to the point of application—*wet feed*.

The gaseous chlorin process is covered by general process patents and the mechanical devices necessary for its application are likewise controlled by a few companies engaged in installing plants.

The action of chlorin gas in water is just like the action of the hypochlorites. The advantages of chlorin gas are such that it is rapidly replacing bleaching powder for the purification of many water supplies. The gas can be obtained in a pure state, the dosage can be accurately controlled, it does not deteriorate on keeping, the apparatus is compact, and the results are uniform. The cost is about the same as for bleaching powder.

The quantities added are usually expressed in parts of chlorin per million parts of water by weight; 8.3 pounds of chlorin to 1,000,000 gallons of water is the equivalent of one part per million, since a gallon of water weighs 8.3 pounds. The amounts used to disinfect the water are the same as stated under chlorinated lime, and vary in prac-

<sup>5</sup>Dakin and Dunham, *British Medical Journal*, May 26, 1917.

tice from 0.2 to 0.75 part per million, depending upon the amount of organic matter present in the water.

Good results on the typhoid rates have followed the chlorination of the water in Chicago, Baltimore, Jersey City, Milwaukee and elsewhere. Chlorination plants should always be installed in duplicate, to provide against accident or emergency. The use of a polluted water supply seems to give a communal tolerance or immunity not evidenced in cities using a pure or purified source of supply. Thus, it is often noted that typhoid and diarrheal outbreaks are especially severe and explosive in case of a breakdown or failure of the chlorinating process.

Chlorin is used to disinfect the water supply of Buffalo, New York City, Philadelphia, Chicago, Richmond, Baltimore, Detroit, Louisville, New Haven and Stamford, Conn.; New Brunswick, N. J., and very many other cities. It was also used both in the United States and abroad in many government camps, military establishments and field units during the World War.

Many state boards of health have provided traveling emergency chlorin outfits for use in epidemics. Louisiana was the first state to use a railroad coach as a laboratory for water analysis, and garage for housing machines used in collecting samples and for fighting water-borne epidemics. New Jersey uses a small automobile for both purposes, while other states merely keep hand-operated chlorin apparatus for emergency work. Uruguay, because of distances, has equipped several railroad coaches with emergency chlorin outfits.

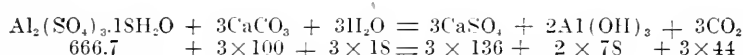
Nearly all states have supervision not only over the design, construction and operation of water systems, but of sewage systems as well.

**Permanganate of Potash.**—Permanganate of potash was much used in India, particularly in wells during cholera epidemics; also in water tanks on board ships, and other places. Enough permanganate is added to secure a faint pink tinge, which indicates a slight excess. The permanganate acts as an oxidizing agent precisely as ozone, or similar to the hypochlorites. It is a powerful germicide, but not sufficiently so in the strength used to depend upon it. If too much is added to wells, springs, etc., so as to kill the fish, frogs, and turtles, the water may be spoiled by putrefaction of their dead bodies. Like all chemical methods, the action is not continuous; the agent expends itself in oxidizing organic matters before attacking the bacteria, and the amount necessary for the purification of a water depends, therefore, upon the amount of organic impurities in the water.

Experiments by Clark and Gage show that complete sterilization is not obtained by the use of permanganate of potash. Over 98 per cent. of the bacteria were eliminated by treating water with 0.5 part to 100,000 in from 4 to 6 hours. Larger amounts of potassium permanganate or longer time gave no better results. Potassium per-

manganate has a comparatively low efficiency with a relatively high cost, which will always limit its usefulness. Further, the method is difficult of practical application, being rather slow.

**Alum or Sulphate of Aluminium.**—The single and double sulphates of aluminium have long been used to clarify turbid waters. In the amounts used they have no direct germicidal action, nor any direct chemical action upon the water itself. The action is entirely an indirect one, and depends upon the fact that the alkaline carbonates react upon the alum to form aluminium hydrate. This salt has a large colloidal molecule and, being insoluble, is thrown out of solution as a flocculent precipitate which entangles much of the suspended matter and bacteria. In a sense the purification of water with alum corresponds very much to the clearing of coffee with the white of egg. Some of the aluminium hydrate may also combine directly with the organic matter to form undetermined compounds. The reaction is as follows:



1 grain of alum per gallon = 142 lbs. per million gallons.

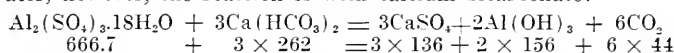
1 " " " " " = 17.1 parts per million parts of water.

$$17.1 \times \frac{300}{666.7} = 7.7 \text{ parts per million of alkalinity expressed as CaCO}_3.$$

$$142:100::7.7:x = 5.5.$$

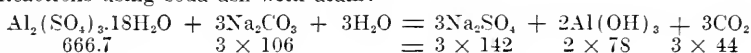
100 lbs. of alum per million gallons = 5.5 parts per million of alkalinity as  $\text{CaCO}_3$ .

In water, however, the reaction is with calcium bicarbonate:



Therefore 1 grain of alum per gallon liberates 6.8 parts per million  $\text{CO}_2$ . And 1 grain of alum per gallon converts 7.7 parts per million bicarbonate alkalinity to 7.7 parts sulphates or incrustants.

Reactions using soda ash with alum:



1 grain per gallon alum requires  $\frac{318}{666.7}$  of 17.1 = 8.2 p. p. m.

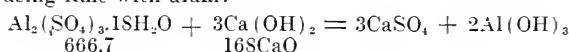
$$\text{Na}_2\text{CO}_3 = 68 \text{ lbs. per m. g. Na}_2\text{CO}_3$$

1 grain per gallon alum liberates  $\frac{132}{666.7}$  of 17.1 = 3.4 p. p. m.  $\text{CO}_2$

Since 1 grain per gallon alum = 8.2 p. p. m.  $\text{Na}_2\text{CO}_3$  and 7.7 p. p. m. of alkalinity, and 1 p. p. m. = 8.3 lbs. p. m. g., then 1 p. p. m. alkalinity as

$$\text{Na}_2\text{CO}_3 = \frac{8.2}{7.7} \times 8.3 = 8.8 \text{ lbs. per m. g.}$$

Reaction using lime with alum:



1 grain per gallon alum requires  $\frac{168}{666.7}$  of 17.1 = 4.3 p. p. m.  $\text{CaO}$  = 36 lbs. per m. g.  $\text{CaO}$ .

This liberates no  $\text{CO}_2$ .

1 grain per gallon alum with lime increases hardness 7.7 p. p. m.

It will be seen that if alum is added in just sufficient quantities to a water it leaves no undesirable constituent in the water. This is important, for there is a great prejudice against the addition of a chemical, especially alum, to drinking water. In Washington it is actually forbidden by law, despite the fact that it has been shown that in times of great turbidity the only known method of clearing the Potomac water is by the use of a coagulant such as alum. It has already been pointed out that there are many such turbid waters in our country which contain silt in such fine subdivision that even prolonged sedimentation and repeated filtration will not render them entirely clear.

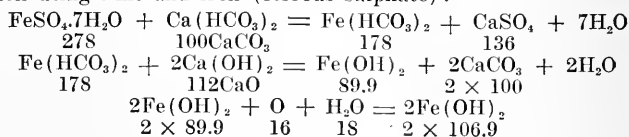
In the use of alum good results depend upon adding it in just the right amount. The quantity will vary with the turbidity and the amount of calcium carbonate contained in the water. The usual amount of alum added to water is from 1 to 4 grains per gallon. This should be carefully determined from time to time, for if not enough alum is added the result is incomplete, and if too much is added it remains in the water as such. The process therefore needs constant supervision, for turbid waters usually come from turbulent streams, which are subject to sudden variations. If the process is left to automatic devices or placed in incompetent hands it is sure to give disappointing results.

Few waters may be satisfactorily purified by alum alone. Alum should be regarded as only one part of the process. Subsequent sedimentation, filtration, or hypochlorite, etc., is necessary, depending upon circumstances. Alum alone should never be depended upon to purify a sewage-polluted water. Properly combined with filtration, alum will eliminate a large percentage of the bacteria. See Mechanical Filtration, page 1122.

Most plants have been dependent upon the open market for alum. Hoover of Columbus devised in 1916 a practical method for making alum at the plant. Two parts of commercial sulphuric acid are mixed with one part of low grade bauxite ore and poured into flat boxes. In a few hours alum cake has formed in the pans, and is used without further treatment. The product has greater coagulating power, and is considerably cheaper than commercial aluminium sulphate.

**Sulphate of Iron and Lime.**—This combination is used in many places. At St. Louis it was introduced as an emergency installation to clarify the muddy waters of the Mississippi, to make a good impression during the Louisiana Purchase Exposition in 1904. It gave such satisfactory results that it was decided to continue its use.

Reaction using lime and iron (ferrous sulphate):



1 grain per gallon  $\text{FeSO}_4 \cdot 7\text{H}_2\text{O} = 17.1 \times \frac{100}{278} = 6.2$  p. p. m. alkalinity and 100 lbs. per m. g. = 4.5 p. p. m. alkalinity.

1 grain per gallon  $\text{FeSO}_4$  converts 6.2 p. p. m. alkalinity to 6.2 p. p. m. incrustants.

To precipitate the ferrous bicarbonate first formed requires  $17.1 \times \frac{112}{278} = 6.9$  p. p. m.  $\text{CaO} = 57$  lbs. per m. g. for each grain per gallon  $\text{FeSO}_4$ .

The dissolved oxygen in the water completes the reaction, forming brown  $\text{Fe}(\text{OH})_3$ .

Lime and iron are cheaper than sulphate of aluminium. Their application is much more difficult to control adequately, and it should never be undertaken except with the assistance of a competent resident chemist and good appliances for adding the lime in any quantity that may be required by the composition of the water. At St. Louis the water is subject to the iron and lime treatment,<sup>6</sup> followed by subsidence in large basins in which the bulk of the precipitate settles. This clarified water is then chlorinated. New Orleans uses a similar method.

**Metallic Iron: the Anderson Process.**—The Anderson process (patented) for the purification of water consists in agitating the water in contact with metallic iron, a portion of which is taken into solution as ferrous carbonate. This action is brought about by the  $\text{CO}_2$  in the water which attacks the iron. Upon subsequent aëration the ferrous carbonate is oxidized and precipitated out as the insoluble ferric hydrate, which accomplishes all the good and none of the bad effects which follow the use of alum. The precipitate is partially removed by sedimentation, or filtration may complete the process. The process is used on a large scale at Antwerp, Belgium, where the water passes through long revolving cylinders containing baffle plates and loose pieces of metallic iron. As the cylinders revolve the iron is continually carried up and dropped through the water in a constant shower. The water passes slowly from one end of the cylinder to the other.

The process theoretically is an excellent one, but apparently enough iron is not always obtained in solution to accomplish the results when applied on a large scale. Especially when peaty waters are used, it seems impossible to get enough iron into solution in the time which can be allowed; or the inorganic acids may form soluble compounds with the iron, thus defeating the object of the process. Other places where the Anderson process is used are Dortrecht, Holland, Boulogne-sur-Seine, near Paris, and elsewhere.

**Copper Sulphate.**—The use of copper sulphate in drinking waters was proposed by George T. Moore of the United States Department of Agriculture in 1904. The original claim was that copper sulphate in minute amounts would poison algae which produced objectionable tastes and odors, and the further claim was made that it was also capable of

<sup>6</sup>There are 2.13 grains of iron sulphate per gallon and 7.39 grains of lime per gallon.

destroying typhoid and other pathogenic microorganisms. We know now that copper sulphate in great dilution is a specific poison for many algae and other microscopic organisms, but that it has little or no effect upon typhoid, cholera, or dysentery bacilli in the amounts used.

Copper sulphate is used in the proportion of 0.1 to 0.25 part per 1,000,000 parts of water. Some algae require larger doses. Most of the copper combines with the bodies of the microorganisms and settles with them to the bottom and in this way is removed from the water. If the water is afterwards filtered most of the remaining copper is removed. The copper remaining in the water is in such minute amounts that there seems to be no real danger in using it in this way or even in its occasional use in somewhat larger doses where the water is very bad.

The method of applying the copper is to place weighed quantities of the copper sulphate in loose cloth bags and to tow them back and forth with rowboats through the water of the reservoir until the material is dissolved. It should be remembered that, while the copper kills some species of organisms in the amounts used, it has no effect whatever upon others. Thus, Fort Worth recently found that no aëration in addition to copper sulphate was necessary to eliminate algae from the source of supply. In fact, it permits the growth of certain species by removing the retarding symbionts, thus clearing the way for stronger growths of the forms that are not directly affected. Copper sulphate may therefore entirely change the flora in a reservoir. This change is frequently accompanied by a great improvement in odors and tastes. On the other hand, the destruction or suppression of one species may be followed by an overgrowth of an equally objectionable and more hardy form. Therefore the results from the use of copper sulphate for the correction of odors and tastes in water vary from complete successes to utter failure.

It is clearly established that copper sulphate does not prevent or even materially reduce putrefaction and the tastes and odors resulting from it. According to Hazen, the method of treating water with copper sulphate is easily and quickly applied, and considerable good has come from it. The correction is only partial, however, and is not always permanent. It is not therefore to be relied upon in all cases.

### ULTRAVIOLET RAYS<sup>7</sup>

Recently the well-known germicidal power of the ultraviolet rays has been put to practical use in the sterilization of water and other substances. These rays, of short wave length, may be obtained from

<sup>7</sup> See also page 1375.

the Cooper-Hewitt mercury vapor lamp, which is very rich in ultraviolet rays.<sup>8</sup> Nagier conceived the idea that this lamp might be used for the sterilization of water, and the experiments made in France, England, and elsewhere show this assumption to be correct. As glass is opaque to ultraviolet rays, it is necessary to use quartz or lamps made of fused silica. The apparatus used in the experiments of Thresh and Bealle consists of an aluminium cylinder about 12 inches long by 6 inches in diameter containing a Cooper-Hewitt quartz lamp with an internal diaphragm, which causes the water entering at one end to travel along the cylinder in close proximity to the lamp. By an ingenious arrangement the moment the light goes out the flow of water is stopped. This small apparatus is capable of sterilizing 50 to 200 gallons of water per hour, depending upon the character of the water. In clear water many of the bacteria are killed in from 5 to 20 seconds. The resisting spores succumb in from 30 to 60 seconds, *B. coli* in from 15 to 20 seconds, *B. typhosus* from 10 to 20 seconds, cholera vibrio 10 to 15 seconds. The presence of colloidal material or turbidity retards the actions of the rays. The current used in these experiments was 6 ampères and 130 volts. The results show that a fairly clear and bright water may be practically sterilized by exposure to ultraviolet rays for a brief time. The simplicity of the apparatus and its comparative cheapness make it attractive, so that it doubtless will receive much attention in the future.

Installations may now be had for houses, hotels, swimming pools, steamships, etc.

Marseilles adopted the ultraviolet rays to purify its water supply. There are preliminary roughing filters, and the water passes the quartz tube mercury arc lamp three times. No *B. coli* were found in the treated water, and the total bacterial reduction was 98.3 per cent., and more recently a plant was installed at Henderson, Kentucky, which sterilizes water previously passed through a rapid sand filter. Good bacterial results are obtained.

The bacteria are killed by exposure to the direct action of the ultraviolet rays themselves.

The action is not influenced by temperature (0°-55° C.) and oxygen content of the water. The formation of  $H_2O_2$  is not necessary to produce sterilization. The process does not in any way clarify the water.

In 1915 there were 320 plants in the United States, comprising 20 for swimming pools. Ultraviolet rays should preferably be applied to water free of turbidity or filtered. Overdosing gives no detrimental effects other than increased cost. The water is not changed in any way chemically. Turbidity of the water or accumulation on the lamps

<sup>8</sup> Recent literature is abstracted in the U. S. Public Health Reports, December 12, 1919, p. 2821.

greatly impairs the efficiency of the rays. Direct current is now used at 110 to 500 volts. A continuous good effluent requires constant voltage and that the lamp be in good condition. The ultraviolet ray treatment of water can be made satisfactory and reliable (page 1375).



## CHAPTER VI

### WATER AND ITS RELATION TO DISEASE

Water is a vehicle for certain infections such as cholera, typhoid fever, dysentery, and other diseases, having their primary seat in the digestive tract. It may carry inorganic poisons such as lead. It is responsible for a large group of nutritional and dietetic disorders less well understood. It may contain qualities which bring about derangements of metabolism resulting in such conditions as goiter; further, it may be the medium for carrying infections now not generally regarded as water-borne, or it may lower resistance so as to favor infections not water-borne. It is also occasionally responsible for conveying animal parasites, amebae, worms, etc.

While water has an established place among the carriers of certain infections, it has not a supreme or exclusive place, and this should be kept carefully before us. The tendency to exaggerate the importance of water as a bearer of disease and death has sometimes led to overstatement. The facts are bad enough and do not require extravagant language to emphasize their importance. The greatest danger in water is pollution from human sources. All the discharges from the body: urine, feces, expectoration, secretions from the nose, and washings from the skin, find their way sooner or later into our streams, especially where modern water-carriage systems are installed for the disposal of wastes. All sewage-polluted water must be regarded as dangerous, whether there are any known cases of typhoid fever on the watershed or not. It is highly probable that the sewage of large communities always contains typhoid bacilli in larger or smaller numbers, because in large communities typhoid fever does not die out completely at any time, and carriers and missed cases are growing in interest and importance.

Water differs in several essential particulars from any other article of diet. Above all, it is partaken of raw, while perhaps 90 per cent. of all our other food is disinfected by cooking before it is used. Again, it is a vehicle which comes in contact with many objects spread over broad acres, and it is the natural vehicle for the removal of wastes from these areas. Its great solvent and erosive powers favor this action.

The relation of water supply to sickness and death has been shown with force in many cities, notably at Lowell and Lawrence, Mass.; in

Albany, N. Y.; at Jersey City and Newark, N. J.; at Philadelphia and Pittsburgh, Pa.; at Chicago, Ill.; and abroad at London, Paris, Hamburg, Altona, Berlin, and many other cities.

### THE MILLS-REINCKE PHENOMENON

Following the filtration of the water supply at Lawrence, Mass., in September, 1893, Mr. Hiram F. Mills, a member of the State Board of Health of Massachusetts, noted that a marked decrease in the general death rate of the city, and not merely in the death rate from typhoid fever, was taking place. About the same time (May, 1893) filtered Elbe River water was furnished the city of Hamburg, and Dr. J. J. Reincke, health officer of that city, in his successive annual reports, noticed that the general death rate was declining more rapidly than could possibly be accounted for by the deaths from typhoid fever alone. To this phenomenon Sedgwick and MacNutt have given the name of the "Mills-Reincke phenomenon."<sup>1</sup> In 1904 Mr. Allen Hazen, a sanitary engineer, formulated a numerical expression for the comparative effect of water purification upon typhoid fever mortality and total mortality. He said that, "where one death from typhoid fever has been avoided by the use of a better water, a certain number of deaths, probably two or three, from other causes have been avoided." Sedgwick and MacNutt examined the vital statistics of the cities of Lawrence, Mass., and Hamburg, Germany, and also of Lowell, Mass., Albany, Binghamton, and Watertown, N. Y. They found evidence of the great life-saving power of a purified water in preventing many diseases other than typhoid fever in the cities studied, except Watertown, and in this case it is possible that the purification of the public water supply has been as yet relatively imperfect. It is further to be noted that the method of purification used at Watertown is mechanical filtration.

One of the most surprising results of these studies is the disclosure of the remarkable relation existing between polluted water and infant mortality. This was emphasized especially by Dr. Reincke at Hamburg. Closely associated with infant mortality stand diarrhea and gastrointestinal disorders in relation to polluted water.

McLaughlin<sup>2</sup> has also noted the relation of a sewage-polluted water to infant mortality, and concludes that it is certain that in practically every instance, in addition to a lessened number of deaths from typhoid fever, the substitution of a safe for a polluted water supply results in

<sup>1</sup> W. T. Sedgwick and J. S. MacNutt: "The Mills-Reincke Phenomenon and Hazen's Theorem Concerning the Decrease of Mortality from Diseases Other Than Typhoid Fever Following the Purification of Public Water Supplies," *Jour. Infect. Dis.*, Vol. VII, No. 4, Aug. 24, 1910, pp. 489-564.

<sup>2</sup> *Public Health Reports*, Vol. XXVII, No. 17, April 26, 1912.

the saving of many lives from diseases which are not reported as typhoid fever. Hazen's theorem has also been studied by Arthur Lederer,<sup>3</sup> who finds a large number of affirmative statistical results.

More recent evidence from Providence, Cincinnati, Columbus, Pittsburgh, and Philadelphia does not tend to bear out the Mills-Reincke theory, except perhaps in regard to diarrheal diseases in Pittsburgh. The proposition is not demonstrated and it would be exceedingly unwise to promise a marked lowering of the general death rate as a result of the purification of water supplies alone.

## NON-SPECIFIC DISEASES DUE TO WATER

Impure water is responsible for disorders other than the specific gastro-intestinal infections, but these disorders are often obscure or overlooked. It is not always plain just what quality or what impurity in the water is responsible for these non-specific disorders, and the diseases themselves may present a vague and ill-defined clinical picture. The relationship has been worked out in only a few instances.

A turbid or malodorous water may not in itself be particularly injurious to health, but, on account of its unattractive appearance or repulsive condition, less may be taken than is necessary for the maintenance of good health. In this way water may be indirectly responsible for much harm. The drinking of too little water is a very common dietetic error.

While a polluted water may not carry specific germs, it may so undermine health or lower resistance as to favor infections not usually associated with the digestive tract, such as pneumonia and tuberculosis and the diseases responsible for infant mortality.

From the nature of the case the effects of an impure water cannot always be measured by gross results, but the cumulative or separate action of small effects often repeated may result in deranged digestion, altered metabolism, irritation of delicate membranes or sensitive organs and structures, which may lead to or hasten the course of chronic diseases.

The *organic matter* in the quantities usually contained in a natural water is not of itself harmful. This organic matter, however, does not stay in its native state, but soon putrefies, and it is suspected that some of the intermediate products of putrefaction may have toxic potency. Ordinarily these toxic substances are in minute quantities, or at least in great dilution, but under certain circumstances they may accumulate in noticeable concentration. Further, while persons habitually taking such toxic substances may soon become immune, the new-comer will not

<sup>3</sup> Arthur Lederer: *Amer. Journal Public Hygiene*, June, 1910, p. 304.

be so fortunate. The case of organic matter in water is not a clear one, and sanitarians have ever erred on the safe side in condemning waters containing much organic matter. It is well known that if the organic matter is not derived from sewage it is probably harmless. Thus, in the case of organic matter of vegetable origin, Mason has been able to find but few cases of illness traceable to peaty waters. In such instances the patients suffered from a mild and transient form of diarrhea. I am familiar with an outbreak of diarrhea traced to a dead fish caught in the water meter of a hospital. This is probably a type of water-borne disease due to organic pollution which is not infrequent. Whether in such cases the trouble is due to bacteria or to bacterial toxins, or to the degradation products of protein decomposition, cannot always be made out.

As far as the *inorganic impurities* usually found in water are concerned, the chlorids, carbonates, sulphates, and silicates, and lime, magnesia, and aluminium can scarcely be harmful in the amounts ordinarily found. It is commonly stated that water containing 500 parts per million, or 30 grains per gallon, of clay and silt is unfit for drinking purposes, on account of its irritating effects upon the gastro-intestinal tract; but beyond this probability, turbidity is of no special sanitary significance, unless the water also contains metallic poisons or objectionable chemicals.

An attempt has frequently been made to correlate the formation of concretions such as urinary and biliary calculi with the inorganic salts in water. We now know that biliary calculi usually form about a colon bacillus or a typhoid bacillus or about some pathological particle as a nucleus, and that urinary calculi probably have a similar pathogenesis. There is no known relation between these concretions in the body and the inorganic salts in water, even those in a very hard water. It is stated that a change from a soft to a hard water causes diarrhea. The relation of inorganic substances in water to goiter will be discussed separately.

## GOITER

Goiter (from guttur, throat) is a chronic enlargement of the thyroid gland, and may be due to a variety of causes.

*The functions of the thyroid gland* are due to its internal secretion, which contains iodine. The secretion of the thyroid acts as an excitant (hormone) of the metabolic rate of the body; through its action on other endocrine glands, it influences reproductive and digestive functions; and exerts some control on the functions of other organs. One of the chief functions of the thyroid is to stimulate and maintain the energy utilization of the body at a normal level, in other words to regu-

late metabolism. Hypersecretion raises the rate of metabolism of all foodstuffs, so that protein, carbohydrates and fats are consumed at an increased rate. The thyroid also exerts some control of the glycogenic content of the liver, for in hyperthyroidism the liver is not capable of the normal storing of glycogen although the body is still able to metabolize carbohydrates in usual amounts. In deficient secretion (hyposecretion) there is a diminished and retarded growth of tissues and a lowered metabolism.

The thyroid has some relationship with the sex organs,<sup>4</sup> especially in the female, the nature of which is at present but poorly understood. There often is increase of size of the thyroid at puberty or during menstruation, pregnancy and lactation. There is also some evidence that it has a detoxicating action on certain poisonous substances, but our knowledge here is meager.

There are three diseases due to disturbed function of the thyroid gland: (1) *hypothyroidism*, associated with atrophy of the gland and diminished functional activity; (2) *hyperthyroidism*, associated with enlargement of the gland and increased functional activity; (3) *simple goiter*, probably compensatory, associated with enlargement of the gland, but little or no constitutional manifestations.

*Hypothyroidism*, or *cretinism*, occurs congenitally or develops in early years of childhood, and is characterized by imperfect development of mind and body. *Myxedema* occurs mostly in women between the ages of 30 and 50 years. It is characterized by loss of expression and memory, thickening of the skin, and subsequent infiltration with a peculiar mucoid edema.

*Hyperthyroidism*, or exophthalmic goiter (also known as Graves', Basedow's or Parry's disease), is an enlargement of the thyroid gland with increased functional activity. The chief symptoms are tachycardia, exophthalmos, goiter and tremor.

### ENDEMIC OR SIMPLE GOITER

*Simple goiter* is of special interest to the sanitarian because it is frequent, widespread and readily preventable, even curable if not too far advanced. Simple goiter is a deficiency disease, due to lack of iodine in water, food, or both.

Simple goiter includes all cases of enlargement of the thyroid, except toxic goiter, exophthalmic goiter, thyroiditis, and true neoplasms of the thyroid. Simple goiter embraces types formerly called endemic, epidemic and sporadic goiter; adolescent goiter and goiter of pregnancy; also non-toxic, parenchymatous goiter, colloidal goiter, and cystic goiter. It is also called struma or bronchocele.

<sup>4</sup>In the king scorpion the thyroid is a reproductive gland.

Simple goiter is a deficiency disease characterized by a non-inflammatory enlargement of the thyroid gland, without marked functional disturbances. The goiter is a matter of concern to the patient, because (1) it is disfiguring;<sup>5</sup> (2) it may cause pressure symptoms on the trachea or surrounding structures; (3) it may be responsible for constitutional disturbances such as apathy, chilliness, constipation, asthenia and mental apprehension.

Simple goiter is rarely congenital. It usually starts at or about puberty, and the tendency diminishes after the twentieth year. Women are more susceptible than men, in the proportion of six or eight to one. This sex predisposition probably finds its explanation in the fact that the thyroid gland is associated with the physiologic processes of the female, particularly with the female generative functions. It is usually endemic, but sometimes occurs sporadically. Epidemics have been noted, but usually in endemic localities.

**Prevalence.**—The classic home of simple or endemic goiter is in the Swiss Alps. In certain regions of these mountains it is very prevalent. Thus, in Piedmont it sometimes affects more than two out of every three of the inhabitants. It also occurs in the mountains of Austria, France, and Germany, and there are a few endemic centers in Norway, Sweden, Finland, and the Baltic provinces. The traditional seat of goiter in England is in Derbyshire ("Derbyshire neck"), while Sussex and Hampshire have also been affected. There are many endemic centers in the mountains of Asia, Japan, the Asiatic Islands, Africa, Mexico, and South America. The early explorers found it among the North American Indians, as Munsen has in more recent times in the Eskimos. The region of our Great Lakes shows considerable numbers; also in sections of West Virginia, but in the United States and Canada the goiters are not large and cretinism is rare.

Marine and Kimball<sup>6</sup> in April, 1917, examined 3,872 school girls in the second decade of life, in the city of Akron, Ohio. Of this number, 2,184, or 57 per cent., were found to present simple goiter. The frequency increased with the years of age, being 41 per cent. for the years 10 to 12, inclusive, and 60 per cent. for the years 18 to 20. In West Virginia, Clarke<sup>7</sup> examined 13,836 school children of 11 counties, in 1913, and found 1,234 cases of goiter, which is 9 per cent. of the number examined. In Virginia, the same worker examined 6,432 school children in 9 counties, and found 817 cases of goiter—12 per cent. In Huntington, West Virginia, 50 per cent. of the girl students were found to be affected; in Virginia, less than 0.1 per cent. of the goiters were among boys. In Europe, an even higher incidence among school children

<sup>5</sup>The full goitrous throat is so common in some localities that it is regarded as a type of beauty. See pictures of Burne-Jones and many other artists.

<sup>6</sup>*Journ. Lab. and Clin. Med.*, 1917, III, No. 1.

<sup>7</sup>Public Health Reports, 1914, XXIX, 939.

is reported. In Bavaria, Schittenhelm and Weichardt found an incidence as high as 77 to 89 per cent. of the total school population. Hall<sup>8</sup> found 18 per cent. of 2,086 men at the University of Washington to have enlarged thyroid glands, and 31 per cent., or 1,252 women students. Smith,<sup>9</sup> an army surgeon, in 1918 examined 65,507 men between the ages of 18 and 31 at Jefferson Barracks, and established an incidence of 1.63 per cent. Kerr<sup>10</sup> found 21 per cent. of 21,182 troops at Camp Lewis, Washington, to have goiter.

The absolute number of goiter subjects in countries with high endemic index is of great social and economic importance. In France, Mayet (1900) estimates the number at 400,000. The drain on the country is better expressed by the number of cretins. In Cisleithan, Austria, there were in 1883 a total of 12,815, or 71 per 100,000; in one district in Styria a proportion of 1,045 in 100,000. In Piedmont, Lombardy, and Venetia there were in 1883, 12,882 cretins in a population of 9,565,038.

**Goiter in Animals.**—Sheep and swine, and also mules, horses and pigs have goiter, though not constantly, in endemic centers. Marine and Lenhart<sup>11</sup> also observed goiter among brook trout in fish hatcheries; rats and mice are susceptible. Marine<sup>12</sup> found that 90 per cent. of the dogs in Cleveland are affected with goiter. It is perhaps an index of our comparative concern in human and animal welfare that goiter among animals has been the object of many prophylactic measures, whereas, in the same district, the occurrence of goiter among humans has been given scanty consideration. The early days of the sheep industry in Michigan were found to be unprofitable in that a large percentage of the animals presented goiter. The abandonment of the industry was contemplated, when salt mines were opened up in the vicinity of Detroit. Heretofore, the sheep had been fed with salt obtained from a remote source. It was soon observed that the sheep fed with the local salt were better in every way; the young were born free of goiter and did not subsequently develop it. Careful investigation established the fact that the local supply of salt contained minute traces of iodine as an impurity. In Montana alone, Smith reports that about 1,000,000 pigs were lost annually on account of this disease. The condition was present at birth, the young pigs being born hairless and generally stunted. Many were dead at birth, and few survived more than 24 to 36 hours. The affected areas in some instances are sharply demarked. At times the district is confined to a creek bottom one-half mile wide. The affected

<sup>8</sup> *Northwest Medicine*, 1914, n.s., VI, 189.

<sup>9</sup> *J. A. M. A.*, 1919, LXXII, 471.

<sup>10</sup> *Arch. Int. Med.*, XXIV, No. 3, 347.

<sup>11</sup> *Johns Hopkins Hospital Bull.*, 1910, XXI, 95.

<sup>12</sup> *Arch. Int. Med.*, 1918, XXII, 41.

pigs had large thyroids with low iodine content. The addition of small quantities of iodine salts to the food eliminated the condition.

Goiter occurs among fish, seldom in the native state, but usually under conditions of artificial propagation. It has been observed that the amount of goiter in any hatchery is in proportion to the uncleanness and general lack of sanitation in the hatchery in which the fish propagate. Through the work of Marine and Lenhart, the nature of the disease was established and simple means were evolved for its reduction. In general, the measures consist of continued cleanliness of the fisheries and the supplying of food containing proper constituents, but particularly to the addition of small traces of iodine or iodine salts to the living water of the fish.

**The Cause and Prevention of Goiter.**—It is now clear that simple goiter is a deficiency disease and that it is aggravated by and increased in frequency by improper hygienic and sanitary conditions, such as overwork, overcrowding, poor ventilation, bad water supply, lack of proper personal hygiene, improper disposal of sewage, worry, and anything that makes an undue demand upon the physiologic functions of the thyroid gland contributes to the development of goiter. In accordance with this view, the prevention is clear; in fact, simple goiter is probably the easiest of all known diseases to prevent. Marine and his co-workers<sup>13</sup> used the following method with success at Akron, Ohio: Two grams sodium iodide were given in 0.2 gram doses for 10 consecutive school days, repeated each autumn and spring. This prevented the development of new goiters. The danger of iodism or exophthalmic goiter from such amounts of iodine is negligible.

The cause of goiter has long been a mystery, and certain features of the condition are still not entirely clear. It has long been associated with drinking water; in fact, remarkably good effects have been obtained in parts of Switzerland and Italy by the introduction of good drinking water. There are goiter wells in France and Switzerland, the waters of which are used successfully for the intentional production of the disease with a view to escaping compulsory military service.

The relation of water to goiter is also illustrated in Vienna. This city long boasted of the best water among all European cities. It is brought in long aqueducts and subterranean pipes from the Schneeberg, a mountain group about 6,000 feet high and 85 miles to the north of the city. This water, used since 1872, put a stop to typhoid and other gastro-intestinal diseases. The water comes from limestone formations, and has a low degree of hardness, owing to the absence of vegetation upon the catchment area. Since 1873 the number of goiters in Vienna have increased 200 per cent., and popular belief always pointed to the water as the cause. The water used by the inhabitants in many of the

<sup>13</sup> *J. A. M. A.*, Dec. 20, 1919, Vol. LXXIII, p. 1873.



goiter regions in Switzerland comes from similar limestone formations.

Further presumptive evidence that goiter is a water-borne disease is found in certain villages in the Gilgit District in India. Here eight villages adjacent to each other derive their water from a neighboring stream, and all are badly affected with goiter. Another village in the same district takes its water from a spring and has no goiter.

Another instance in which the change of water supply is said to have influenced the prevalence of goiter is that of the village of Bozel in Tarentaise. In this village, during 1848, of a population of 1,472, there were 900 cases of goiter and 109 cretins. About this time a new water supply was introduced from a source only 800 meters distant, and 16 years afterward, among practically the same population, there were only 39 cases of goiter and 58 cretins.

On the other hand, able investigators, such as Kocher, Ewald, Bircher, McCarrison<sup>14</sup> and others believe that goiter is an infection due to a living microorganism. It is in fact difficult to reconcile some of McCarrison's observations, upon the theory that the disease is simply a deficiency of iodine in the water or food. Further study may develop the fact that certain parasites may cause enlargement of the thyroid gland.

Simple goiter in this country is without doubt a deficiency disease, and may be prevented and even cured, if not too far advanced, by the use of iodine. The secondary factors which aggravate the incidence as well as the severity of the condition, such as hygiene and sanitation, must be taken into account.

## LEAD POISONING

**Lead Poisoning.**—Lead is practically never found in natural waters. The source of the lead in the water is almost always lead service pipes, or some other lead object used in collecting, storing, or delivering the water. Lead is the most dangerous inorganic substance with which our drinking water is ordinarily contaminated. Lead poisoning from this source is much more common than it is given credit for. A celebrated instance of lead poisoning occurred in Lancashire and Yorkshire, England. The water came from peaty moorlands and was delivered through lead pipes. The citizens of these towns experienced a mysterious bodily derangement for some years, until it was finally discovered that lead poisoning was prevalent. In many other places, as Somerfeld, Germany, and Lowell, Mass., numerous cases of lead poisoning due to the action of water in lead pipes have been reported.

Enormous quantities of lead service pipes are still in use, not only in the old plumbing, but in the newer installations. It is so pliable

<sup>14</sup> *Lancet*, Jan. 18 and 25, and Feb. 8, 1913.

that plumbers find it much easier to bend it around corners and angles than to make the usual connections with iron or brass pipe, and it is therefore a great temptation to put in short lengths of it in difficult places. Lead poisoning may, under certain circumstances, come from a few feet of lead pipe. The various factors that determine the corrosive action of water upon lead are very complex. It is not possible to determine by chemical tests whether or not a water has plumbisolvant action. All natural waters have some solvent power. The only sure method of determining to what degree a given water will take up lead is by testing the question experimentally under practical conditions and establishing the amount of lead taken up.

The way by which water takes up lead is first through the formation of lead oxid. This oxidation is favored by the amount of oxygen carried in the water, possibly aided by the nitrates and nitrites serving as oxygen carriers. The lead oxid may then be dissolved, more rapidly if the water is acid, or may be washed away by the currents in the state of a fine powder in suspension.

As a general rule clean (pure) waters have a greater corrosive action upon lead than turbid waters. This is partly for the reason that the mud coats the pipes and protects them mechanically. Acid waters are almost sure to take up lead if allowed to come in contact with that metal. Even so feeble an acid as carbonic acid may under certain circumstances greatly increase the plumbisolvant action of water. Soda water (highly charged with  $\text{CO}_2$  under pressure) takes up relatively large quantities, if lead pipes are used in soda water fountains or "syphon" bottles. Waters containing carbonates or sulphates are not apt to take up lead because the corresponding salts of lead are insoluble, and thus form a protecting coating. Even though a water has no plumbisolvant action, the use of lead piping, lead cooking utensils, lead-lined cisterns, etc., is entirely unjustified for domestic service, for the reason that under certain circumstances electrolytic action, changes in the character of the water, or other causes may lead to lead poisoning.

Various conditions affect the plumbisolvant action of water, such as the duration of contact, the temperature, the pressure, the season of the year, the purity of the lead, etc. Water remaining in the pipes all night naturally takes up more lead than the water that flows more or less rapidly during the day. Lead pipes were formerly used in soda water fountains and the employee who took the first drink in the morning before the proprietor arrived received a concentrated dose. Hot water has a greater solvent action than cold water; so, also, increase in pressure up to 140 pounds to the square inch. For some unexplained reason more lead is often found in the water during the winter than during the summer. The purer the lead in the pipes the freer the solvent action. New pipes give up more lead than old pipes. However,

in some cases the poisoning manifests itself only after the pipe has been in use for years. Lead pipes are purer now than formerly, owing to profitable methods of extracting the silver and other metals with which it is frequently associated. If the lead is combined with copper, zinc, or tin the lead passes into the water more quickly in consequence of galvanic action than when pure lead is used. Electrolytic action favors the solution of lead, and the modern method of grounding electric currents adds to the danger.

The various conditions of water that favor plumbisolvant action are: Those containing free acid, such as soft, peaty waters; those containing much oxygen and little dissolved salts, that is, soft waters, such as rain water; those containing organic matter, nitrites, and nitrates, that is, sewage-contaminated water in the stage of oxidization; those containing chlorids, because chlorids dissolve the protecting film of carbonates. Waters that act least upon lead are turbid waters and hard waters, especially those containing free  $\text{CO}_2$ , for here again carbonates are formed which protect the lead with an insoluble film. However, if  $\text{CO}_2$  is present in excess or under pressure the carbonates are redissolved.

It will therefore be seen that the purest, softest, and best aerated waters are especially prone to act upon lead. Distilled water will take up lead even from impure zinc pipes (containing some lead) used on board ships. Absolutely pure water probably has no appreciable action upon metals such as lead, iron, and zinc, but absolutely pure waters are not found in nature. The plumbisolvant action is in part a mechanical erosion, in part a chemical solution, and in part results from electrolytic action.

*Symptoms.*—The early symptoms of lead poisoning are sometimes vague and readily overlooked. Fatal poisoning may be caused when very little lead is taken with the water each day; the action is cumulative and the course of the intoxication is chronic; the immediate and remote effects are serious.<sup>15</sup>

The usual symptoms of chronic lead poisoning are anemia, dyspepsia, depression, constipation, colic; various forms of paralysis, especially paralysis of the extensor muscles of the forearm leading to wrist-drop; a blue line along the edges of the gums, due to the formation of sulphid of lead deposited in the tissues. Optic neuritis may come on. There is an increase in the blood pressure. Chronic lead poisoning leads to arteriosclerosis, fibrosis of the kidneys, and the remote consequences of these changes. Muscular paresis, pain and swelling of the joints, often occur and may be mistaken for "rheumatism." In some cases gout is closely simulated. The pain is usually worse at night.

The individual susceptibility to lead poisoning varies remarkably. Of a number of individuals equally exposed some will suffer and others

<sup>15</sup> For further discussion of Lead Poisoning, see page 1293.

escape. Of those who suffer, the degree of intoxication varies considerably. It is quite common to find that among the members of a family using a water containing lead only one is stricken, while the others seem to be "immune"; that is, they either do not absorb the lead or are able to eliminate it.

Mild cases of lead poisoning may show only symptoms of anemia, vague or fugitive pains, or a mild type of peripheral neuritis. This stage of lead poisoning, which does not vary essentially from other intoxications of mild degree, is readily overlooked clinically.

Lead is absorbed from the intestines and eliminated by the kidneys and the liver. It therefore may appear in either the urine or feces. Lead in the urine is always associated with albumin, and may be intermittent. That is, a well-marked case of lead poisoning may excrete urine free from both lead and albumin. However, if the feces are examined they will be found to contain lead.

*Cases.*—Lead poisoning may occur when a comparatively small surface of lead is exposed to the solvent action of the water. This is well illustrated in the following cases:<sup>16</sup>

Case 1.—A man about fifty years old contracted lead poisoning from using cistern water. Twelve feet of the service pipe was lead, and almost wholly in the water, as it was bent at right angles and ran across the cistern under the water.

Case 2.—Mrs. W., sixty-six years of age, contracted lead poisoning from a well water which was contaminated from an old lead clock weight which had been accidentally dropped into the well. The clock weight had been in the water about fourteen months before the appearance of symptoms. The well was pumped free of water and the clock weight found and removed. In two weeks from this time Mrs. W. noticed an improvement in her lameness, and in four months she was entirely well.

Case 3.—In this case the patient was poisoned by cistern water pumped through ten feet of lead pipe. The symptoms were acute multiple peripheral neuritis, with extensive paralysis. After the lead in the water was removed recovery was only partial after a period of two years.

The exact amount of lead which may be taken into the system without producing harm is not definitely known, and doubtless varies with different people, but it is known that the continuous use of water containing quantities of lead as small as 0.005 of a part per million, or about 1/33 of a grain per gallon, has caused serious injury to health.<sup>17</sup>

No instances have been recorded of ill effects upon health of persons drinking water due to copper or zinc-lined pipes.

<sup>16</sup> *Bull. State Board of Health, Maine, Jan., 1909, Vol. 1, No. 21.*

<sup>17</sup> *Mass. State Board of Health Ann. Report, 1898, p. XXXII.*

**SPECIFIC DISEASES DUE TO WATER**

The principal diseases of man contracted by drinking infected water are typhoid fever, cholera, and dysentery. Water-borne epidemics of these diseases have frequently occurred in the history of the world. It should be remembered that endemic and sporadic cases may also contract their infections through water. The great water-borne tragedies have for a time occupied an exaggerated position. They overshadowed the less dramatic, but more insidious, and nevertheless frequent modes of transmission of infection through other channels, especially "contacts." It is only in recent years, since the water supplies of most of our large communities have been very much improved, so that water-borne epidemics have been excluded, that sanitarians have appreciated the quantitative rôle played by water as a medium of convection in distributing pathogenic microorganisms.

It is worthy of note that almost all the large water-borne outbreaks that have been investigated have been traced to a quick transfer of the infected material from the patient to the victim. Even in Pittsburgh the Typhoid Fever Commission showed that most of the fever there had been due to nearby rather than to remote pollution of the river. The greater the distance and the longer the time between the source of the infection and the use of the water, the less are the chances of harm. This we now understand as the result of several factors which have been discussed.

It is doubtful whether typhoid, cholera, or dysentery bacilli multiply in water under natural conditions, certainly to no great extent. Almost all the great water-borne epidemics of typhoid fever occur in the spring, winter, or fall of the year, when the water is very cold. Water-borne epidemics of typhoid in the summertime, when the conditions seem favorable for multiplication of the bacilli, are relatively infrequent. Assuming that in the case of typhoid there is no multiplication of the bacilli in the water, the dilution must have been enormous in many of the cases recorded; that is, there must have been very few typhoid bacilli in a tumblerful of water. If these facts are correct it illustrates how very few bacteria, when fresh and virulent, may induce disease. The experimental data from the laboratory indicate that the healthy organism may, as a rule, successfully overcome small doses of infection. Feeding experiments, especially upon the lower animals, under laboratory conditions, indicate that very large numbers of microorganisms are usually necessary to induce disease when administered by the mouth. This is only one of the many discrepancies between laboratory and natural conditions. Many large epidemics have been traced to individual instances of pollution. In the typhoid epidemics at Butler, Plym-

outh, New Haven, in Nanticoke and Reading, there were collectively 3,929 cases of typhoid fever, with 361 deaths, resulting from the careless treatment of the discharges of but one individual patient in each outbreak.

Outbreaks due to water are usually caused by the contamination of surface supplies; less often by wells and springs. It is self-evident that the great epidemics have always been caused by polluted river or lake waters, and not by ground waters. Ground water is sometimes responsible for outbreaks of typhoid fever, especially in limestone districts, as at Lausen, Switzerland; Paris, France, etc. Usually when a well becomes badly infected it is from a nearby privy or broken sewer underground, as in the instance of the Broad Street cholera epidemic in London.

Epidemics from public water supplies result from contamination by various factors. The use of a raw water into which is continually discharged the sewage of other towns has occurred at Pittsburgh, Lawrence, Niagara Falls, Albany, and Philadelphia. A city may drink the water of a lake which has become its own cesspool, as did Chicago, Cleveland, and Burlington. The pollution may come from the wastes of individual houses, as at Plymouth, or from institutions or factories; or the pollution may come from privies situated directly over the stream or on its banks, as at Ithaca; or the pollution may come indirectly after the offending matter has been deposited on the surface of the ground, later gaining access to the water course by the washing of rain or seepage through ground seams. In some instances epidemics originate through criminal thoughtlessness in a town that has been supplied with a pure or purified water. Thus a water pipe laid through a polluted pond may become sufficiently disjointed to permit admission of the infected water, as occurred at Baraboo, Wis., and Palmerton, Pa. The admission of polluted water to a pure city supply at any time is inexcusable. Epidemics have originated as a result of the unusual drain upon the water supply at times of fire, as in the case of Lawrence; or through failure of valves to operate, as in the case of Wilkinsburg, Pa.; when the ordinary water supply was judged to be insufficient and no public warning was given of the substitution as at Newburyport; or when polluted water was furnished temporarily while the filter plant was undergoing repair, as at Lawrence, Mass., in 1902, in Brewer, in Poughkeepsie, N. Y., and Millinocket, Me. Various public wells have become infected through ground seams, and have thus caused epidemics of typhoid fever at Trenton, Newport, and Mt. Savage, Md.<sup>18</sup>

In addition to the usual sources of pollution of a surface water, the following, while relatively infrequent, may be particularly dangerous,

<sup>18</sup> Harold B. Wood: "The Economic Value of Protecting the Water Supplies," *J. A. M. A.*, Oct. 2, 1909, p. 1093.

for the reason that they are apt to take place near the source of supply: discharges from water-closets of railroad trains while crossing bridges or passing the banks of reservoirs and streams; picnic parties; camping parties; construction gangs; fishermen; ferryboats and other craft upon navigable streams. The large boats plying our Great Lakes may discharge dangerous and obnoxious material very near an intake.

**Cholera**—*Cholera in London in 1854; the Case of the Broad Street Pump*.—Cholera was prevalent in London in 1854, but prevailed with epidemic intensity in the district about Broad Street. This focus was conspicuously circumscribed in area, and the disease was virulent, with great fatality. This case has become classic because it was one of the earliest instances, if not the first, in which water was proved to convey a specific disease. The circumstances were studied by Dr. John Snow and by Mr. John York, Secretary and Surveyor of the Cholera Inquiry Committee.<sup>19</sup> No less than 700 deaths occurred in St. James Parish during the seventeen weeks that the cholera raged. The death rate was 220 per 10,000 in the parish, which contained a population in 1851 of 36,406. In the adjoining districts the death rate varied from 9 to 33 per 10,000.

Dr. Snow made a careful epidemiological study of the outbreak and compiled a statistical statement of special value, which is given in its original form on the next page.

Many of the facts of this epidemic are taken from Sedgwick's excellent account in his "Principles of Sanitary Science and the Public Health," 1902, which the student is advised to read.

It will be seen that the disease broke out with special intensity upon August 30 and declined noticeably after September 10. The pump had been removed on September 8. Dr. Snow's inquiry showed that most of the victims had preferred or had access to the water of the Broad Street well, and only in a few cases was it impossible to trace any connection with that source. Thus, with regard to 73 deaths occurring in the locality of the pump and studied especially with reference to this point, it was found that there were 61 instances in which the deceased persons used to drink the water from the pump in Broad Street, either constantly or occasionally. In 6 instances no information could be obtained, and in 6 cases it was stated that the deceased persons did not drink the pump water before their illness.

On the other hand, Dr. Snow discovered that, while a workhouse (almshouse) in Poland Street was three-fourths surrounded by houses in which cholera deaths occurred, out of 535 inmates of the workhouse only 5 cholera deaths occurred. The workhouse, however, had a well of

<sup>19</sup> The complete original report is entitled "Report on the Cholera Outbreak in the Parish of St. James, Westminster, during the Autumn of 1854. Presented to the Vestry by the Cholera Inquiry Committee, July, 1855." London, J. Churchill, 1855.

*The Broad Street (London) well and deaths from Asiatic cholera near it in 1854*

Date	Number of Fatal Attacks	Deaths	Date	Number of Fatal Attacks	Deaths
Aug. 19.....	1	1	Sept. 11.....	5	15
Aug. 20.....	1	0	Sept. 12.....	1	6
Aug. 21.....	1	2	Sept. 13.....	3	13
Aug. 22.....	0	0	Sept. 14.....	0	6
Aug. 23.....	1	0	Sept. 15.....	1	8
Aug. 24.....	1	2	Sept. 16.....	4	6
Aug. 25.....	0	0	Sept. 17.....	2	5
Aug. 26.....	1	0	Sept. 18.....	3	2
Aug. 27.....	1	1	Sept. 19.....	0	3
Aug. 28.....	1	0	Sept. 20.....	0	0
Aug. 29.....	1	1	Sept. 21.....	2	0
Aug. 30.....	8	2	Sept. 22.....	1	2
Aug. 31.....	56	3	Sept. 23.....	1	3
Sept. 1.....	143	70	Sept. 24.....	1	0
Sept. 2.....	116	127	Sept. 25.....	1	0
Sept. 3.....	54	76	Sept. 26.....	1	2
Sept. 4.....	46	71	Sept. 27.....	1	0
Sept. 5.....	36	45	Sept. 28.....	0	2
Sept. 6.....	20	37	Sept. 29.....	0	0
Sept. 7.....	28	32	Sept. 30.....	0	0
Sept. 8.....	12	30	Date unknown.....	45	0
Sept. 9.....	11	24			
Sept. 10.....	5	18	Total.....	616	616

its own in addition to the city supply, and never sent for water to the Broad Street pump. If the cholera mortality in the workhouse had been equal to that in its immediate vicinity it should have had 50 deaths.

A brewery in Broad Street employing seventy workmen was entirely exempt, but, having a well of its own, and allowances of malt liquor having been customarily made to the employees, it appeared likely that the proprietor was right in his belief that resort was never had to the Broad Street well.

It was quite otherwise in a cartridge factory at No. 38 Broad Street, where about 200 workpeople were employed, two tubs of drinking water having been kept on the premises and always filled from the Broad Street well. Among these employees eighteen died of cholera. Similar facts were elicited for other factories on the same street, all tending to show that in general those who drank the water from the Broad Street well suffered either from cholera or diarrhea, while those who did not drink that water escaped. The whole chain of evidence was made absolutely conclusive by several remarkable and striking cases in Dr. Snow's report like the following:

"A gentleman in delicate health was sent for from Brighton to see his brother at No. 6 Poland Street who was attacked with cholera and died in twelve hours, on the first of September. The gentleman arrived



after his brother's death, and did not see the body. He only stayed about twenty minutes in the house, where he took a hasty and scanty luncheon of rump steak, taking with it a small tumbler of cold brandy and water, the water being from the Broad Street pump. He went to Pentonville, and was attacked with cholera on the evening of the following day, and died the next evening.

"The deaths of Mrs. E. and her niece, who drank the water from

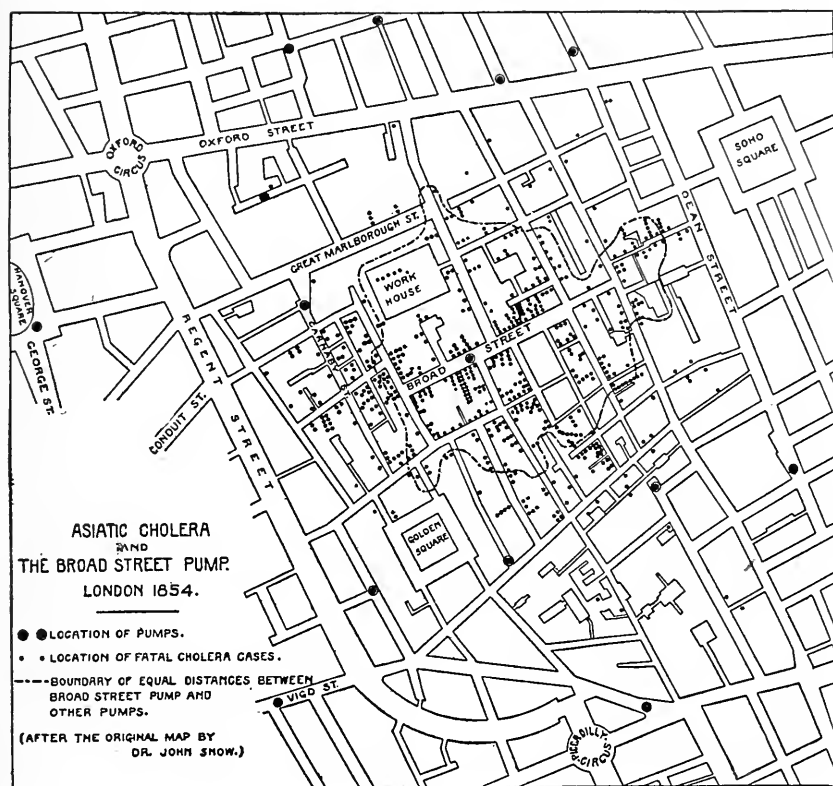


FIG. 122.

Broad Street at the West End, Hampstead, deserve especially to be noticed. I was informed by Mrs. E.'s son that his mother had not been in the neighborhood of Broad Street for many months. A cart went from Broad Street to West End every day, and it was the custom to take out a large bottle of the water from the pump in Broad Street, as she preferred it. The water was taken out on Thursday, the 31st of August, and she drank of it in the evening and also on Friday. She was seized with cholera on the evening of the latter day, and died on Saturday. A niece who was on a visit to this lady also drank of the water. She returned to her residence, a high and healthy part of

Islington, was attacked with cholera, and died also. There was no cholera at this time, either at West End or in the neighborhood where the niece died. Besides these two persons only one servant partook of the water at West End, Hampstead, and she did not suffer, or, at least, not severely. She had diarrhea."

Mr. York, Secretary and Surveyor of the Cholera Inquiry Committee, was instructed to survey the locality and examine the well, cesspool, and drains at No. 40 Broad Street.

His report revealed the following condition of affairs: The well was circular in section, 28 feet 10 inches deep, 6 feet in diameter, lined with brick, and when examined (April, 1855) contained 7 feet 6 inches of water. It was arched in at the top, dome fashion, and tightly closed at a level 3 feet 6 inches below the street by a cover occupying the crest of the dome. The bottom of the main drain of the house from No. 40 Broad Street lay 9 feet 2 inches above the water level, and one of its sides was distant from the brick lining of the well only 2 feet 8 inches. This was an old-fashioned drain 12 inches wide, with brick sides; the top and bottom were made

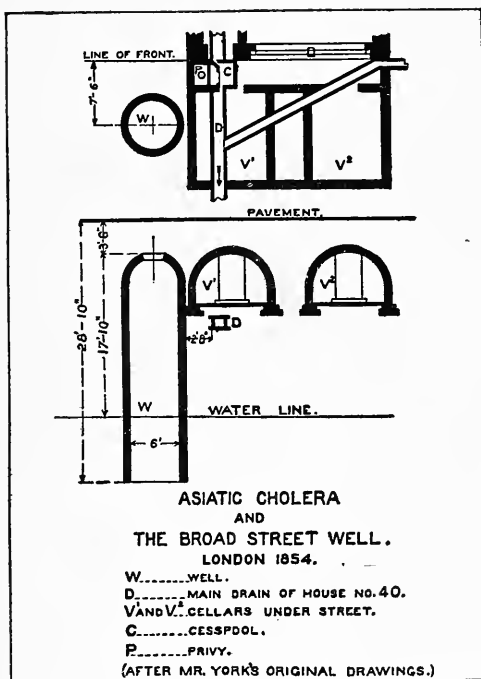


FIG. 123.

with old stone. It had a small fall to the main sewer. The mortar joints of the old stone bottom were found to be perished, as was also the jointing of the brick sides, which had brought the brickwork into the condition of a sieve, through which the house drainage must have percolated for a considerable period. Dr. Snow found the cesspool intended for a trap, but misconstructed, and upon and over a part of the cesspool a common privy, without water supply, for the use of the house had been erected. The brickwork of the cesspool was found to be in the same decayed condition as the drain. Dr. Snow states that, "from the charged condition of the cesspool, the defective state of its brickwork, and also that of the drain, no doubt remains upon my mind that constant percolation, and for a considerable period, had been con-

veying fluid matter from the drains into the well. A washed appearance of the ground and gravel flow corroborated this assumption. The ground between the cesspool and the well was black, saturated, and in a swampy condition, clearly demonstrating the fact." This evidence, while only circumstantial, is sufficient to connect the cesspool with the well, and can leave no doubt in the minds of those who study this interesting and instructive instance that the water became infected with cholera germs through this channel. It should be remembered that this outbreak occurred before the days of bacteriology, so that direct proof is not at hand. As far as could be determined, the infection of the well came from an unrecognized case of cholera in the house at No. 40 Broad Street. There were four severer cases of cholera subsequently in the same house.

*The Cholera Epidemic in Hamburg in 1892.*—This epidemic stands out clearly, not only as one of the most devastating of modern times, but as one of the most instructive. The relation between the infected water and the disease was conclusively proved, and the value of slow sand filtration placed upon a strong foundation. The conditions of the epidemic were equal to those of a well-controlled laboratory experiment, and the bacteriological and epidemiological evidence corroborated each other in every essential particular.

From August 17 to October 23, 1892, a little over two months, there were nearly 17,000 cases of cholera in Hamburg (population 640,000), with 8,605 deaths. On one day during the height of the epidemic over 1,000 new cases occurred. This was a pandemic year for cholera in the sense that it showed a remarkable tendency to spread to all parts of the world. It traveled from the valley of the Ganges through Persia, to Russia, Germany, Austria, France, Belgium, Holland, and the disease was brought to our own doors and several cases occurred in New York City.

Hamburg is a separate city, and at the time of the epidemic had a population of 640,000. Altona (population 143,000) is in Prussia. Politically Hamburg and Altona are separate, but geographically and actually they form one large city. The boundary runs through a street on one side of which is Hamburg, on the other Altona. Wandsbeck (population 20,000) is a nearby suburban town. Each of these three places at the time of the epidemic had a separate water supply. Wandsbeck drank filtered water from a spring little subject to pollution. Hamburg and Altona were both furnished with water from the Elbe River, which is a grossly polluted stream. Both the cities of Hamburg and Altona rest upon the bank of the Elbe River, but Altona is below or downstream. At the time of the epidemic the intake for the water supply of each city was directly at the river front, and the sewers of the city emptied into the river at various points along the same river

fronts. It will therefore be seen that Altona had Elbe River water plus Hamburg's sewage. Altona, however, first filtered this water by the slow sand process; Hamburg, however, furnished its citizens with the raw, unfiltered Elbe River water. This water was first pumped to a single reservoir, which at one time held approximately a day's supply, but had long outgrown its usefulness. It will therefore be seen that these three cities, with a homogeneous population, with the same climate,

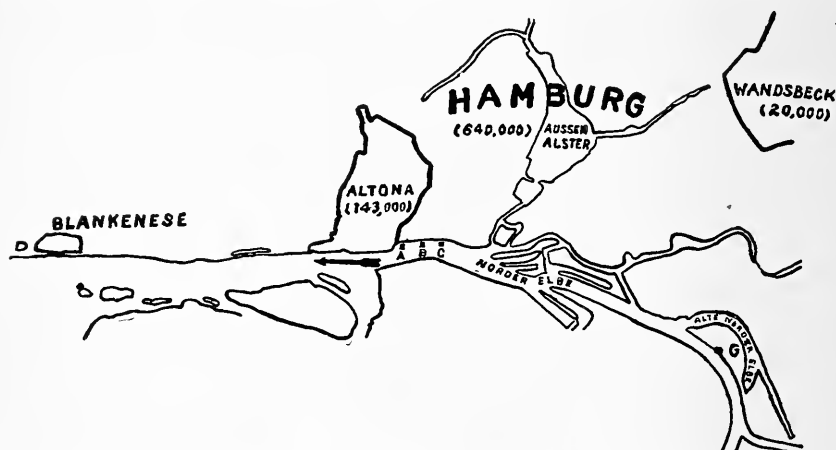


FIG. 124.—WATER SUPPLY OF HAMBURG.

Hamburg received its water supply from the River Elbe (unfiltered) at G. The sewage of Hamburg and Altona entered the Elbe at ABC. Altona received its water supply from the Elbe at D, about 8 miles below ABC. The sand filters which purified this water were located at Blankenese. Wandsbeck had an independent water supply from a small lake.

the same low-lying site, and all other conditions similar, differed only in their water supply.

Relatively few cases occurred in Altona, and most of these were on the boundary, where the people probably had access to the raw, unfiltered Elbe River water. In Koch's own words, "cholera in Hamburg went right up to the boundary of Altona and there stopped. In one street, which for a long way forms the boundary, there was cholera on the Hamburg side, whereas the Altona side was free from it."

During the epidemic the deaths in the several cities were as follows:

	Population	Deaths	Deaths per 10,000 Inhabitants
Hamburg.....	640,400	8,605	134.4
Altona.....	143,000	328	23.0
Wandsbeck.....	20,000	43	22.0

Further evidence consisted in the fact that at one point close to and on the Hamburg side of the boundary line between Hamburg and

Altona is a large yard known as the Hamburger Platz. It contains two rows of large and lofty dwellings containing seventy-two separate tenements and some 400 people belonging almost wholly to those classes who suffer most from cholera elsewhere in Hamburg. While cholera prevailed all around no single case occurred among the many residents of this court during the whole epidemic. Koch found that, owing to local difficulties, water from the Hamburg mains could not easily be obtained for the dwellings in question, and hence a supply had been obtained from one of the Altona mains in an adjacent street. This was the only part of Hamburg that received Altona water, and it was also the only spot in Hamburg in which was aggregated a population of the class in question which escaped the cholera. The source of the epidemic was traced to Russian immigrants crowded in barracks on one of the wharves pending their embarkation for the United States, and "at the time of the outbreak there were on an average about 1,000 of these people on hand all the time. Many of them came from districts in Russia which had been, and were then, suffering severely from cholera, and all were well supplied with dirty clothing and blankets, some of which they washed while they were being detained. It is believed that among those that had arrived there must have been some mild cases of the disease, or at least some convalescents with cholera germs still in their evacuations two or three weeks after recovery. All of the sewage matters of every description from these people were discharged directly into the river at the wharf." After the Elbe River once became seeded with the cholera vibrio the people in Hamburg who drank this infected water took the disease, and their discharges, returning to the river, added fuel to the flames. A vicious circle was thus set up, so that the infection became exceedingly concentrated and intense, and as the circle was a short one the time interval was correspondingly brief and the virulence unusually severe.

The Hamburg outbreak will ever remain classic on account of the clearness of the circumstances and the fact that there is no missing link in the chain of evidence as the specific organism was readily isolated from the Elbe River water.

**Typhoid Fever**—*The Influence of Pure Water upon Typhoid Fever.*

—The effect of an improved water supply appears to have a more favorable influence upon typhoid fever than upon any other disease. The relation between water and typhoid fever has long been known, and the attention of vital statisticians has been focused upon the improvement in morbidity and mortality of this disease following the purification of a water supply. There is now reason to believe that the good effects of a pure water in preventing other diseases may possibly outweigh the good effects in typhoid alone. The typhoid figures present such clear and often dramatic proof of the value of clean water

in the conservation of health that a few of the striking tables and charts are shown upon the following pages, and should be carefully studied by the student.

For the general character of water-borne epidemics of typhoid fever and the relation of ice and cold water to typhoid see page 118.

The table on page 1170, compiled by Kober,<sup>20</sup> clearly shows the effect of improving the water supply in typhoid fever death rates in American cities:

From this table we learn that the combined average annual rate from typhoid fever in cities with a polluted supply was 69.4, and after the substitution of a purer water fell to 19.8 per 100,000—a reduction of 71.4+ per cent. The *Bulletin* of the New York State Health Department for April, 1908, shows that the death rate from typhoid fever in ten cities of that state has been reduced 53.4 per cent. by an improved water supply. Many similar instances are cited in the literature.

*Table showing the average typhoid death rate per 100,000 for a period prior to the improvement in the water supply, the average typhoid death rate per 100,000 since the change in the water supply, and the percentage of reduction caused by the improvement*

	Place	Average Before Improvement	Average After Improvement	Per Cent. Reduction in Death Rate
1	Albany.....	88.8	23.7	73.0
2	Binghamton.....	39.3	11.7	72.2
3	Elmira.....	54.9	41.5	24.4
4	Hornell.....	42.4	24.7	41.4
5	Hudson.....	64.3	31.9	50.5
6	Ithaca.....	67.2	14.6	78.3
7	Rensselaer.....	95.5	54.4	43.0
8	Schenectady.....	25.0	14.4	42.6
9	Troy.....	58.2	31.0	46.8
10	Watertown.....	94.7	36.9	61.8

*The Typhoid Epidemic at Lausen, Switzerland.*—The epidemic of typhoid fever which occurred in Lausen, Switzerland, in 1872, was the first to attract general attention, “and, because of certain peculiar conditions connected with it, and especially because of its influence upon the theory and practice of the purification of water by filtration, it deserves the most careful consideration by all students of sanitation.” It is also interesting because of the remoteness and unusual method by which the infection reached the water supply. The following account of this epidemic is from the description by Sedgwick, quoting Dr. Hagler’s<sup>21</sup> report:

The epidemic occurred in the little village of Lausen in the canton

<sup>20</sup> “Conservation of Life and Health by Improved Water Supply,” George M. Kober, 1908.

<sup>21</sup> *Sixth Report, Rivers Pollution Commission of 1868*, London, 1874.

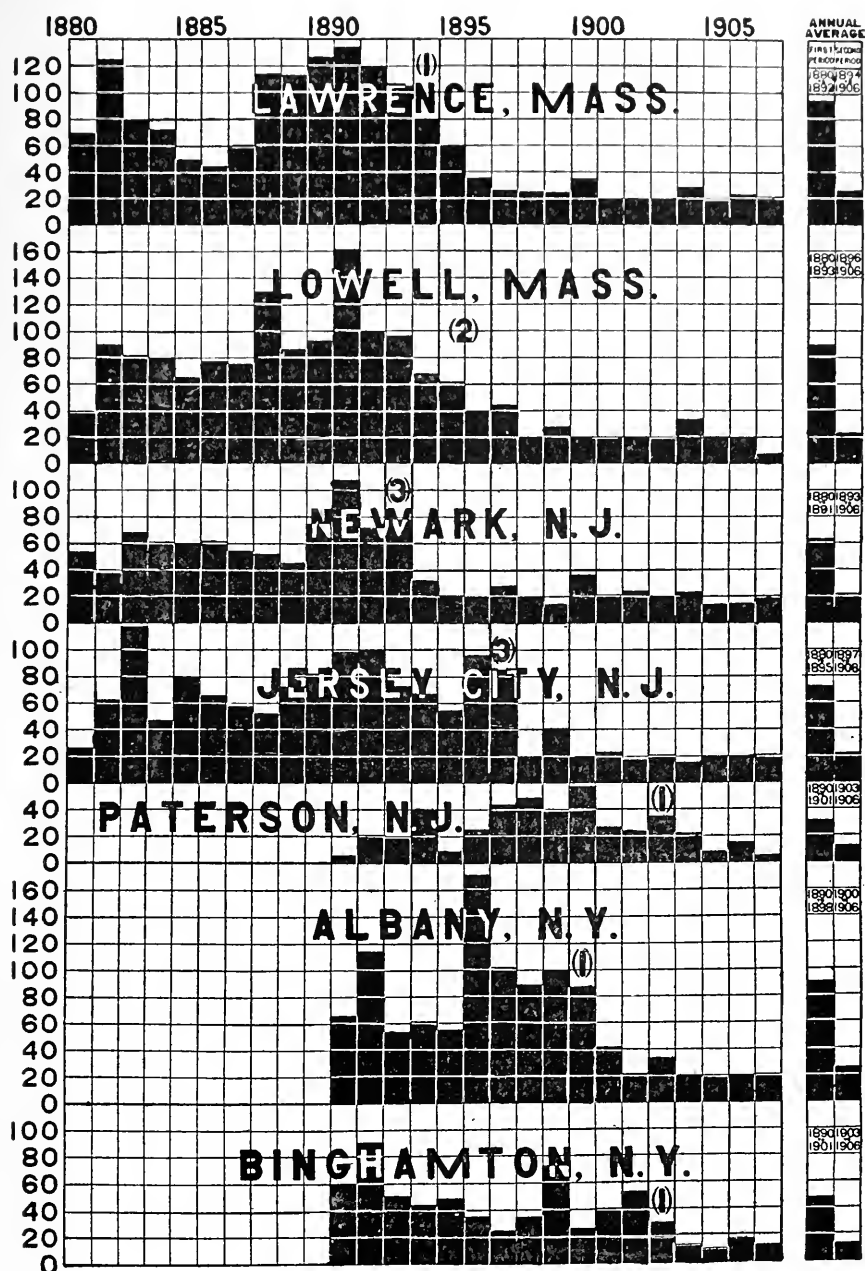


FIG. 125.—CHANGE IN WATER SUPPLY.

1. From unfiltered river supply to filtered river supply.
2. From unfiltered river supply to wells.
3. From polluted river supply to conserved river supply. (Kober.)

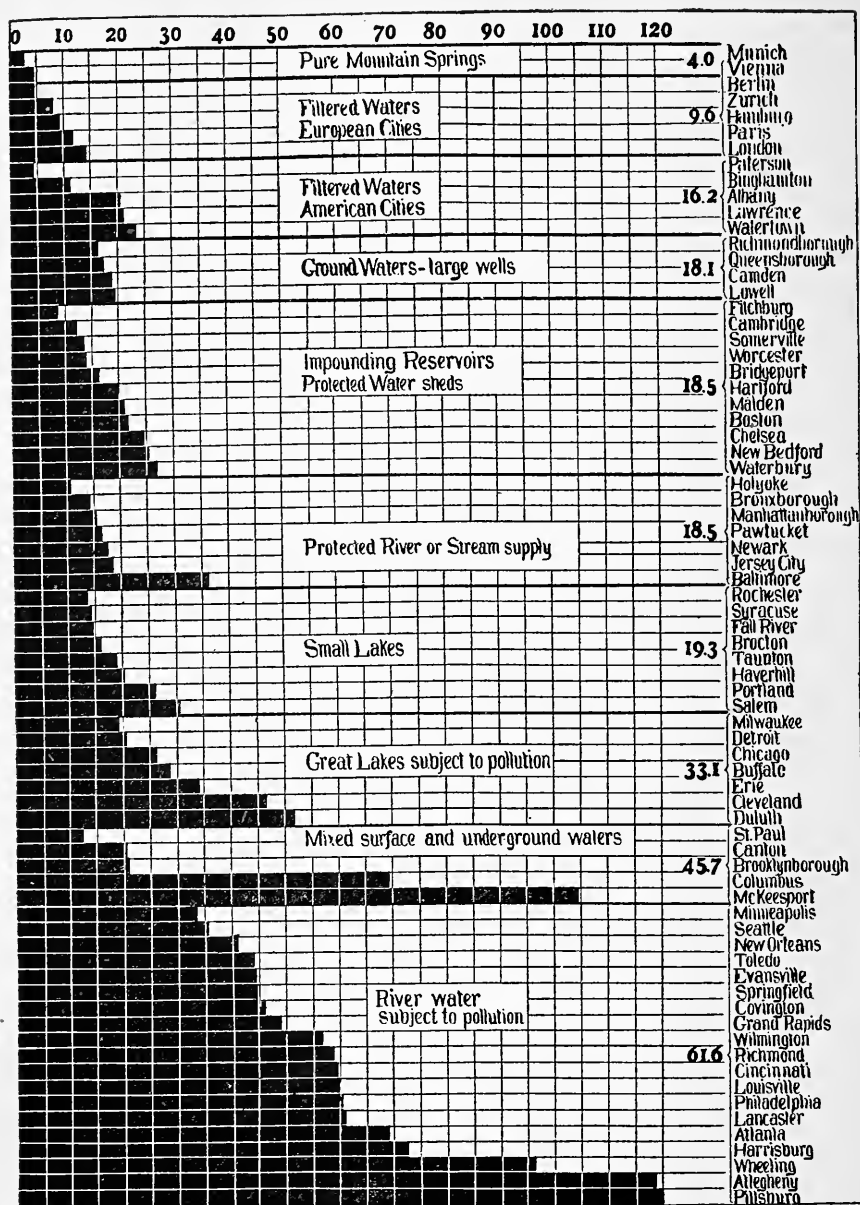


FIG. 126.—MEAN DEATH RATES FROM TYPHOID FEVER, 1902 TO 1906, IN 66 AMERICAN CITIES AND 7 FOREIGN CITIES GROUPED ACCORDING TO THEIR DRINKING WATER.

The rates for foreign cities are taken from James H. Fuertes. (Kober.)



of Basel in Switzerland in August, 1872. Lausen was a well-kept village of 90 houses and 780 inhabitants, and had never, so far as known, suffered from a typhoid epidemic. For many years it had not had even a single case of typhoid fever, and it had escaped cholera even when the surrounding country suffered from it. Suddenly, in August, 1872, an outbreak of typhoid fever occurred, affecting a large part of the entire population.

A short distance south of Lausen is a little valley, the Fürlethal, separated from Lausen by a hill, the Stockhalden, and in this valley, on June 19, upon an isolated farm, a peasant, who had recently been away from home, fell ill with a very severe case of typhoid fever, which he had apparently contracted during his absence. In the next two months there occurred three other cases in the neighborhood—a girl, and the wife and son of the peasant.

No one in Lausen knew anything of these cases in the remote and lonely valley, when suddenly, on August 7, 10 cases of typhoid fever appeared in Lausen, and by the end of nine days 57 cases. The number rose in the first four weeks to more than 100, and by the end of the epidemic in October to about 139, or seventeen per cent. of the population. Besides these, fourteen children who had spent their summer vacation in Lausen fell ill with the same disease in Basel. The fever was distributed quite evenly throughout the town, with the exception of certain houses which derived their water from their own wells and not from the public water supply. Attention was thus fixed upon the latter, which was obtained from a well at the foot of the Stockhalden hill on the Lausen side. The well was walled up, covered, and apparently protected, and from it the water was conducted to the village, where it was distributed by several public fountains. Only six houses used their own wells, and in these six there was not a single case of typhoid fever, while in almost all the other houses of the village, which depended upon the public water supply, cases of the disease existed. Suspicion was thus directed to the water supply as the source of the typhoid, very largely because no other source could well be imagined.

There had long been a belief that the Lausen well or spring was fed by and had a subterranean connection with a brook (the Fürler brook) in the neighboring Fürler valley; and since this brook ran near the peasant's house and was known to have been freely polluted by the excreta of the typhoid fever patients, absolute proofs of the connection between the well of Lausen and the Fürler brook could not fail to be highly suggestive and important. Fortunately, such proofs were not far to seek. Some ten years before observations had been made which had shown an intimate connection between the brook and the well. At that time, without any known reason, there had suddenly appeared near the brook in the Fürler valley below the hamlet a hole about eight

feet deep and three feet in diameter, at the bottom of which a considerable quantity of clear water was flowing. As an experiment the water of the little Fűrler brook was at that time turned into this hole, with the result that it had all flowed away underground and disappeared, and an hour or two later the public fountains at Lausen, which, on account of the dry weather prevailing at the time, were not running, had begun flowing abundantly. The water from them, which was at first turbid, later became clear; and they had continued to flow freely until the Fűrler brook was returned to its original bed and the hole had been filled up. But every year afterward, whenever the meadows below the site of the hole were irrigated, or overflowed, by the waters of the brook, the Lausen fountains soon began to flow more freely. In the epidemic year (1872) the meadows had been overflowed as usual from the middle to the end of July, which was the very time when the brook had been infected by the excrements of the typhoid patients. The water supply of Lausen had increased as usual, had been turbid at the beginning, and had had a disagreeable taste. And about three weeks before the beginning of the irrigation of the Fűrler meadows typhoid fever had broken out, suddenly and violently, in Lausen.

In order to make matters, if possible, more certain the following experiments were made, but unfortunately not until the end of August when the water of the Lausen supply had again become clear. The hole which had appeared ten years earlier, and had afterward been filled up, was reopened, and the little brook was once more led into it; three hours later the Lausen fountains were yielding double their usual volume. A quantity of brine containing about eighteen hundred pounds of common salt was now poured into the brook as it entered the hole, whereupon there appeared very soon in the Lausen water first a small, later a considerable, and finally a very strong reaction for chlorin, while the total solids increased to an amount three times as great as before the brine was added. In another experiment five thousand pounds of flour (Mehl), finely ground, were likewise added to the brook as it disappeared in the hole; but this time there was no increase of the total solids, nor were any starch grains detected in the Lausen water.

It was naturally concluded from these experiments that while the water of the brook undoubtedly passed through to Lausen and carried with it salts in solution, it nevertheless underwent a filtration which forbade the passage of suspended matters as large as starch grains. Dr. Hagler, from whose report the foregoing facts are taken, was careful, however, to state that "it is not denied that small organized particles, such as typhoid fever germs, may nevertheless have been able to find a passage." As a matter of fact Dr. Hagler's minute account does today give us some indication that such germs might easily have passed from the brook to Lausen, for the turbidity of which he repeatedly speaks is

evidence of the passage of particles as small as, and possibly smaller than, the germs of typhoid fever.<sup>22</sup>

Unfortunately this was before pure cultures of bacteria were known, and no experiments were made with suspended matters as small as bacteria. The conclusion was inevitable that although filtration had in this case sufficed to remove starch grains, it had been powerless to remove the germs of typhoid fever; and, accordingly, filtration as a safeguard against disease in drinking water fell for a time into disrepute.<sup>23</sup>

*The Typhoid Epidemic in Plymouth, Penn.*—

In 1885 the mining town of Plymouth, Penn., with a population of about 8,000, suffered with a severe outbreak of typhoid fever which involved one in every eight of the inhabitants. Plymouth received its water from a mountain brook which drained an almost uninhabited watershed. The stream was dammed at intervals and the water was stored in a series of four small impounding reservoirs. The source of the infection was traced to a citizen who spent his Christmas holidays in Philadelphia and returned home in January. He contracted typhoid; the excreta were not disinfected, but were

thrown either into the frozen creek or upon its banks within 25 or 30 feet of the edge of the stream (see map). At this time the brook was frozen and remained so until spring. There came a thaw in March and the entire accumulation was washed into the brook and thence into the water-main. Three weeks thereafter cases of typhoid by the score made their appearance throughout the town. On some days more than 100 new cases occurred.

<sup>22</sup> "Typhus und Trinkwasser," *Vierteljahresschrift für öffentliche Gesundheitspflege*, VI, 154; also *Sixth Report, Rivers Pollution Commission of 1868*, London, 1874.

<sup>23</sup> Sedgwick, *Journal New England Water Works Association*, XV, 1901, p. 330, No. 4.

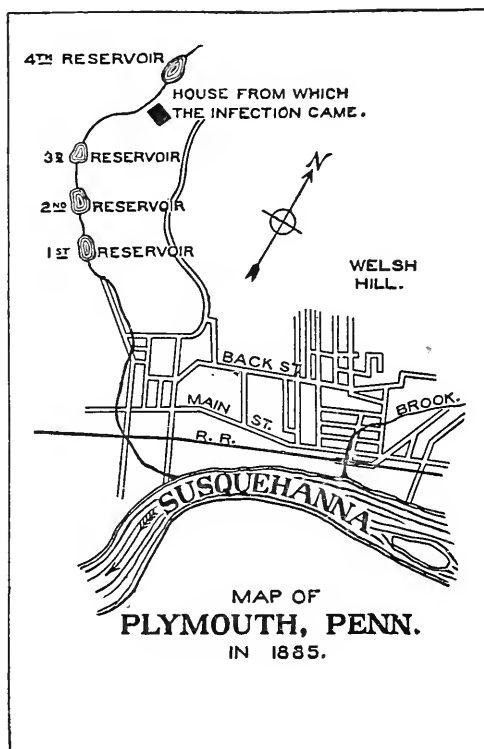


FIG. 127.

In all 1,004 cases were reported. Some estimates placed the number at 1,500, that is, 1 in every 5 of the inhabitants. There were 114 deaths. The epidemic was limited to the houses supplied with the town water or to persons who drank of the public water supply. The distinction was particularly emphasized on one street where the houses on one side had one or more cases while the houses on the other side had none at all. The former were supplied by the town water, the latter depended upon wells.

This epidemic will ever stand out in the literature as a clear-cut instance of water-borne typhoid caused by the quick transfer of virulent material from a single case. It proves further that freezing alone was not sufficient to destroy the typhoid infection, and on account of the coldness of the water it is exceedingly unlikely that any multiplication of the typhoid bacilli occurred. The infection, although greatly diluted, was nevertheless sufficiently virulent to induce the disease in most of those who drank the water. It further teaches the lesson how one person is sufficient to defile the "pure waters of a mountain brook draining an almost uninhabited territory." This epidemic was the first large outbreak in America where the cause was definitely traced to the water supply. It stands out sharply in the sanitary annals of our country on account of the lessons it taught and the good influence it had in stimulating other cities to safeguard and improve their water supplies.

*The Typhoid Epidemic at New Haven.*—Very similar to the Plymouth outbreak was that at New Haven, Conn., during April, May, and June of 1901, when 514 cases of typhoid fever occurred, resulting in 73 deaths. The outbreak was carefully studied by Professor Herbert E. Smith, who found that it was unquestionably due to an infection of one of the sources of public water supply.

The water supply in New Haven was drawn from five distinct systems. It was all surface water and was used without filtration. One of the sources was known as the Dawson supply. Dawson Lake was a storage reservoir located on West River in Woodbridge, five miles from New Haven. Dawson Lake had an area of 60 acres and a capacity of 300,000,000 gallons. There was no direct sewage pollution upon the catchment area and the rural population was only 25 per square mile.

A mile and a half above the Dawson Lake a small stream flowed into the river, and about half a mile up this stream there was a farmhouse situated at an elevation of about 180 feet above the water in the lake. Several cases occurred in this house during January and February, 1901. The excreta was thrown into a shallow privy vault without disinfection (for the reason that typhoid fever was not at first recognized). Here they accumulated and remained more or less frozen for six weeks or more. This privy was 325 feet from the brook and 40 feet above it. On March 10 and 11 there was a heavy rainfall (2.46 inches) and a

sudden thaw. The flow was so large that in spite of the intervention of the storage reservoir the water in the city was in a turbid condition on the afternoon of March 11. The typhoid fever outbreak began about 10 days later, and there seems to be little doubt that infection took place at this time. Professor Smith found that 96 per cent. of the cases that occurred were in the districts supplied with water from the Dawson Lake (Whipple).

This outbreak again illustrates the resistance of the typhoid infection to freezing, and the danger from a surface supply that for years may run satisfactorily. Even the storage reservoir failed in this case, as in the Plymouth case, to check the quick transfer of the infection. Had the Dawson supply been filtered or otherwise purified the epidemic could have been averted.

*The Typhoid Epidemic at Ashland, Wisconsin.* —

This outbreak is cited from Harrington and is one of peculiar interest, in that, in addition to serving as an excellent illustration of the danger of using

the same body of water as a place for the disposal of sewage and as a source of drinking water, it was made the basis of an action at law, which established the liability of water companies and municipalities in case of sickness and death caused by the distribution and use of infected water.

The city's supply is derived from an arm of Lake Superior, Chequamegon Bay, upon which the city is situated. This bay, which is about twelve miles long, and has an average width of five miles, varies from eight to thirty-six feet in depth. North of the city, and extending outward in a northwesterly direction, is a breakwater constructed for the protection of the harbor against northerly gales. The mouth of the water intake is located about a mile from the shore between the

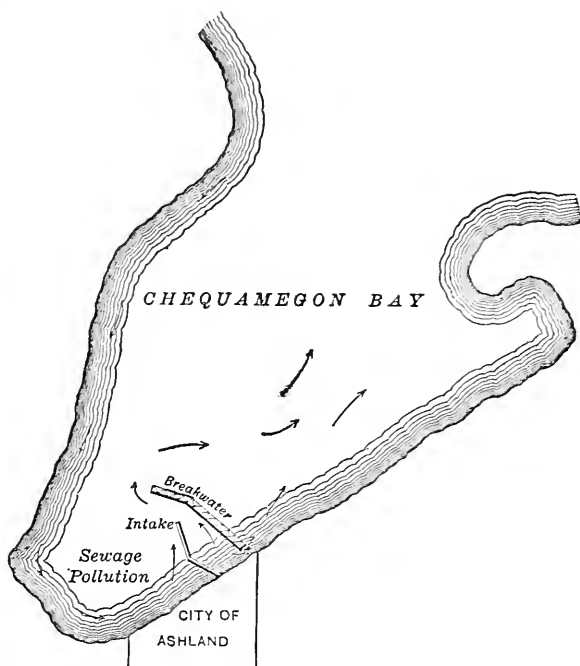


FIG. 128.

breakwater and the city (see Fig. 128). The sewage of the city is discharged further to the west and south. The currents in the bay follow the course indicated by the arrows in the figure, and carry the sewage toward the breakwater and over the mouth of the intake. This condition of affairs was brought to the attention of the company by the health boards of the city and state repeatedly, but without results. That the water was polluted was evident on mere ocular inspection, for it was often cloudy or markedly turbulent. During the winter of 1893-94 typhoid fever made its appearance in the city, and from the initial cases a disastrous epidemic developed, which led to the establishment of a model filtering plant.

The action at law referred to above was brought by the widow of one of the victims. In evidence it was shown that he lived continuously in Ashland, and drank no water other than that supplied by the water company; that previous to his sickness the disease had prevailed in the city, and that the discharges from the antecedent cases had passed into the waters of the bay by way of the city sewers. The court found for the plaintiff in the sum of \$5,000.

*The Typhoid Epidemic in Mankato, Minn.*—Mankato (population 11,553) receives its water supply from four deep artesian wells on Washington Street. Two of these wells are within from 16 to 18 feet of the pumping station. The main outlet of the sewer runs down Washington Street, emptying into the river. A great flood occurred May 20 to 24, 1908. The gate in the main trunk of the sewer was let down on the night of June 24, 1908, in order to keep the river from backing up into the sewers. This caused a backing up or stasis of the sewage, which in turn backed up into a well pit of the new artesian well near the pumping station, hence sewage was pumped into the water system. Two of the other wells and suction mains were rusty and leaked and had not been properly looked after for a number of years. Then came a sudden sharp epidemic of diarrhea, June 26. Probably 2,000 persons were affected. It soon developed that the prevailing disease was typhoid fever. The epidemic lasted from June 26 and gradually died out by Nov. 20, 1908. From July 7 to Nov. 20 464 cases of typhoid fever were reported to the Health Officer. Four hundred and one of these cases were considered primary and 57 secondary or contact cases and 6 outside or imported infection.

This water-borne outbreak of typhoid fever is particularly instructive from the fact that Delia McKeever and Kate Flanagan, administratrices of the estates of their husbands, who had died of the fever, sued the city of Mankato for damages. The city demurred to this complaint on the grounds that as a government it could not be sued and was exempt because it was carrying out a government function. The Supreme Court of Minnesota held that "the state is liable if damages can be proved."

The decision of the Supreme Court in holding the city liable sets an excellent precedent which places the responsibility where it should be. Citizens are evidently as much entitled to reasonable sanitary protection as they are to police protection, or to protection from accidents at grade crossings. It is a fortunate day for preventive medicine when the principle is recognized that sanitary negligence is just as culpable as the negligence which fails to place a red flag or a red lantern to warn against a pitfall in the public highway.

*The Typhoid Epidemic in Ithaca, New York.*—In the winter of 1903 Ithaca, New York, the seat of Cornell University, was visited by a severe epidemic in the course of which 1,350 cases of typhoid fever occurred in a population of about 13,156. The population included about 3,000 students at the university. More than 500 homes were visited and there were 82 deaths. The epidemic covered a period of about 3 months and extended from about the 11th of January, 1903, to the 1st of April, although for several months before the epidemic began typhoid fever had been unduly prevalent. The epidemic was carefully studied by Dr. George A. Soper, who clearly showed that the disease was due to the public water supply, although the original case or cases which gave rise to the epidemic were not ascertained. Ithaca had at that time three separate sources of water supply. The largest one was derived from Six-Mile Creek and the second supply from Buttermilk Creek, and the third was an independent supply for the university. The conditions on the two streams were similar. Both streams were considerably polluted by the population which lived largely in villages bordering on the streams. The nearest of these villages was 5 miles above the intake. Soper found numerous other sources of contamination on the watershed, and some even in the city of Ithaca a few rods above the intake of the water-works where there were no less than 17 privies located on the precipitous banks of the creek. It was known that during the year previous to the epidemic there had been at least 6 cases of typhoid fever on the watershed. The typhoid epidemic in Ithaca followed a flood in the river.

One episode of the epidemic is worthy of special mention, namely, a secondary outbreak which resulted from the infection of a well. This well had become popular among the residents of a certain district at the time when the public supply came to be distrusted, and its good quality was taken for granted. But the wife of the owner was taken sick with typhoid fever during the epidemic, and her dejecta passed without disinfection through the water-closet, and into a drain-pipe which ran within three or four feet of the well. The joints of the drain-pipe were insecure; and the well water, which had probably been for some time grossly contaminated, finally became infected. As a result about fifty cases of

typhoid fever and five deaths were traced to people who used this well water (Whipple).

*The Typhoid Epidemic in Butler, Penn.*—Butler, Penn. (population 16,000), had an epidemic of typhoid fever in 1903. There were 1,270 cases; that is, about 8 per cent. of the population were attacked. Infection in this case was clearly water-borne and was traced to one of various points of the stream, small tributaries, or creeks. One house in particular, provided with an overhanging privy, emptied into the creek within a short distance of the pumping station.

*The Typhoid Epidemics of Lawrence and Lowell.*—During the years 1890-91 a typhoid fever epidemic occurred in Lowell and Lawrence, Mass. This epidemic illustrates with great clearness what occurs on streams which are used both as sources of water supply and as receptacles for sewage. Both cities are on the Merrimac River, which was grossly polluted by the sewage of Manchester (population 44,126), Haverhill (population 27,412), Nashua (population 19,311), Concord (population 17,004), Fitchburg (population 22,037), Newburyport (population 13,947), Marlborough (population 13,805), Clinton (population 10,424), and from other sources of pollution. In Lowell 550 cases of typhoid fever occurred from Sept., 1890, to Jan., 1891. The epidemic was carefully studied by Professor William T. Sedgwick, who made a most thorough investigation.

A short time after the epidemic in Lowell typhoid fever broke out in Lawrence, nine miles downstream, and rapidly increased. The relation between these two epidemics was most striking. Lowell discharged its sewage into the river, Lawrence drank the water without filtration. The climax of the Lawrence epidemic occurred about one month after that in Lowell. In 1892 there was a repetition of this episode. Typhoid fever in Lowell was again responsible for an increase of typhoid fever in Lawrence. As a consequence of these occurrences Lowell abandoned the river and introduced a ground water supply, while at Lawrence a filtration plant was constructed which has materially reduced the amount of typhoid fever in that city (Whipple).

*The Typhoid Epidemics of Pittsburgh and Alleghany.*—These two Pennsylvania cities are situated at the junction of the Alleghany and Monongahela Rivers, where they unite to form the Ohio. In 1900 Pittsburgh had a population of 321,616 and Alleghany 129,896. Pittsburgh takes its water from the Alleghany River at Brilliant Station, six miles above the junction of the rivers, and from the Monongahela River at a point three miles above the junction. Alleghany receives its water supply from the Alleghany River at Montrose, ten miles from the point; it is drawn from a rock-filled crib. It is practically unfiltered water. Both the Monongahela and the Alleghany Rivers are grossly polluted streams, receiving the sewage from a populous watershed; in addition



the sewers of the cities of Alleghany and Pittsburgh empty directly into these streams, and on account of the rapid growth of these cities much of this sewage entered the river dangerously near to the water intakes. The records of the Board of Health show that at this time there occurred annually upward of 5,000 cases of typhoid fever.

For about ten years centering around 1900 Pittsburgh and Alleghany had the unenviable distinction of having the highest typhoid death rate of any city in this country and probably of any large city in the world. At times the rates ran above 150 per 100,000. The conditions have recently been improved by the introduction of slow sand filtration for the city of Pittsburgh. Alleghany, which is now officially known as North Pittsburgh, was furnished (1912) with filtered water.

*The Typhoid Epidemic at Chicago.*—The Chicago epidemic is an illustration of a city using a lake water which is infected with its own sewage. The water in 1892 was taken from Lake Michigan opposite the city at several "cribs" which were 1.5 to 4 miles off-shore. The Chicago sewage was discharged all along the water-front, while the Chicago River penetrated the city with its north and south branches and, polluted almost beyond endurance, flowed out into the lake about midway between the upper and lower cribs. The pollution of the lake water was at times so intense that the foul river water could be traced to the intakes with the eye. This intolerable situation resulted in the building of the Chicago drainage canal, the object of which was to keep the sewage out of the lake and carry it down the Des Plaines and Illinois Rivers into the Mississippi. By the construction of this canal the flow of the Chicago River was reversed so that, instead of the sewage entering the lake and polluting the water supply, the water of Lake Michigan now flows westward to the Mississippi and to the Gulf of Mexico. During the years 1890, 1891, and 1892 typhoid fever was unusually prevalent in Chicago. In 1890, 1,008 of the inhabitants died from typhoid fever, in 1891 the death toll from this preventable disease was 997 and in 1892, 1,489. The present conditions in Chicago, owing to the improvements in the water supply, in the milk supply, and an attack upon the residual typhoid as contact infection, have reduced the death rate to about 2 per 100,000, which was further lowered by chlorination of the water supply.

The above water-borne typhoid fever epidemics have been selected as examples. Many more may be found in the literature. Whipple, in his book on "Typhoid Fever," cites numerous instances and gives in tabular form an impressive list of such outbreaks, with references to the literature.

**Dysentery.**—Both bacillary dysentery and amebic dysentery may be transferred through drinking water. The infection in both types of

dysentery is discharged in the feces and taken in by the mouth; there is, therefore, every opportunity for water to play the same rôle in dysentery that it plays in typhoid. However, comparatively few water-borne epidemics of bacillary dysentery have been reported; these few, nevertheless, are sufficiently conclusive to be convincing. Amebic dysentery does not occur in epidemic form, but the known facts are sufficient to incriminate water as one of the vehicles of convection.

Shiga reports outbreaks in Japan from the use of well and river water. Eldridge states that dysentery is a rural disease in Japan; the use of human feces as a fertilizer and the frequency of the infection of the numerous small streams and wells render it preëminently a water-borne disease. Whittaker<sup>24</sup> reports a water-borne epidemic of dysentery at South St. Paul, Minnesota, caused by using infected water from a fire connection. The epidemic described by Duprey which occurred at Grenada Island in 1901 is one of the best examples of a water-borne epidemic of dysentery. Shiga, in Osler's "Modern Medicine," gives the following instance:

In a village called Momma-Mura, at Nobechi, in Japan, in 1900, a dysentery epidemic broke out in houses situated near each other. It was proved that the well, used by all the households suffering from the disease, was infected with the dysentery bacillus. We have also an interesting example of river-water infection in Japan. There is a village called Mitake-Mura in the district Miyagi-Ken, through which a river flows. Fishing and swimming are prohibited in it because of fish breeding. In the late summer of 1899, the prohibition having been removed, the men of the village were very glad to be allowed to fish and swim once more in the river. However, after four or five days an epidemic of dysentery broke out with 10 patients on the first day, and increasing numbers daily afterward. There were in all 413 cases, of which 115 were boys under ten years of age. After investigation it was found that there was an epidemic of dysentery in a village higher up the river, and the water had been soiled with the infected clothes.

Epidemics of bacillary dysentery in this country in institutions have not, as a rule, been associated with water.

The *Entameba histolytica*, causing amebic dysentery, was recovered by Musgrave and Clegg<sup>25</sup> from 17 to 61 samples of the public water supply of Manila and was found in tanks used for holding distilled water and also in many wells. Recently Allan<sup>26</sup> has reported a small outbreak of amebic dysentery in North Carolina due to an infected well.

**Diarrhea.**—Polluted waters not infrequently cause diarrhea, sometimes as widespread epidemics, sometimes as small outbreaks or sporadic

<sup>24</sup> Public Health Reports, Vol. XXX, No. 48, November 26, 1915, p. 3473.

<sup>25</sup> Musgrave and Clegg: *Bull. 18*, Bu. Gov. Lab., P. I., 93; Rep. Bd. Health, P. I. 1904-05, 10.

<sup>26</sup> Allan: *J. A. M. A.*, Chicago, 1909, LIII, 1561.

cases. Whenever there is a water-borne outbreak of typhoid fever or cholera there are also a large number of cases of diarrhea and gastro-intestinal disturbances in which the precise etiological factor has not been discovered. Some of these cases may be mild instances of the major disease. Infantile diarrheas are especially prevalent at such times and very likely due to the contaminated water. Thus Reincke states that infantile diarrhea was greatly lessened after the improvement in the water supply of Hamburg. The same phenomenon was noted by Hiram O. Mills after the filtration of the water supply of Lawrence, Mass. Sedgwick noted an excessive prevalence of both typhoid fever and diarrhea in Burlington and attributed the diarrhea to the sewage contamination of the water supply. Whipple states that in Albany there was a reduction of 57 per cent. in the mortality from diarrheal diseases after the introduction of filtration in 1898. Chapin questions whether such statistical evidence is sufficient to incriminate water as an influence to the causation of diarrheal diseases.

It is generally believed that diarrhea may be brought on by changes from a hard to a soft water; also by organic and inorganic impurities.

Numerous outbreaks of diarrhea have been attributed to the following microorganisms in water, viz.: *B. coli*, *B. enteritidis* of Gaertner, *B. pyocyaneus*, *B. proteus*, *B. aërogenes capsulatus* of Welch, *B. mesentericus*, and streptococci. Water containing these and other organisms is not infrequently regarded as the cause of outbreaks of gastro-intestinal irritation. The symptoms vary greatly in intensity, but usually the disease is not fatal excepting in the young and feeble. The relation between the diarrhea and the water is usually based upon the fact that some species of microorganisms are found both in the water and in the stools. Corroborative evidence, such as the finding of specific agglutinins and other antibodies in the blood, lends countenance to the claim that the particular microorganism is, in fact, the cause of the complaint. While the evidence is not conclusive, it is suggestive, and in many cases doubtless correct.

So-called "winter cholera" is a mild diarrheal disease. It is probably water-borne, but the cause is not known. It occurs in epidemic outbreaks.

**Animal Parasites.**—The eggs, larvae, or other stages in the life cycle of various intestinal parasites may enter the body in drinking water. Thus the eggs of *Ascaris lumbricoides* discharged in the feces, which require a month for development may contaminate streams and then be returned to the mouth. Some cases of infection with this parasite probably occur in this way. *Oxyuris vermicularis*, the pinworm, and *Trichuris trichiura*, the whipworm, may similarly be contracted through drinking water. The guinea worm, *Dracunculus medinensis*, may be contracted by the mouth, in drinking water. The living embryos of

this worm are liberated and find their way into fresh water. There they enter the bodies of small fresh water crustacea, *Cyclops*, which act as intermediate hosts.

It is fairly well established that the larvae of the hookworm may be taken into the stomach through drinking water, and the same is assumed of the similar parasite of Cochin China diarrhea.

### THE SANITATION OF SWIMMING POOLS

The problem of the swimming pool is a good example of an institution devised to improve hygienic conditions, yet the device itself may be a hygienic menace. Swimming is one of the best and most exhilarating forms of exercise. It is especially suitable for the tropics. Swimming is about the only form of violent exercise that can be practiced in hot weather without danger of overheating the body. Swimming has the added hygienic advantage of promoting cleanliness.

Swimming pools are nothing more or less than common bath tubs. The growing popularity of swimming pools has led to an increased interest in the sanitary conditions that prevail in them. There is no longer any doubt that they can and sometimes do transmit disease. When the use of swimming pools is made compulsory, as is the case with pupils of some secondary schools, a serious duty of sanitary supervision and responsibility arises.

The diseases contracted in swimming pools are intestinal infections; inflammatory infections of the upper respiratory tract and conjunctiva; injury and inflammation of the ears; venereal and skin diseases, etc. Typhoid fever and diarrheal conditions have been traced on reasonably reliable evidence to swimming pools such as are installed by private individuals, or found in colleges and universities, public and private schools, gymnasiums, steamships, and special bathing establishments.

The chief danger of infection comes from the water, if not kept clean, or from the towels and swimming suits, if not disinfected. The source of the infection comes in almost all instances from the persons using the pool. One of the first essentials, therefore, in the sanitation of swimming pools is to require a shower bath with the liberal use of soap before entering the tank. At the same time, a careful examination should be made of each person to determine especially the presence of skin diseases, running ears, ulcers, conjunctivitis, venereal disease, or signs of inflammation of the upper respiratory tract.

Full showers, with soap, under inspection, should be demanded of all bathers *before* entering the pool. Especial attention should be given to the perineal region. When water strikes a person's body, the natural tendency is to urinate. This should occur in the shower, not in the pool.

Bathers should be instructed in pool sanitation. Nude bathing should be encouraged, because it favors inspection and does away with the danger of contracting infection from the swimming suit.

The water should have an initial purity equal to that of a safe drinking water and may be kept fairly clean by filtration and reasonably safe by ozone, ultraviolet rays; chlorin or bleaching powder. The combination of refiltration to clean, and ozonization to disinfect the water is the best present available method to keep the water of swimming pools in satisfactory sanitary conditions. Occasional use of sulphate of copper may be necessary to keep down excessive growth of algae.

The bathers are constantly introducing pollution and occasionally infection. To offset this, disinfection should be continuous, at least it should be most effective at the time when the pool is in use.

The disinfection of the water in the pool is economical, in that it is not necessary to change the water as often as without treatment; decency and safety require frequent changes of fresh water. Chlorin or bleaching powder are effective, but they are soon oxidized and their disinfecting power rapidly disappears. If too much chlorin or its compounds are added, the water will smart the eyes and have an unpleasant odor and taste. Copper sulphate is unreliable; ultraviolet light can be used; the best results have been obtained with ozone, for it is automatic in control, reliable in action and inexpensive in operation. One part of ozone per million parts of water will sterilize. In addition to a continuous disinfection, the water should be sterilized at least once daily. The examination of swimming pool water for colon bacilli as an index of pollution is as logical a method of control as it is in the case of drinking water.

In localities where blood-flukes, *Schistosoma*, occur, special precautions are necessary with respect to swimming pools. According to Leiper, the cercariae, which are the infective stage of the parasites and whose penetration through the skin results in infection, are unable to live in water more than 36 hours after their escape from the snails which act as intermediate hosts. Consequently, he recommends that water before it is used be stored for not less than 36 hours, better 48 hours, in reservoirs that are protected from invasion by snails.

The sanitation of swimming pools requires good construction and efficient management. The tank should be large. Roughly, at least 400 gallons of water per bather is needed. The pool should have a smooth lining. The dilution should be continuous and liberal, and the tank emptied and refilled frequently. When empty, the tank should be scraped, scrubbed, flushed, then steamed, aired and dried. The cleanliness of the tank is aided by the construction of troughs at the edges to afford place for expectoration and to prevent dirt from the floor draining into the pool. Sediment on the floor should be re-

moved with hand pumps. The filtering should be continuous and the filter of sufficient capacity to refilter all the water in the tank in eight hours. Clear water is essential not only for esthetic reasons, but to reduce the hazard of drowning.

Satisfactory hygienic conditions in swimming pools require suitable administration of the plant, including the supervision of the working force, the inspection and ablution of the bathers before they enter the water, and their instruction in pool sanitation. Finally, sterilization by boiling or steaming of the towels and bathing suits after each use will avoid one of the sources of conveying infection.

### DRINKING FOUNTAIN

The movement toward the abolition of the common drinking cup has led to the development of so-called drinking fountains, of which there are many types on the market. They may be divided into intermittent and continuous, and each in turn into those with and without suitable mouthguards.

The water should not pass through a cup of water sure to become contaminated. Experiments show that it takes a long time for *B. coli* to be eliminated from these cups. The design should be such that the user cannot touch the ball with the lips, and that waste water cannot remain so as to endanger the next user of the fountain. The Committee on Sanitary Drinking Fountains<sup>27</sup> recommended that: (1) Mouth guards are a necessity. (2) The intermittent vertical jet fountain is unqualifiedly condemned. (3) Continuous vertical jet fountains are open to suspicion. (4) A slanting jet projected with a mouthguard is perfectly safe.

### ICE

Ice was not suspected of being a vehicle by which infection could be spread until it was shown in bacteriological laboratories that typhoid and other cultures are not killed by freezing. Leidy in 1848 showed that water derived from melted ice contained not only living infusoria, but also rotifers and worms. Macfadyen proved that the temperature of liquid air ( $-315^{\circ}$  F.) does not kill bacteria. In fact, some bacteria and molds grow and multiply at temperatures as low as  $0^{\circ}$  C. See also effects of cold, page 730.

Ruata<sup>28</sup> finds even more rapid destruction. Thus, cultures of *B. coli*, four strains of another bacillus and a streptococcus were killed after four days at  $-3^{\circ}$  C. to  $-12^{\circ}$  C.

<sup>27</sup> *Journ. Am. Water Wks. Assn.*, Vol. V, 1918, 110.

<sup>28</sup> *Ann. d'Igiene*, Roma, Jan., 1918, 28, No. 1, p. 1125.

Sedgwick and Winslow <sup>29</sup> (1902) were the first to make quantitative studies on the effect of freezing upon pathogenic bacteria. They used cultures of the typhoid bacillus and showed that 50 per cent. of the organisms die at the end of the first week, 90 per cent. at the end of the second week, and practically all at the end of 12 weeks. They consider that we may be sure that in nature the destruction would exceed rather than fall short of these figures, for the experiments were made in a test-tube where all the bacteria are imprisoned, while in nature perhaps 90 per cent. are extruded during the purifying process of freezing.

As water crystallizes it excludes suspended matter and even dissolved substances. The extent to which water thus purifies itself depends, however, upon conditions, for under certain circumstances the impurities may be entangled or even concentrated during the process of freezing.

S. C. Keith <sup>30</sup> considers that low temperatures alone do not destroy bacteria. On the contrary, they appear to favor bacterial longevity, doubtless by diminishing destructive metabolism. Frozen food materials, such as ice cream, milk and egg substance, favor the existence of bacteria at low temperatures, not because they are foods, but apparently because they furnish physical conditions somewhat protective to the bacteria. It seems likely that water-bearing food materials freeze in such a way that most of the bacteria are extruded from the water crystals with other non-aqueous materials (including air) and the bacteria then lie in or among these substances without being crushed or otherwise injured. In pure water, and above all, in water in which the whole mass becomes solidly crystalline, the bacteria have no similar refuge, but are caught and ultimately mechanically destroyed between the growing crystals. This explanation would account in part for the absence of live bacteria in clear ice, their comparative abundance in "snowy" ice and "bubbly" ice, and also the fact that the more watery food materials when frozen contain the fewest, and the least watery the most living bacteria. At low temperatures metabolism ceases and the bacteria continue to exist in a state of suspended vitality similar to that exhibited by many other and higher plants which, in the far north, are subject, without apparent injury, for long periods to temperatures much below the freezing point of water.

Hilliard and Davis <sup>31</sup> state that intermittent freezing exerts a more effective germicidal action than continuous freezing. The reduction is

<sup>29</sup> Sedgwick, W. T., and Winslow, C. E. A.: (1) "Experiments on the Effect of Freezing and Other Low Temperatures upon the Viability of the Bacillus of Typhoid Fever, with Considerations Regarding Ice as a Vehicle of Infectious Disease." (2) "Statistical Studies on the Seasonal Prevalence of Typhoid Fever in Various Countries and Its Relation to Seasonal Temperature." *Mém. Am. Acad. Arts and Sci.*, Vol. XII, No. 5, Aug., 1902. Summary, *Boston Soc. Med. Sci.*, 1899-1900, Vol. IV, p. 181.

<sup>30</sup> *Science*, N. S., Vol. XXXVII, No. 962, pp. 877-879, June 6, 1913.

<sup>31</sup> *Journ. of Bacteriology*, July, 1918, VIII. 4, p. 423.

much less in milk and cream than in pure tap water. The degree of cold below freezing is not a very important factor in the destruction of bacteria. The bacteria are probably killed by crushing in the crystallization rather than by the cold, or by the "shock" of freezing and re-freezing.

It is necessary to distinguish between natural ice and manufactured ice.

**Natural Ice.**—Natural ice should be harvested from water of good sanitary quality and handled in a cleanly manner. Even when natural ice is obtained from a polluted water the danger is greatly reduced, not only because ice purifies itself in freezing, but because natural ice is usually stored weeks and months before it is used. There are plenty of clean, fresh streams, lakes and ponds from which an abundant supply may be obtained. It is comparatively easy to protect most ponds, from which ice is harvested, from undesirable pollution. Under natural conditions the surface layer of ice contains most of the impurities and the lower layers are relatively purer, for the reason that ice grows from above downward and extrudes both suspended and dissolved matters; the surface, however, receives additional contamination from the dust, snow, flooding and other sources. It is, therefore, good practice to plane the surface of snow ice.

The fact that natural ice is usually purer than the water from which it is taken is shown by the following analyses which give the chemical and bacterial composition of natural ice and the water from which it was frozen. In this case the water was a sewage-polluted stream:

	Ice 3 to 6 Inches Thick		Water	
Free ammonia.....	.008—	.034	.460—	.084
Albuminoid ammonia.....	.156—	.214	.146—	.276
Nitrates.....	.05 —	.20	.350—	.480
Chlorin.....	2.0 —	3.0	4.500—	6.000
Hardness.....	11.0 —	28.5	57.000—	60.000
Bacteria per c. c.....	30. —	210.	5200. —	13000.
<i>Bacillus coli</i> in.....	10 c. c.—	10 c. c.	1. —	.1
Free ammonia.....	.016—	.136	.006—	.038
Albuminoid ammonia.....	.230—	.726	.116—	.166
Nitrates.....	.0 —	.050	.260—	.400
Chlorin.....	0.8 —	3.50	5.500—	
Hardness.....	18.0 —	34.0	58.500—	62.000
Bacteria per c. c.....	2. —	60.	2500. —	3900.
<i>Bacillus coli</i> in.....	0. —	0.	1. —	0.1 c. c.

The chemical figures in this table are in parts per million.

The reduction in the number of bacteria is noteworthy. It will be noticed that there was no diminution, rather an increase in the free and albuminoid ammonia.



**Manufactured Ice.**—Manufactured ice is now universally made by the ammonia process. The condensed ammonia in expanding requires heat which it takes from surrounding objects and in this way the water is frozen. There are two distinct processes; one known as "can ice" and the other as "plate ice." In the first case the freezing takes place in rectangular cans, the water freezes from the sides of the can toward the center, and the impurities are extruded and concentrated in the core, which is often visible in a cake of can ice. In making can ice the water must first be distilled or boiled in order to drive out the air, else the resulting product will be bubbly. Plate ice is made by freezing water in large shallow tanks. The water freezes upon the surface and when of sufficient thickness is cut out and removed in blocks. In this method it is not necessary to distill or boil the water for the reason that the air is extruded naturally during the process of freezing. Plate ice should be made from water of good sanitary quality, especially as it is not usually stored a long time before it is used.

When ice is made from distilled or boiled water it should be above reproach. I have found, however, that manufactured ice may contain more bacteria than the water from which it was made. This is due to uncleanly methods. Thus six specimens of plate ice made from water containing 64 microorganisms per cubic centimeter and no colon bacilli gave the following results:

Number of Sample	Manufacturer	Organisms per Cubic Centimeter	Colon Bacillus
24	C. P. Co.....	455	Absent
29	C. P. Co.....	5,000	In 1 c. c.
26	G. Ice Co.....	230	In 10 c. c.
27	G. Ice Co.....	650	Absent
32	C.-S. Co.....	470	Absent
34	P. Ice Co.....	8	In 1 c. c.

The laborers who work "on ice," as it is termed, scrape considerable amounts of dirt from their shoes in walking over the cans and tanks, and pollution takes place from other sources.

The chemical examination of manufactured ice may show conspicuously less total solids, less chlorin and less nitrates than found in the water from which it was made. On the other hand, it may be very high in free ammonia. This is accounted for by the fact that there is always some leakage of this gas about ice factories using the ammonia process. Sometimes ammonia occurs in such quantities as to impart a distinctly alkaline taste to the manufactured ice.

There is no excuse for uncleanly methods in handling ice that is used on or in our foods. The fact that surface impurities may be washed from a cake of ice is no reason for dragging it over sputum-laden pave-

ments, over dirty railroad platforms, and similar methods familiar to all. The general use of ice is a modern innovation. It has come into vogue within the past 100 years. For the uses of ice as a preservative see page 730.

**Ice and Disease.**—A search of the literature discloses but few instances of disease attributable to impurities in ice. While the experimental evidence indicates that there is a quantitative reduction of the number of bacteria in freezing, and that the imprisoned bacteria gradually die, nevertheless experience has shown that low temperatures alone cannot be depended upon to remove the danger of typhoid infection. For example, we have the water-borne epidemic in Plymouth, Pa., in 1885, presumably produced from the frozen accumulation of typhoid excrement from a single case. Very similar to the Plymouth outbreak was that at New Haven, Conn., in 1901. In only a few isolated instances, however, has ice itself been accused of being the vehicle by which the infection of typhoid fever has been spread. It appears probable that milder intestinal diseases may be caused by highly polluted ice, of which the Rye Beach epidemic, studied by Nichols<sup>32</sup> of Boston in 1875, is a point in evidence.

Park<sup>33</sup> (1901) described an epidemic which was believed to have had its origin in ice obtained from a pond in which it was shown that the excrement from a patient sick with typhoid fever had been thrown while the pond was covered with ice.

In the second annual report of the Board of Health of Connecticut for 1882 an interesting single case of typhoid fever is cited as probably derived from ice.

Dorange<sup>34</sup> (1898) described an epidemic of typhoid fever attributed to ice among eight lieutenants in a regiment stationed at Rennes in the autumn of 1895. The implication of the ice in this instance rests upon a doubtful chain of evidence, however, and no mention is made of other possible factors.

Hutchins and Wheeler<sup>35</sup> (1903) report an epidemic of typhoid fever in the St. Lawrence State Hospital, three miles below Ogdensburg, N. Y., which seems to have been due to impure ice. The disease was endemic in the hospital for ten years, increasing from two cases with the opening of the hospital in 1890 to forty cases in 1900. Although the water supply, tested bacteriologically and chemically, gave negative results, all observers agreed that the disease was water-borne. In De-

<sup>32</sup>Nichols, A. H.: "Report on an Outbreak of Intestinal Disorder Attributable to the Contamination of Drinking Water by Means of Impure Ice," *Seventh Ann. Rep.*, S. B. H., Mass., 1876, p. 467.

<sup>33</sup>Park, W. H.: *Virchow-Hirsch's Jahrbuch f. 1901*, p. 16.

<sup>34</sup>Dorange: "Épidémie de Fièvre Typhoïde dû à l'Ingestion de Glace Impure," *Rev. d'Hyg.*, Vol. XX, 1898, p. 295.

<sup>35</sup>Hutchins, R. H., and Wheeler, A. W.: "An Epidemic of Typhoid Fever Due to Impure Ice," *Am. Jour. Med. Sci.*, Vol. CXXVI, 1903, p. 680.

cember, 1900, the source of the water supply was changed to the Oswegatchie River, a small Adirondack stream supplying Ogdensburg. This practically put a stop to the disease, for there were no cases of typhoid that were not clearly contracted elsewhere until October, 1902.

Following this eight persons were attacked, seven of whom were employees in the dining-room. It seems the milk "could not have been infected." The water was excluded and other sources studied, with negative results. The ice fell under suspicion. It had recently been taken from a newly opened ice-house. The ice had been harvested from the St. Lawrence River at about the same spot as the ice previously used. It was gathered in February and consequently had been stored for seven months. This ice disclosed a contamination of 30,400 bacteria per cubic centimeter on agar plates and 50,400 on gelatin. Of eight fermentation tubes three showed the presence of colon bacilli.

The stock of ice was then examined. In the center of certain cakes were found foreign substances in the form of black or dark brown granular matter. Examined under the microscope, this matter was found to be teeming with bacteria, from which both the colon and typhoid bacillus were isolated in pure culture.

With the discontinuance of the use of this infected ice the epidemic gradually subsided. There were in all thirty-nine cases. The evidence of this outbreak was studied by Hill, who doubted the relation of the ice to the disease.

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## SECTION IX

### SEWAGE DISPOSAL

BY GEORGE C. WHIPPLE

*Professor of Sanitary Engineering in the Harvard Engineering School*

**Importance of Speedy Removal of Fecal Matter.**—The basic principle that underlies all methods of sewage disposal is to get rid of the sewage as speedily as possible, with the least nuisance to the smallest number of people, with the least damage to health or property, and at the smallest cost. Experience has shown that failure to remove human excrementitious matter promptly and properly from a community is a menace to the public health. Privies and cesspools should not be tolerated in a closely built up area. Unless more than ordinary care is exercised their existence may give opportunity for the spread of disease by insects and animals and by the pollution of local wells. Statistics show that the abandonment of privies and the substitution of sewage systems have reduced the general death rate in many a city. Thus Dr. Boobyer has reported that at Nottingham, England, in a period covering ten years typhoid fever cases occurred in 2.7 per cent. of the houses that were provided with privies, in 0.83 per cent. of the houses where pail closets were used, and in only 0.18 per cent. of the houses that had water-closets connected with the sewers. Similarly, Dr. Porter has stated that in Stockport, England, during the years 1893-7 typhoid fever occurred in 3.4 per cent. of the houses where there were privies, but in only 1.2 per cent. of the houses that had sewer connections, these figures being based on a study of over 18,000 houses. In Munich, when sewers were constructed in 1856-9 the typhoid fever death rate fell from 242 to 166 per 100,000; later, after an improved water supply and other sanitary reforms had been brought about, the typhoid fever death rate fell to a much lower figure.

By taking special precautions against the spread of infection through the agency of flies, either by preventing their breeding or preventing them from obtaining access to fecal matter, and by closing polluted wells in crowded districts, the dangers from privies and cesspools may be greatly reduced.<sup>1</sup> Sometimes it is wiser to do this in villages and small towns than to go to the expense of introducing sewage systems.

<sup>1</sup> For the dangers of polluting the soil with feces see chapter on Soil.

with perhaps the attendant difficulty and expense of purifying the sewage after collection.

Ordinarily in this country sewerage systems and public water supplies are introduced in towns where the population exceeds about 3,000, and in smaller places if the population is concentrated. This is so generally true that towns that have less than 2,500 or 3,000 population are classed as "rural," the larger towns being called "urban."

**Dry Earth System.**—The dry earth system, much in vogue before the general introduction of the water carriage system, is now but little used; yet under some conditions it has advantages. With this method the water-closets are replaced by removable water-tight receptacles, or pails, in which the fecal matter is kept covered with dry earth, ashes, or some similar material. The pails are collected at frequent intervals, preferably daily, and a clean, empty pail substituted. The material is usually buried in the ground. For isolated houses, for temporary camps of laborers, for small scattered summer colonies, and for houses situated near streams or lakes used for public water supplies this method is satisfactory, and is often the best possible method, provided that proper care is taken by the user and the collector. Cleanliness in handling, the protection of the material against flies, regular and frequent collection, occasional disinfection of the pails, and prompt burial in proper soil are essential to success.

**Water Carriage System.**—So accustomed are we to present methods of sewage that it is hard to realize that the system of water carriage of fecal matter is less than a century old. Up to 1815 the public drains of London were not permitted to receive excreta; in Boston fecal matter was rigidly excluded from the sewers until 1833; and in Paris this was the case even up to 1880.

Following the report of the Health of Towns Commission in England in 1844, water-closets were rapidly introduced, and in 1847 their connection with the sewers was required by law. The modern sewerage system, therefore, dates from about the middle of the last century. Chesbrough designed a general sewerage system in Chicago in 1855. Boston's first sewerage commission was appointed in 1875. Baltimore was without a sewerage system until within a few years, and even as late as 1912, the system was not fully completed, and many houses were not connected with it.

The introduction of the water carriage system accomplished its purpose and effectually did away with the offensive accumulations of filth around city dwellings, but it gave rise to a series of other problems that sanitarians are now endeavoring to solve. The sewers were naturally built to discharge their contents into the nearest available body of water—into river, lake, or harbor, according to the situation of the city. Where the streams were relatively large, no nuisance was caused by

doing this, but where the streams were relatively small foul conditions soon arose, and it became necessary to reduce the amount of organic matter discharged from the sewers into them. Water supplies also became infected and in some instances great epidemics followed, while infection was spread in other minor ways. Thus the problem of the removal of fecal matter was sometimes solved at one place only to reappear elsewhere. Litigation also arose between riparian owners along the water courses, involving damages caused by the pollution of the water.

The problem has thus broadened from a local one to one in which different cities and even different states have become involved. It is to the solution of these problems of maintaining our streams and lakes and harbors in a satisfactory condition that sanitarians are now earnestly devoting themselves.

**Separate and Combined Systems.**—The sewers and drains of a city are used for various purposes, the two most important ones being the removal of domestic house sewage, and the rain water that falls on roofs, yards, sidewalks, and streets. Sometimes the same system of sewers is used to carry both domestic sewage and storm water. Such is called a *combined system*. Sometimes the storm water is carried in relatively large drains, or allowed to flow along in the street gutters, while the domestic sewage is carried in a *separate system* of sewers of smaller size. The choice of the two systems depends upon the local situation, but in general the following conditions control.

The combined system is the older and the one more commonly used in large cities and crowded communities, for it is cheaper than a dual system, where both separate sewers for the house sewage and drains for the storm water are required. Where the storm water can be allowed to flow off in the gutters without serious inconvenience from flooding the separate system is cheaper, as the pipes are smaller. Where the sewage must be pumped or carried long distances in pipes or purified by expensive methods the advantages lie with the separate system, as the quantity of sewage is less and its flow more constant. From the sanitary standpoint either method is satisfactory. The choice of the two systems depends upon various engineering questions involving cost, so that the matter is one that should be submitted to an engineer.

Sewerage systems consist of *house sewers* or house drains that convey the sewage to the street sewers or *lateral sewers*. These unite in what are termed *district sewers*, and the latter sometimes unite in one or more *trunk sewers* of large size. *Relief sewers* are sometimes built parallel to old sewers of inadequate capacity, and *storm sewers* are sometimes built to carry away surface water, while *underdrains* may be used in connection with the separate system to remove some of the ground water. *Intercepting sewers* are sometimes built parallel to a stream

for collecting the sewage from a number of district sewers and conveying it to a safer point of discharge. When intercepting sewers are used with the combined system they are not designed to carry all of the flow at times of storm, but are provided with overflows, so that the excess of storm water discharges into the river at various points of overflow. This is a matter of importance and one to be remembered in connection with the purification of sewage, for the quantity of sewage that passes these overflows at times of heavy rain may amount to 25 per cent. or 50 per cent. or more of the sewage, and during the course of the year may amount to from 2 per cent. to 5 per cent., or even more, of the entire sewage of the city. Such overflow water is almost never purified. At Birmingham, England, Watson has estimated that, in spite of the elaborate provisions for purification, a large part of the city's sewage is at times discharged untreated, and at Milwaukee the Sewerage Commission estimated that nearly 2 per cent. of the sewage would fail to be collected by a very liberally designed system of intercepting sewers.

**Quantity of Sewage.**—The volume of sewage flowing in a separate system, or in a combined system during dry weather, does not differ materially from the water consumption of the city. In small towns this may be as low as 40 or 50 gallons per capita daily, although ordinarily it is rather more than this. In large cities it may amount to from 100 to 200 gallons per capita, and more than this in extreme cases.

Intercepting sewers are commonly designed to provide for a flow of 300 to 400 gallons per capita daily. The amount of storm water depends upon climatic conditions, and for this subject engineering books should be consulted. The flow of sewage fluctuates hourly, and the maximum may be from 50 to 100 per cent. of the daily average, while greater fluctuations may be found, especially in cities where large quantities of water are used in manufacturing.

**Composition of Sewage.**—A city's sewage consists of the public water supply soiled with the waste products of human life and refuse from household and factory, increased by a certain amount of ground water which leaks into the sewers, and, in the combined system, by varying quantities of rain water and street wash. Disintegrating and decomposing as it flows, the sewage gradually becomes a more or less homogeneous suspension of fine particles in water, with organic and mineral matter in solution. The longer the sewage flows or stands, the more its constituents become disintegrated; fecal matter and paper become unrecognizable as such; bacteria increase enormously, and assist in the breaking down of the complex organic compounds. The oxygen originally present in the water becomes reduced and finally disappears, so that from a fresh condition the sewage becomes first stale and then "septic." Mixed with the putrefying organic matter and the swarming hosts of bacteria harmlessly engaged in their beneficent work of de-



stroying the organic matter, there may be also bacteria which have come from persons sick with typhoid fever, dysentery, cholera, tuberculosis, and other diseases.

Sewage is obnoxious to the senses because of its decomposing organic matter, but it is dangerous to health because of the possible presence of pathogenic bacteria.

Among the important constituents of sewage from the standpoint of purification are urea, various proteid substances such as albumin, fibrin, casein; starch, sugar, and other carbohydrates, fats, soaps, and other organic substances. Important among the elements present in the easily decomposable matter are nitrogen and sulphur. The concentration of these substances, that is, the amount present in a given volume of sewage, depends upon the per capita volume of the sewage and varies widely in different places. Somewhat more constant, however, are these constituents when compared with the number of persons dwelling in houses connected with the sewers.

The following figures show the approximate constituents of sewage expressed in terms of grams per capita daily and in parts per million when the volume of sewage amounts to 100 gallons per capita daily.

## ESTIMATED CONSTITUENTS OF AVERAGE SEWAGE

(After Fuller)

		Grams per Capita Daily *	Parts per Million †
Oxygen consumed...	Two minutes boiling.....	15.0	39.6
	Five minutes boiling.....	22.0	58.0
	Free ammonia.....	7.0	18.5
Nitrogen as.....	Albuminoid ammonia.....	2.5	6.6
	Organic.....	8.0	21.1
	Total.....	15.0	39.6
Chlorin.....		19.0	50.2
Fats.....		19.0	50.2
Dissolved matter...	Total.....	136.0	359.0
	Mineral.....	99.0	261.0
	Organic and volatile.....	37.0	98.0
Suspended matters..	Total.....	66.0	246.0
	Mineral.....	58.0	140.0
	Organic and volatile.....	40.0	106.0
Total solids.....	Total.....	229.0	605.0
	Mineral.....	152.0	402.0
	Organic and volatile.....	77.0	203.0
Bacteria, 322 billion per capita daily.			

\* These figures also indicate parts per million if the per capita volume of sewage is 264 gallons per day.

† Assuming a per capita volume of 100 gallons per day.

The methods of sewage analyses at present are practically the same as those used in the analysis of water (page 1048). They are not in all respects satisfactory.

**Ventilation and Flushing of Sewers.**—The old bugaboo of sewer gas that frightened our fathers before the days of bacteriology is no longer feared by sanitarians, although its influence still pervades the antique plumbing regulations in force in many places. It is indeed desirable to keep the air of sewers from mixing with the air we breathe—the debilitating influence of all impure air should be avoided—but the danger of any one's becoming infected with the germs of disease by breathing sewer gas is negligible.

The water carriage system offers practically no danger to the public health during the transmission of sewage. In many cities the sewers are ventilated by allowing a free flow of air from the sewers through the house drains, the individual house fixtures only being trapped. This method is apparently safe, provided the plumbing is of substantial character. If it is not, it is better to place a trap upon the main house drain. It is believed that in the future plumbing will develop along the lines of simplicity and improved quality of materials and work, and that the present complicated system of traps and vents will be abandoned.

The catch-basins, through which the street wash enters the sewers, are trapped against the egress of sewer air. The water that stands in them is a prolific breeding place for mosquitoes. Unless catch-basins are frequently cleaned, the accumulating organic matter putrefies and the odor from it may be worse than that of the air of the sewer. Catch-basins are being omitted from some of the best designed modern sewerage systems.

Combined sewers are sufficiently flushed by the storms. Separate sewers, if laid on proper grades, need little or no flushing. It has been common in the past to employ flush tanks at the end of lateral sewers, but these are troublesome and waste much water.

## STREAM POLLUTION

**Sewage Disposal by Dilution.**—The readiest method of sewage disposal, and the one which, until within the last few years, has been universally practiced in this country, is to allow the sewage to flow without treatment into the nearest stream or lake or harbor. This method is known as disposal by dilution. It is a proper and satisfactory method of disposal where the dilution is sufficient. It is, however, capable of abuse, and from its abuse water supplies may become polluted, oyster beds may become infected, and in severe cases streams may be so overloaded with sewage as to become an offense to sight and smell. Properly restricted, however, the sewage is effectively disposed of, the heavy particles settle to the bottom, the organic matter is oxidized by the oxygen dissolved in the water, and the bacteria are gradually dispersed, consumed by other organisms, killed by sunlight, or otherwise destroyed.

These agencies bring about the phenomenon known as the self-purification of streams. See page 1109.

While it is true that hygienic and sanitary considerations materially affect the use of rivers and waterways as vehicles for the reception, transmission, and ultimate disposal of sewage, the question is primarily an economic one. The power of streams to transport suspended matter and the ability of natural bodies of water to oxidize and destroy offensive substances represent a natural resource that should be utilized just as far as this can be done with safety and without offense. For each river there is a limit to the amount of permissible pollution. The reasons for this limit are not the same in all cases, but vary according to the use that is made of the water of the river, and no universal standard can be wisely set up or maintained. When the extent of the pollution is such as to affect public health in any way by any reasonable use of the river the sanitary aspect of the situation should control.

The minimum amount of water required to dilute sewage in streams is usually considered to be from 2.5 to 4 cubic feet per second for the sewage of one thousand people. The Chicago Drainage Canal was designed on the basis of 3.3 cubic feet per second for one thousand people. Rapidly flowing streams require less than this, as much oxygen is absorbed from the air. Stagnant streams may require considerably more water. The presence of certain trade wastes in the sewage may materially increase the dilution required. For example, oily matters that float on the surface and form scums may interfere with the absorption of oxygen from the air.

In lakes the relation between the sewer outfall and the intake of the water works must be carefully considered, and the dispersion of bacteria by currents induced by the wind and temperature must be studied. In harbors the effects of the tides must be taken into account.

**Dissolved Oxygen in Water.**—The amount of oxygen dissolved in water depends largely upon its temperature, as shown by the figures in the table on page 1198.

Water near the freezing point will hold nearly twice as much oxygen as at prevailing summer temperatures. The dilution required in summer is therefore greater than in winter, and in some situations it would be logical to construct purification plants to be operated during the summer only, thus making a material saving in cost.

Sea water dissolves about 20 per cent. less oxygen than fresh water.

In order that the dissolved oxygen may be used to its best advantage, it is necessary to have the sewage thoroughly and quickly diffused through the water. Otherwise the oxygen near the point of discharge may be too greatly reduced, and nuisance may result, even though there be plenty of unusual oxygen near by.

*Solubility of dissolved oxygen in water—parts per million*

Temp. ° C.	Oxygen	Temp. ° C.	Oxygen	Temp. ° C.	Oxygen
0	14.70	10	11.31	20	9.19
1	14.28	11	11.05	21	9.01
2	13.88	12	10.80	22	8.84
3	13.50	13	10.57	23	8.67
4	13.14	14	10.35	24	8.51
5	12.80	15	10.14	25	8.35
6	12.47	16	9.94	26	8.19
7	12.16	17	9.75	27	8.03
8	11.86	18	9.56	28	7.88
9	11.58	19	9.37	29	7.74

**Necessity of Biological Equilibrium.**—It is becoming recognized that the problem of sewage disposal by dilution is largely a biological one. The decomposition and oxidation of the organic matter in sewage are brought about by bacteria, and the bacteria serve as food for protozoa and other forms of microscopic animal life. The dissolved organic matter in sewage serves as food for algae. These algae and protozoa are, in turn, consumed by rotifers and crustacea, while the latter form the basis of the food supply for various aquatic animals and fishes. Thus there is a continuous biological cycle. Again, animal forms require oxygen and produce carbonic acid, while plants consume carbonic acid and produce oxygen.<sup>2</sup> Where these processes occur normally and with a proper equilibrium maintained between animal and plant life, offensive conditions do not result, but where abnormal conditions are produced, as, for example, by the discharge of excessive quantities of sewage or trade wastes into a stream, a depletion of the dissolved oxygen may follow, or there may be an over-production of algae, so that the conditions become offensive. It is coming to be realized that in order properly to determine the dilution required in any particular case the conditions required to bring about this condition of biological equilibrium must be determined.

**Hygienic Aspects of Stream Pollution.**—Considering the hygienic aspects of stream pollution with special reference to the pollution of water supplies, it is important to remember that the typhoid fever bacilli do not multiply in the ordinary water of our streams, but, on the contrary, when discharged into water they rapidly diminish in number. After a week not more than 10 per cent. may remain alive, and after a month not more than 1 per cent.

It follows that recent pollution is the most dangerous, and that water stored in reservoirs and lakes becomes more and more safe for use as time of storage increases. The longevity of the typhoid bacillus is

<sup>2</sup> When fish die in sewage polluted water it is usually due to lack of oxygen.

much greater in cold water than in warm water. Hence, typhoid fever epidemics are more common in winter than in summer, and in northern climates than in southern climates.

## *PROTECTION AGAINST POLLUTION*

### WATER FILTRATION

Long experience in this country and a much longer experience in England and Germany have demonstrated clearly and unmistakably that polluted waters can be and are being constantly purified by means of filtration to such an extent that they are reliably wholesome. In Germany the typhoid fever death rates in the large cities have been reduced to figures far below those of American cities. In Europe it is not at all uncommon for the typhoid death rate to remain less than 10 per 100,000 for ten and even twenty years in succession, the rate not infrequently dropping as low as 3 and 4 per 100,000. There the filtration of surface water is required by law, and the efficiency of the filters is likewise required to rise to a certain fixed standard. It is worth remembering also that the streams of Germany are far from being unpolluted with sewage, and that no general attempt is made to provide sewage purification works of high bacterial efficiency. Only in case of actual epidemics is the practice of disinfection of sewage followed. The theory that water filtration is superior to sewage purification as a means of protecting water supplies against infection appears to prevail. The success of this policy has been amply demonstrated.

### TREATMENT OF SEWAGE

By appropriate processes sewage can be artificially purified so that the decomposable organic matter is removed or oxidized and the bacteria removed or killed. A complete purification is not attempted even in the best conducted plants, as the processes demanded are too elaborate, too expensive, and too uncertain of results. More often the purification is incomplete, the degree of purification secured being adjusted to the particular needs of the situation. In the past sewage treatment works have been built to remove as much of the decomposable organic matter as was necessary to enable the effluent to be discharged into some waterway without causing offensive conditions. This was the case in Europe, and especially in England, where the streams are relatively small and the cities relatively large and the amounts of trade waste considerable.

In some places greater emphasis has been placed on the removal or destruction of pathogenic bacteria, with the object of protecting oyster beds, bathing beaches, or reducing the "load" on water filters.

The degree of purification thus required varies all the way from a nearly complete purification down to a mere straining out of the grosser solids.

**Fundamental Principles of Sewage Treatment.**—The fundamental processes in sewage treatment are:

(1) Separation of the suspended matter from the liquid sewage.  
(2) Destruction of the putrescible organic matter in the liquid sewage looking to final mineralization by the processes of oxidation and bacterial action.

(3) The transformation of the sewage sludge to a condition of stability and inertness by bacterial action, with or without oxidation.

(4) Destruction or removal of the bacteria from the liquid effluent.

The processes involved may be classified as follows:

(1) Preparatory processes, such as screens, detritus tanks, plain settling tanks, septic tanks, digestion tanks, chemical precipitation tanks, roughing filters.

(2) Purification processes, such as sub-surface irrigation, broad irrigation, intermittent filtration, contact beds, and trickling filters.

(3) Finishing processes, such as sedimentation or coarse filtration, land treatment, disinfection.

(4) Sludge disposal by digestion tanks, filter presses, drying on land, dumping at sea.

These processes are by no means clear cut. They overlap at many points; they are used singly or in all sorts of combinations.

**Preparatory Processes—Screening.**—Sewage is screened to remove the larger substances that might injure pumps, clog filters, or appear as unsightly litter. Coarse screens consist of gratings of iron bars; fine screens of wire cloth. The amount of material screened from sewage varies from 0.1 to 1.0 cubic yard per million gallons of sewage, according to the fineness of the screens. It is pressed and burned under a boiler or buried in land. Screening has attained its greatest development in Europe.

*Fine screening* is attracting increasing attention. Screens may be called fine if the clear opening is less than about half an inch. Often the mesh is much finer than this. Naturally they clog rapidly and for that reason they are movable instead of stationary and special arrangements are made for cleaning. The collected material is usually scraped off by a continuous process from a part of the screen as it slowly emerges from the sewage. There are at least six types of fine screens: (a) The *Band Screen*, an endless flexible band of wire or links which passes over upper and lower rollers, and which is inclined in the sewage channel; (b) The *Wing Screen*, consisting of meshed vanes or paddles on a horizontal axis, and which in the lower positions, are across the path of the sewage; (c) The *Shovel-Vane Screens* which

differ from the preceding in having curved vanes; (d) The *Cylindrical Screen*, which revolves in an inclined position on an axis nearly parallel with the sewage flow, the sewage flowing through the cylinder, and the screen being kept clean by jets of water playing upon it from the outside, the screenings passing to one end of the cylinder and evacuated by means of a bucket lift; (e) The *Drum Screen*, a truncated cone of wire mesh or perforated plate, which rotates on a horizontal axis; (f) The *Inclined Disc Screen*, commonly known as the *Reinsch-Wurl Screen*, which consists of a perforated disc surmounted by a truncated cone,



FIG. 129.—INCLINED SCREEN OPERATED BY WATER WHEEL, BIRMINGHAM, ENGLAND.

which moves on an inclined axis. Of these types the last appears to be the most successful.

The openings in the plate are slots commonly about 2 m.m. wide and 30 m.m. long, staggered in rows, 6 m.m. apart, but these dimensions vary. The plate is swept by brushes as it emerges from the sewage. This process forces some of the friable solid matter through the screen, but leaves it in a finely divided state.

*Sedimentation.*—Sedimentation is the most important of the preparatory process. By allowing the sewage to flow slowly through basins in which the velocity is checked some of the suspended matter is deposited and the sewage clarified accordingly. There are five types of sedimentation basins: (1) grit chambers or detritus tanks, (2) plain settling tanks, (3) septic tanks, (4) digestion tanks, and (5) chemical precipitation tanks.

(1) *Grit Chambers.*—Grit chambers are small settling basins in which the sewage remains for a brief interval, often not more than a few minutes, and where the velocity is commonly between 10 and 30

inches per minute. They require frequent cleaning. The material collected consists largely of sand and gravel, but usually with enough organic matter to make the sludge offensive.

(2) Plain Settling Tanks.—Plain settling basins retain the sewage from one to twelve hours. The velocity of flow is commonly from 0.1

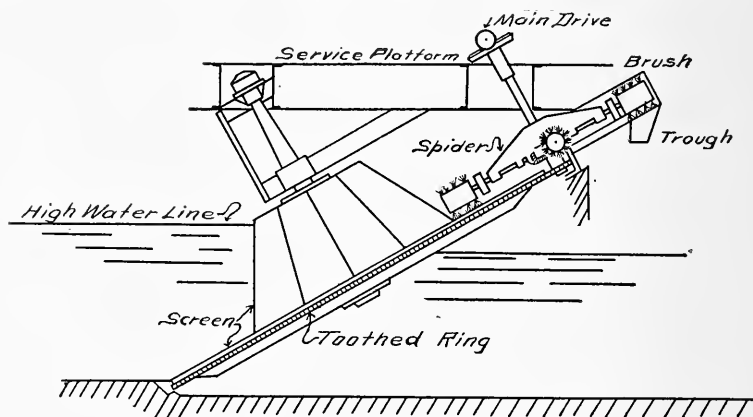


FIG. 130.—REINSCH-WURL SCREEN.

to 0.5 inch per minute. Sludge is removed at frequent intervals in order to prevent bacterial decomposition.

(3) Septic Tanks.—Septic tanks are settling tanks large enough to retain the flow of sewage from eight to twenty-four hours or longer, the velocity of flow varying from 0.1 to 0.3 inch or more per minute. The

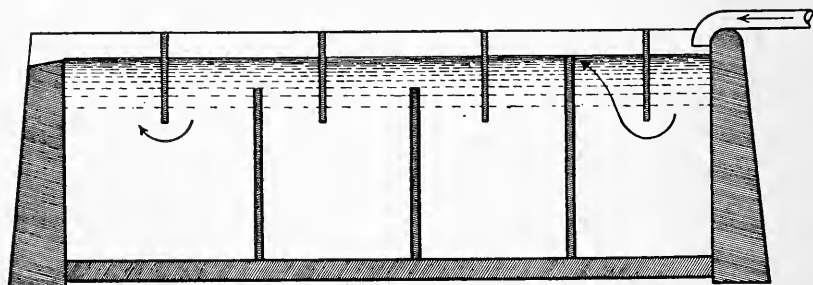


FIG. 131.—CROSS SECTION OF SEPTIC TANK.

sludge is allowed to remain in the tanks for long periods, giving opportunity for intensified bacterial action to take place in the absence of oxygen; that is, under anaërobic conditions. As a result some of the solid organic matter is liquefied or gasified and the amount of sludge reduced. This process is spoken of as digestion. It is accompanied by the presence of a scum on the surface of the tank and a



continual rising and falling of sludge through the liquid. The amount of solid organic matter thus digested varies from 10 per cent. to 40 per cent., being greatest in strong domestic sewage. Septic action does not materially improve the quality of the effluent. It may, in fact, make it more objectionable. Septic action cannot be depended upon to render sewage safe so far as infections are concerned.

(4) Digestion Tanks. — The best known type of digestion tank is the Imhoff, or Emscher, tank. This is a deep septic tank divided by sloping partitions into an upper and a lower compartment, so arranged that the sewage flows through the upper compartment, while the sludge settles through openings in the partition walls into the lower compartment, where digestion takes place. The advantage of this type of septic tank is that the sludge alone is submitted to septic action without allowing the products of decomposition to mix with the flowing sewage above, while more complete digestion improves the character of the sludge from the standpoint of subsequent disposal.

The following figures show the approximate percentage of suspended matter removed by sedimentation:

The following figures show the approximate percentage of suspended matter removed by sedimentation:

*Percentage removal of suspended matter*

Kinds of Sedimentation	Period. Hours	Weak Sewage	Medium Sewage	Strong Sewage
Grit, or detritus tanks.....	1	10%	15%	25%
Plain sedimentation.....	6	25	40	60
Plain or septic sedimentation.....	12	30	50	75
Septic sedimentation.....	24	40	65	80
Septic sedimentation.....	48	50	75	85

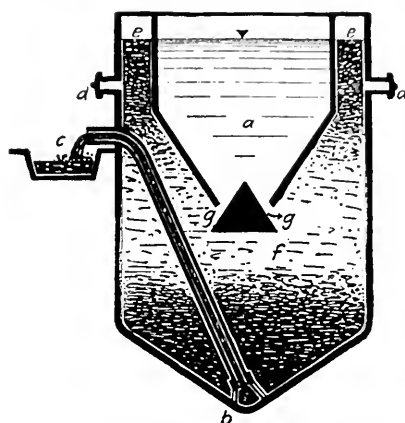


FIG. 132.—TYPICAL SECTION OF AN IMHOFF TANK.

- a. Compartment for flowing sewage.
- f. Sludge digestion compartment.
- g. Baffle to prevent gases and sludge from rising into compartment a, but permitting sediment to fall into the sludge compartment.
- b-c. Pipe for withdrawing sludge.

(5) Chemical Precipitation.—Sedimentation may be hastened and increased by the use of chemicals. Lime, copperas (ferrous sulphate), and alum (aluminium sulphate) are commonly used. The active coagulants are the hydroxids of iron and aluminium. When the sewage

itself contains the necessary amount of iron, lime only is needed. When alum is used 500 to 1,500 pounds are required per million gallons. At London the sewage is treated with 500 pounds of lime and 120 pounds of copperas per million gallons; at Worcester, Mass., with 1,000 pounds of lime and no copperas; at Providence, R. I., with 600 pounds of lime and no copperas; at Glasgow with 600 pounds of lime and 1,000 pounds of copperas.

(6) Grease in Sewage.—The recovery of grease from sewage is attracting attention because of its value as a by-product and because it interferes somewhat with the biological processes of purification. In

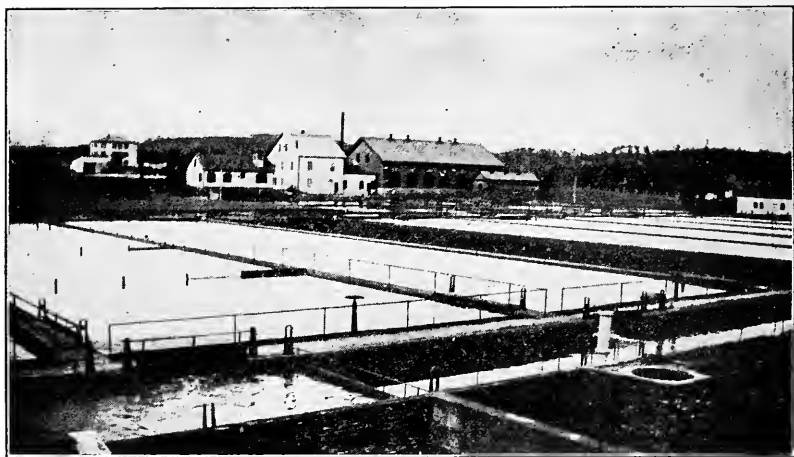


FIG. 133.—CHEMICAL PRECIPITATION PLANT AT WORCESTER, MASS., OUTLET.

England, sulphuric acid is used to some extent, and applied to the sludge or to the raw sewage. By this means the grease is separated and removed by skimming. In this sulphurous acid, the so-called Miles Process, has been used experimentally. In the army cantonments efforts were made to eliminate grease by the use of traps of special design located on the drains from the kitchens. (Fig. 192.)

**Purification Processes—Subsurface Irrigation.**—For small installations a satisfactory method of disposing of sewage after sedimentation is to discharge it through 3-inch or 4-inch tile pipes laid in the ground 10 to 18 inches deep in rows  $2\frac{1}{2}$  to 3 feet apart. In sandy soils this method gives satisfaction, and under favorable conditions the sewage of 150 to 250 people can be applied to an acre, the rate of application being commonly one to two gallons per lineal foot, or 20,000 to 30,000 gallons per acre daily. With tight soils larger areas are required. With clay soils the method cannot be used.

This method of sewage disposal is particularly applicable to suburban and rural conditions.

*Broad Irrigation.*—Broad irrigation consists in the application of crude sewage to land, making it serve as food for crops, the principal value, however, being in the water itself. It is distributed by means of ditches and other channels as in ordinary irrigation. The sewage farms of Berlin and Paris are very extensive, the Berlin farms covering nearly 20,000 acres. The rate of application varies from 3,000 to 15,000 gallons per acre daily, an acre serving for the sewage of from 100 to 300 persons. The crops raised on sewage farms frequently pay the expenses of operation, but seldom pay the interest on the investment except in arid regions, where irrigation is profitable. Broad irrigation

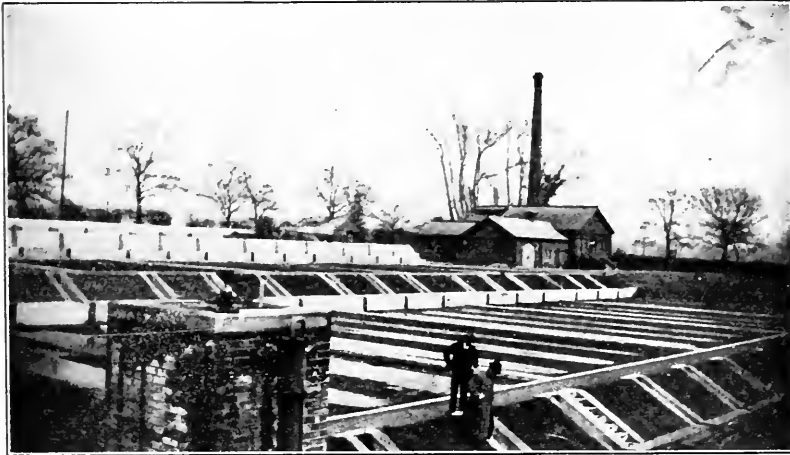


FIG. 134.—TRIPLE CONTACT BEDS AT HAMPTON, ENGLAND.

cannot be successfully used with clayey soils. The purification obtained is usually very satisfactory, both chemically and bacteriologically.

*Intermittent Sand Filtration.*—With this method the sewage is applied intermittently to beds of sand, especially prepared for the purpose, in such quantities that it quickly soaks away, leaving the bed exposed to the air for a period of several hours or several days, thus giving opportunity for aëration and oxidation of the organic matter. The results obtained are usually very satisfactory, provided that the filters are not overloaded. When raw sewage is applied directly to the beds the rates of application vary from 50,000 to 150,000 gallons per acre daily, the population served per acre being from 300 to 1,200. With preliminary treatment higher rates may be used, and the sewage of 1,500 to 2,000 people applied per acre. The filters are usually divided into beds by means of earth embankments which cover the distributing pipes. Often they are underdrained with tiles laid 20 to 30 feet apart in fine material, or 100 feet apart in coarse material, their depth below the surface varying from 3 to 8 feet. Crops are sometimes grown on

these beds, but agricultural operations are regarded as a secondary matter. In winter the beds are plowed into ridges or the sludge is collected into piles so that ice may form and be supported upon them, leaving channels beneath the ice by which the sewage can be distributed. After a few weeks or months the beds become clogged and it is necessary to rake the surface. At intervals the accumulated deposit on the sand has to be scraped off.

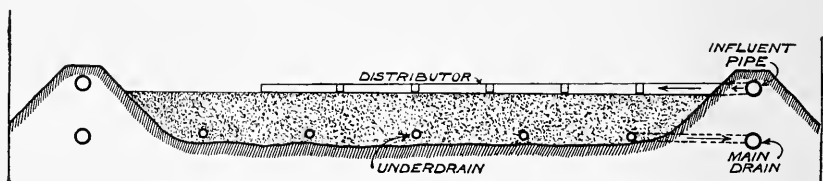


FIG. 135.—CROSS SECTION OF INTERMITTENT SAND FILTER.

The efficiency of intermittent sand filtration is higher than that of any other process. Well operated plants are capable of removing from 95 to 98 per cent. of the suspended matter and bacteria, while the effluent is quite clear and non-putrescible. The method is limited, however, to regions where suitable and convenient areas of sandy soil exist.

*Contact Beds.*—Contact beds are water-tight compartments filled with porous material, such as broken stone or coke, and operated as follows: The bed is slowly filled with sewage, which has previously passed through a septic tank, and allowed to remain full for a brief

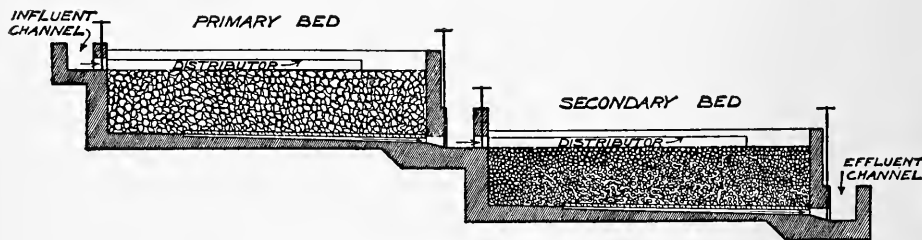


FIG. 136.—CROSS SECTION OF CONTACT BED.

period, after which it is emptied and allowed to remain empty for a longer period. A cycle commonly employed is to allow one hour for filling, two hours for contact, one hour for emptying, and four hours for rest. During the period of contact the suspended matter tends to settle upon and adhere to the exposed surfaces of the broken stone or coke, thus forming a film. While standing full septic action occurs and organic matter is absorbed by the film. During the resting period oxidation of this organic matter takes place. The purification obtained in this way is partial. Commonly, two or three contact beds are used in series, the effluent from the first passing to the second, and that of the

second to the third. The depth of contact beds varies from 2 to 6 or 8 feet, the broken stone or coke being from  $\frac{1}{2}$  inch to 2 inches in size. The rate of application is usually between 300,000 and 800,000 gallons per acre daily, one acre serving a population of about 5,000. When properly operated and receiving the sewage of septic tanks contact beds are capable of removing about 65 to 70 per cent. of the organic matter, 80 to 85 per cent. of bacteria, and 85 to 90 per cent. of suspended matter. Contact beds become clogged with use, and after periods varying from five to eight years it is necessary to remove the stone or coke and clean them.

*Trickling Filters.*—Trickling filters, otherwise called “sprinkling filters” or “percolating filters,” consist of beds of porous material such as broken stone, coke, or clinkers upon which the sewage is sprinkled and

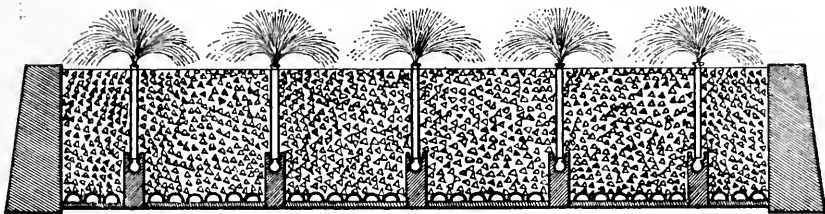


FIG. 137.—TYPICAL SECTION OF A SPRINKLING FILTER.

through which it percolates to underdrains laid on a tight floor beneath. The entire bed is arranged with reference to complete aëration throughout, in order that the organic matter of the sewage may become thoroughly oxidized. The suspended matter of the sewage is not permanently retained in the beds, but is carried out in the effluent, which is turbid and requires subsequent clarification. The object of the trickling filter is to change the character of the organic matter so as to render it non-putrescible. The sewage is applied to the beds by sprinkling through fixed sprinklers or by use of traveling sprinklers, rotary or rectangular, operated by the discharging sewage or by power. The rate of application varies from 0.5 to 2.0 million gallons per acre daily, one acre of trickling filter serving a population of 10,000 or more. The beds vary in depth from 5 to 10 feet, coarser material being used for the deeper beds. Well-operated sprinkling filters receiving the effluent from plain sedimentation or septic tanks are capable of removing from 85 to 90 per cent. of the suspended matter and from 90 to 95 per cent. of bacteria, yielding an effluent that is non-putrescible. The effluent from trickling filters is not always clear, and should be passed through settling basins before discharge. This method is useful when sandy areas of sufficient size are not available for intermittent filtration or are too expensive.

*Activated Sludge Tanks.*—A recent form of tank treatment is one which combines forced aëration with bacterial action. By pumping compressed air into a tank containing sewage so that the bubbles rise through it, causing the sediment to be thoroughly agitated, the particles of suspended matter after a few weeks become coated with a bacterial slime so that colloidal particles become attached to them. When this condition has been reached sewage is allowed to pass through the tank, aëration being maintained, the result being a surprising clarification and reduction in bacterial content. A certain amount of nitrification also takes place. The operation may be conducted on the fill and draw



FIG. 138.—TRICKLING FILTER AT BIRMINGHAM, ENGLAND.

principle or on the principle of continuous flow. This process is being experimented with in many places and promising results are being obtained. In principle the process resembles that of filtration in that the colloidal substances are brought in contact with particles covered with bacterial slime, in one case the grains being scattered through the sewage, in the other the sewage being allowed to filter or percolate through the grains.

If this process proves successful on a large scale it is destined materially to alter present methods of sewage treatment, as the structures required would be very simple. The sludge is said to be relatively inoffensive and well suited to agricultural use, but it contains a large amount of water. The economy of this method will depend upon the cost of supply air and the cost of sludge disposal.

*Sludge Disposal.*—The disposal of sludge is one of the most difficult parts of sewage purification. Grit chambers collect from 0.1 to 1 cubic yard of wet sludge per million gallons of sewage; plain settling tanks from 1 to 4 cubic yards; septic tanks from 1 to 2 cubic yards.

Sludge deposited in plain settling tanks contains from 90 to 95 per cent. of water; septic tank sludge, after storage, contains from 80 to 85 per cent.; chemical precipitation sludge from 90 to 92 per cent.; Imhoff tank sludge from 80 to 90 per cent. Sludge after pressing contains from 25 to 50 per cent. of water. It has some manurial value, and is used, to some extent, on land. As a general proposition, however, the attempt to "utilize" the sludge has not met with financial success.

**Finishing Processes—Disinfection of Sewage.**—The best disinfectant for sewage or sewage effluent is "chlorid of lime," or bleaching powder, which is usually applied in the form of a 1 per cent. to 2 per

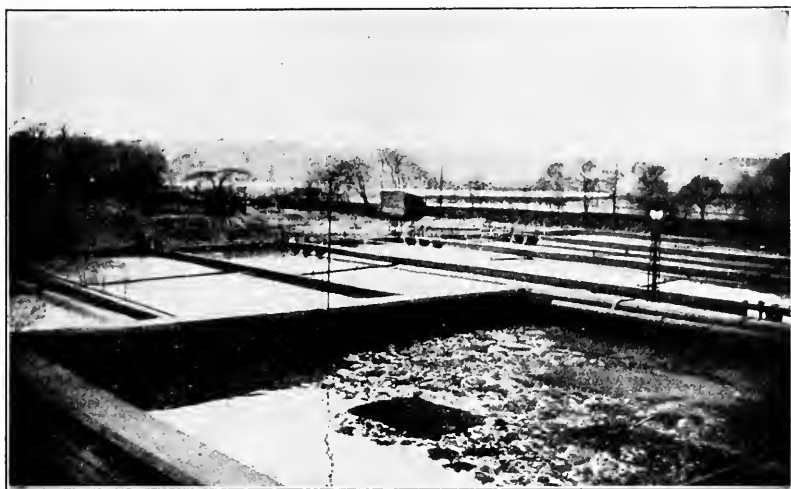


FIG. 139.—SEPTIC TANK AND CHEMICAL PRECIPITATION TANKS AT ROCHDALE, ENGLAND.

cent. solution. The quantities required are 25 to 75 pounds per million gallons for good effluents from sprinkling filters or contact beds, 75 to 125 pounds for poor effluents, 125 to 250 pounds for crude sewage, and 250 to 375 pounds for septic sewage, the time of contact required varying from about  $\frac{1}{2}$  hour to 2 or more hours. By properly applying the chemicals in these quantities it is possible to destroy from 95 to 99 per cent. of the bacteria.

**Choice of Methods.**—The choice of methods to be used in any case depends upon various considerations, such as the nature of the sewage to be treated, the allowable character of the effluent considered with reference to the use made of the water into which it is to be discharged, the availability of suitable areas of land at proper elevation, and finally the cost, both of construction and operation.

Where suitable areas of sandy soil are available the method of intermittent filtration is ordinarily the most satisfactory one that can

be adopted. This is the case in many parts of New England and in some other parts of our country. Over much of the United States, however, the soil is far too heavy to allow this method to be used satisfactorily, and when this is the case some of the newer methods must be resorted to, such as sedimentation followed by oxidation in trickling filters, contact beds, etc. Under some special conditions broad irrigation may be desirable, but, generally speaking, this method is falling into disuse. When the effluent is to be discharged into a stream used for a nearby supply of drinking water, or into the ocean or a harbor in the vicinity of oyster beds, disinfection may properly form a part of the process. Chemical precipitation is seldom used where the sewage is of a strictly domestic character, but it may be used to advantage when the sewage contains large amounts of trade wastes.

Methods for the purification of sewage are quite elastic inasmuch as the different processes may be combined in different ways. A study of the works that have been built in the United States during the last generation shows that not infrequently they have been made more elaborate than was necessary. Often a simpler design with a large capacity gives better results than an elaborate combination of processes of limited capacity. Important engineering problems are almost always involved in the laying out of sewage treatment works.

**Relative Bacterial Efficiency of Different Processes.**—By way of recapitulation the following figures are given to show the relative sanitary efficiency of various processes employed in sewage treatment:

	Percentage Removal of Bacteria
Coarse screens.....	0 to 5
Fine screens.....	10 " 20
Grit chambers.....	10 " 25
Sedimentation .....	25 " 75
Septic sedimentation.....	25 " 75
Chemical precipitation.....	40 " 80
Contact beds.....	80 " 90
Activated sludge process.....	85 " 95
Trickling filters.....	90 " 95
Intermittent sand filters.....	95 " 98
Broad irrigation.....	97 " 99
Disinfection of raw or settled sewage.....	90 " 95
Disinfection of filter effluents.....	98 " 99

These figures are mere approximations, but they serve to show how some forms of treatment, very desirable from many points of view, have a low sanitary efficiency. The septic treatment, for example, does not greatly reduce the number of bacteria in sewage; in fact, if the period of detention of the sewage in the tank is long the numbers of bacteria in the effluent may be greater than those in the raw sewage.



**Management of Sewage Treatment Works.**—Proper management of sewage treatment works is as important as proper design, and is more difficult to secure. It is a most regrettable fact that many treatment works in the United States have been badly neglected, and, in consequence, have given inefficient service. Neglect not only results in making the effluent unsatisfactory, but leaves the works themselves in an offensive condition. Neglect of small plants is more common than of plants large enough to require the entire time of one or more attendants.

Another frequent cause of failure is that treatment works are allowed to become outgrown, so that the plant becomes overloaded and the process becomes inefficient. The sewers of a city are usually designed for a long period in advance—forty or fifty years—but this is not the case with treatment works, for the reason that such works can ordinarily be enlarged when necessary. This is sound policy, for the reason that the methods of purification are constantly improving, and it is desirable to take advantage of these improvements as far as possible whenever enlargement is necessary. But, if the works are to operate satisfactorily, the enlargement must be made as the tributary population increases, taking advantage of the methods and improvement developed up to the time.

The purification of sewage is so largely a chemical and biological matter that it is desirable to have the works in charge of men trained in sanitary engineering, with a laboratory equipment at their disposal. Tests of the sewage before and after treatment should be made regularly in order to ascertain the efficiency of the process. Tests should also be made of the water into which the sewage is discharged. In the case of plants of large size, provided with laboratories, such tests are made daily, but in the case of plants too small constantly to employ a chemist tests should be made regularly by some controlling authority. Herein lies one of the functions of the State Board of Health.

**Treatment Plants as Nuisances.**—If sewage treatment works are properly designed and carefully operated, and if they are enlarged from time to time to meet the needs of the growing community, they need not be the cause of offensive conditions, but often they are, as a matter of fact, a source of nuisance in themselves. There is a natural opprobrium attached to a region where such works exist that results in a recognized deterioration of property values. The processes used for the treatment of sewage not infrequently result in odors that may be objectionable over considerable areas. Where the treatment works are entirely covered, as some kinds of works may be, little or no nuisance may result, but where, for example, the sewage is first submitted to putrefaction in a septic tank and the septic effluent then sprayed into open air upon the surface of sprinkling filters, this exposure of the atomized liquid results in the liberation of odors that may reach distances up to perhaps half a

mile from the plant, depending upon the amount and character of sewage treatment, the local topography, prevailing direction of the wind, humidity in the atmosphere, and other conditions.

Frequently high winds will carry the spray itself for several hundred feet with inevitable bacterial pollution of the air. In the operation of sprinkling filters also it has been found that at certain seasons of the year swarms of flies breed in the porous beds. These are very troublesome, if not dangerous, in the immediate vicinity of such works. In considering the need of sewage treatment it is proper to balance these possible nuisances against those resulting from the discharge of unpurified sewage into a body of water. It not infrequently happens that the installation of sewage treatment works merely substitutes one nuisance for another.

**Nuisances Caused by Trade Wastes.**—It not infrequently happens that the greatest nuisance in streams is due not so much to domestic sewage as to the presence of trade wastes that may be discharged into the stream directly, or that may be allowed to flow into the stream through the sewers. For example, the discharge of spent dye liquors may color the water of a stream for many miles; petroleum wastes from gas works may cause iridescent films to form upon the surface of the water, producing an unsightly appearance and increasing the odor directly, as well as indirectly, by excluding air from the water; the acid iron wastes from galvanizing works may cause a rusty discoloration that not only imparts a brown color to the water, but paints the rocks and submerged stumps along the shores for many miles. When nuisances of this character arise it is wise and proper to install sewage clarification plants, and sometimes more elaborate works, for such nuisances cause real damage to property and to personal comfort. Trade waste pollution may interfere with the filtration of water even more than sewage itself. Illustrations of this are the paper-mill pollutions in New York State and the acid-iron wastes in Pennsylvania.

## COÖPERATIVE SANITATION

What appears to be needed at the present time is some method of coöperation by which needed sanitary reforms can be brought about at least expense. It is unbusinesslike to compel the purification of the sewage of a large upstream city in order to protect the water supply of a small city lower down, if pure water can be furnished the latter in some better and cheaper way. Legislation that clothes the State authorities with power to prevent the pollution of streams by sewage, but does not give them power to compel the purification of water or to control pollution by trade wastes, is unfortunate. It naturally leads to litigation rather than coöperation, and may retard rather than hasten necessary

sanitary reforms. If our State authorities cannot be trusted in this matter it may be that a proper solution of the difficulty will be found in the establishment of district boards similar to those in England and Germany, such boards having jurisdiction over the limits of particular catchment areas. In some respects these natural hydrographic boundaries have advantages over artificial State boundaries. In the near future also our national government will doubtless take a hand in the matter. In whatever form the authority may be constituted the idea of coöperation should prevail, and ironclad rules against stream pollution should give way to a rational distribution of the burden of water purification and sewage treatment, and an equitable adjustment of cost made between the parties interested, thus decreasing the total expense of sanitary measures required and utilizing natural resources for the purification of sewage in water as far as this is safe.

If the system of water carriage of sewage continues in use the time will some day come when the sewage of all of our cities will be purified, partially or completely, and all surface water supplies filtered. It is proper to anticipate this consummation as far as our means permit, but meantime it is good business and sound common sense to spend our money first where it will go furthest and do the most good, building water filters and sewage treatment works, sometimes one, sometimes both, as they may be needed.

Adequate remedies against stream pollution from the standpoint of nuisance have been usually obtained by an appeal to the principles of common law. Cases involving bacterial pollution by sewage have been thus far too few to establish definite precedents. It will be interesting to see whether, in view of our increasing population, and especially the increasing growth of our cities, the courts will ultimately decide that the use of unfiltered river water as a source of water supply by riparian owners is a reasonable use of the water.

## THE RURAL PROBLEM OF SEWAGE DISPOSAL

One of the most difficult problems of modern sanitation is to secure proper disposal of fecal matter in rural communities, at summer hotels, at temporary camps of laborers, at summer colonies at beach and mountain, and at individual houses in villages and on the farm. It is difficult because the necessary structures are so small and simple that they have been thoughtlessly constructed, because adequate care of the processes is more or less disagreeable and therefore neglected, but chiefly because the inherent dangers have not been understood or appreciated.

One of the most needed reforms, and one that is happily making progress, is that of the protected privy, that is, one where the fecal

matter is received in a tight vault so constructed that the contents cannot be reached by flies, insects, rats, hens, or pigs, yet so ventilated as to prevent disagreeable odors and give opportunity for evaporation of liquids. This necessitates the liberal use of screens around the vault and on the windows and doors, and the use of a self-closing cover for the seat. The privy vault may be constructed of concrete, with bottom and walls 3 inches to 6 inches in thickness, or the vault may be replaced with a tight, removable receptacle of metal or wood placed in a screened compartment. Properly constructed privies of this character may be located near dwellings, the only conditions being those controlling offensive odors, but this presupposes greater care than is ordi-

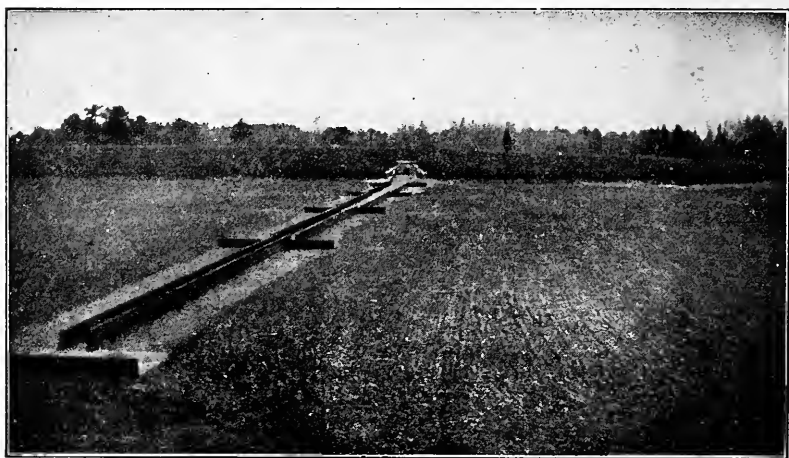


FIG. 140.—INTERMITTENT SAND FILTRATION BED AT BROCKTON, MASS.

narily given to such matters. Preferably, therefore, they should be located at some reasonable distance from dwellings.

Privies that are not provided with water-tight vaults, but are so arranged that the fecal matter falls upon the soil, may be safe, so far as water pollution is concerned, if the soil is of proper character and if the privy is sufficiently removed from the house well; but are undesirable for other reasons. No arbitrary rules as to the necessary minimum distance of a privy from a well can be laid down, as everything depends upon the character of the soil, the slope of the ground, the elevation of the natural ground water, and the draught of water from the well. A distance of at least 25 feet should be secured with sandy soils, whenever possible, and preferably 50 feet or more. With clay soils, liable to dry and crack, and in limestone regions, liable to contain crevices in the rock, leaching privies should not be used, as wells may be polluted 100 feet or even a mile or more away.

Cesspools are holes dug in the ground to receive not only fecal

matter, but also, perhaps, sink wastes and water-closet discharges. They are often lined with loose stones to prevent caving, but this permits the liquids to leach into the soil. When the soil is sandy there is no objection to this method of disposal; in fact, it is like the method of subsoil disposal previously described, except that the sewage is discharged into the soil below the depth where the soil bacteria are at work. This may be an important difference, however, and the oxidation of the dissolved organic matter proceeds by a slow and incomplete process. Leaching cesspools, however, should not be located near wells used for drinking water supplies. In sandy soils the danger of bacterial contamination is small if the distance is more than 25 feet, but, even so, the idea of



FIG. 141.—FILTER BED WITH SAND RIDGED FOR WINTER OPERATION AT BROCKTON, MASS.

The ice sheet rests on the ridges. The photograph shows the accumulation of suspended matter during the winter.

infiltration of sewage into a well is repugnant, and often the water may be so tainted as to have a disagreeable odor, even when analysis shows it to be bacterially safe.

Ordinarily leaching cesspools should not be constructed in clay soils or in limestone regions, for they are liable seriously to pollute the ground water and are almost sure to overflow. If cesspools are necessary under such conditions they should be made water-tight and treated as septic tanks and the effluent taken care of by subsurface irrigation or some form of land treatment.

In cesspools the organic matter undergoes septic action and the amount of sludge that accumulates is often small. Nevertheless, cleaning is necessary at intervals in the case of all cesspools. The disposal of the contents is one of the most troublesome questions connected with this form of sewage disposal. The common method is to spread it upon

the land as a topdressing. The work is apt to be done in the winter, when other farm work is not pressing, and not infrequently when the ground is frozen. Thus opportunity is given for fecal bacteria of human origin to be washed into a well or some public water supply. If spread on the ground during the summer flies have access to it. If used for fertilizer for crops eaten raw, as celery or lettuce, opportunity is offered for transmission of infection by such foods. The only proper method of disposal for cesspool sludge is by burial or disinfection. In laborers'



FIG. 142.—DISCHARGE OF SEWAGE UPON A FILTER BED AT BROCKTON, MASS.

camp, and in army camps, disposal of fecal matter by cremation is practiced with advantage.

In the South, where hookworm disease is prevalent, the scattering of human fecal matter upon the surface of the ground is one of the greatest elements of danger. The danger of transmission of infection by flies from fecal matter to food is likewise greater in the South, as the warm season is longer, so that greater care needs to be exercised in the construction and care of protected privies than in the North.

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## SECTION X

### REFUSE DISPOSAL

By GEORGE C. WHIPPLE

*Professor of Sanitary Engineering in the Harvard Engineering School*

The general term "refuse" is applied to all of the solid waste material not carried by the sewers, such as ashes, rubbish, garbage, street sweepings, manure, and dead animals. The quantity of this waste material that has to be gotten rid of in a city is very large. For example, in the Borough of Manhattan, New York City, the ashes amount to about 1,200 pounds per capita per year, the rubbish 100 pounds, the street sweepings 300 pounds, and the garbage 200 pounds, the total amount of refuse being, in round numbers, a ton per capita per year. In smaller cities the per capita quantities of collected refuse are less than half of this, sometimes considerably less. The amount of garbage alone varies from less than 100 to upward of 200 pounds per capita per year. Both the quantity and character of the refuse vary with the seasons, the maximum amount of ashes occurring in the winter and the maximum amount of garbage in the summer. This fact has an important bearing on the problem of ultimate disposal.

Ashes weigh from 900 to 1,200 pounds per cubic yard, garbage from 900 to 1,100 pounds, street sweepings from 700 to 1,800 pounds, and rubbish from 150 to 250 pounds. The following figures serve to indicate approximately the constituents of the principal classes of refuse:

CONSTITUENTS OF CITY REFUSE

	Water	Volatile Matter	Ash	Carbon	Heat Units per Pound of Refuse B. T. U.
Ashes.....	7-25 %	8-10 %	50-60 %	18-25 %	3,700
Garbage.....	70-80 %	15-25 %	5-15 %	4-8 %	2,000
Rubbish.....	5-15 %	40-65 %	5-15 %	15-40 %	6,000
Street sweepings.	35-45 %	20-30 %	25-95 %	18-25 %	4,000

The refuse problem is to a slight extent a hygienic one, but it is more a problem of economy, convenience, and general cleanliness. Bad smells from fermenting garbage do not directly injure the public health, yet they are an offense, and their elimination is an important matter.

Ashes and street dust may irritate the eyes, nose, and throat and predispose to bacterial infection. Accumulating rubbish is not only unsightly, but may provide conditions favorable for mosquito breeding, while accumulating manure may breed flies. Garbage attracts flies and may breed them if the cans are left uncleaned from week to week, but ordinarily garbage does not stand uncollected long enough to give opportunity for the larvae to hatch.

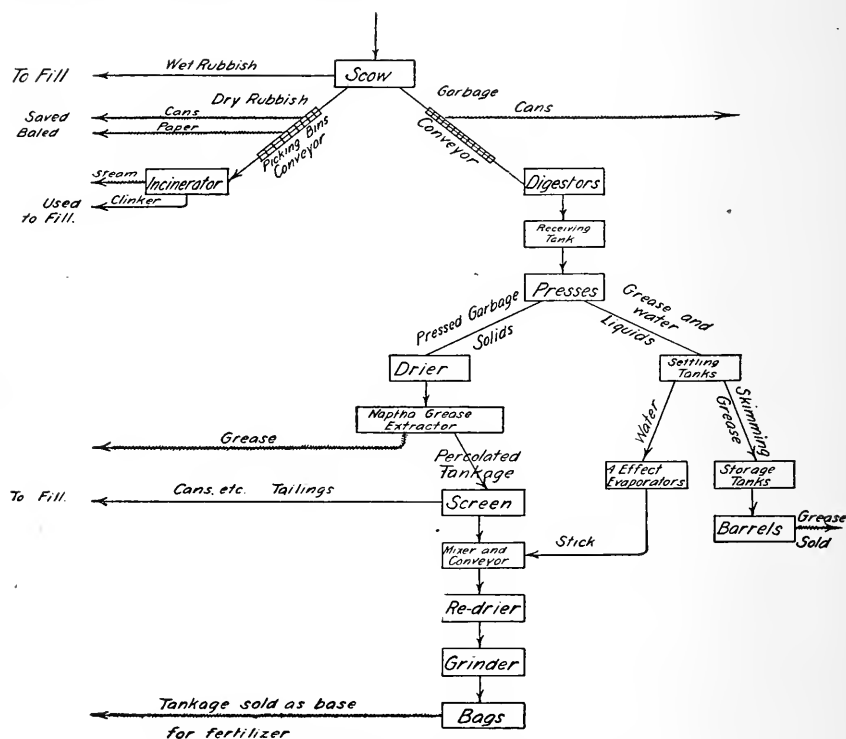


FIG. 143.—DIGESTION PROCESS OF GARBAGE REDUCTION.  
(Boston Development and Sanitary Company)

There are two general methods of collection and disposal of city refuse: the mixed system and the separate system. With the mixed system, which is the one most generally used in Europe, all of the refuse, ashes, garbage, and rubbish is put together by the householder in a single can, conveyed by wagon to the disposal plant, where it is all burned together and the organic matter thus destroyed. The combustible matter in the rubbish and the unburned coal in the ashes are usually sufficient to evaporate the water in the garbage, so that the material is self-consuming. This method is known as incineration, or cremation, or destruction. With the separate system the garbage, rubbish, and ashes are kept separate by the householder and collected in

separate wagons and disposed of in different ways. The ashes are used for filling low land, the rubbish carried to the dump, and the garbage taken to sea and dumped or buried, or fed to hogs, or taken to a reduction plant, where it is cooked and treated for the recovery of fats and other products.

The separate system is commonly used in America, but with numerous combinations of processes of collection and disposal. Whichever method of disposal is adopted determines the manner of collection and the treatment of the refuse by the householder. The choice of the system to be used is one to be determined for each community, largely on the basis of cost. Generally speaking, an incineration plant entails a greater initial outlay than a reduction plant. Its products are ashes and steam. The ashes transported are commonly used for filling near the plant; the steam is used for power to run the works, and the excess steam is sold or converted into electricity and conveyed to places where it can be utilized to advantage. In cities where power is expensive the receipts for the sale of power may be sufficient to throw the balance in favor of this method of disposal. Where power is cheap, however, the opposite may be the case and the reduction process prove the cheaper. With the reduction process the salable products are grease and tankage. The former is sold for soap manufacture, and the latter, which consists of the solid particles of the cooked garbage, is pressed, dried, and ground, and used as a filler for fertilizers. As time goes on other useful products are likely to result from this process, as the materials wasted or sold contain much sugar and proteid bodies.

**Incineration Plants.**—There are two general types of destructors. The mutual assistance type, where there are several grates and divided ash pits, the products of combustion commingling above, thus combining several furnaces into one, and the separate unit type.

The temperature of combustion varies from about 1,200° to 2,000° F. and the capacity is from 1,200 to 1,500 pounds of mixed refuse per day for each square foot of grate surface. Each pound of mixed refuse is capable of evaporating from one to two pounds of water. So-called cremation plants are operated at lower temperatures and are less satisfactory.

The best illustration of an incinerator in this country is the one recently constructed at Milwaukee. This was designed by Dr. Rudolph Hering, and a description of it may be found in the *Engineering News* for July 10, 1910. It has a capacity of 300 tons of mixed refuse per day. The Milwaukee incinerator receives street sweepings and manure as well as ashes, rubbish, and garbage. The manure has been found fully as difficult to burn as the garbage, and on general principles it would appear to be wasteful to dispose of it in that way. With a well-arranged incinerator there are practically no objectionable odors and very little disagreeable smoke.

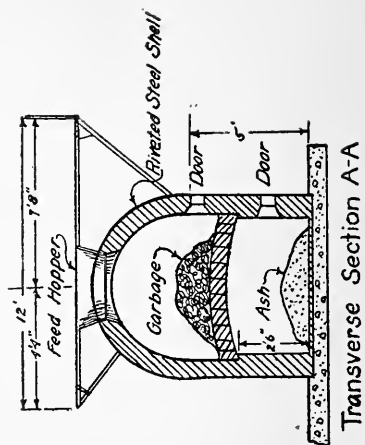
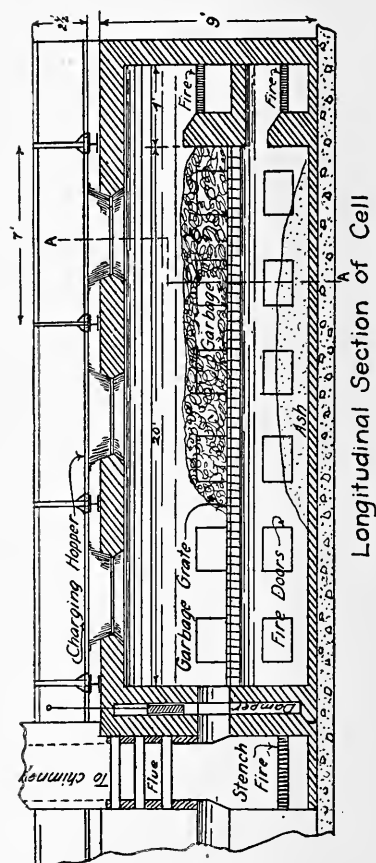
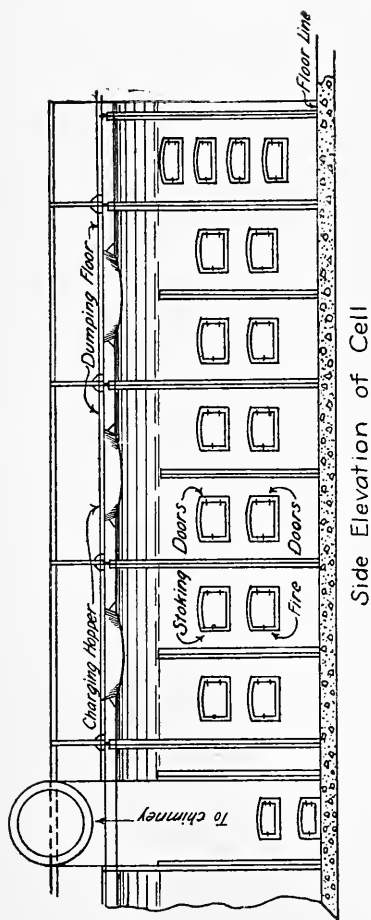


FIG. 144.—A SIMPLE TYPE OF GARBAGE INCINERATOR.

**Reduction Plants.**—This method of garbage disposal is used in many of our largest American cities, including New York, Boston, Buffalo, the plants as a rule being owned and operated by private companies under contract with the city. Recently an excellent plant of the reduction type has been constructed by the city of Columbus and is now operated by the city. A description of this plant may be found in the *Engineering Rec-*

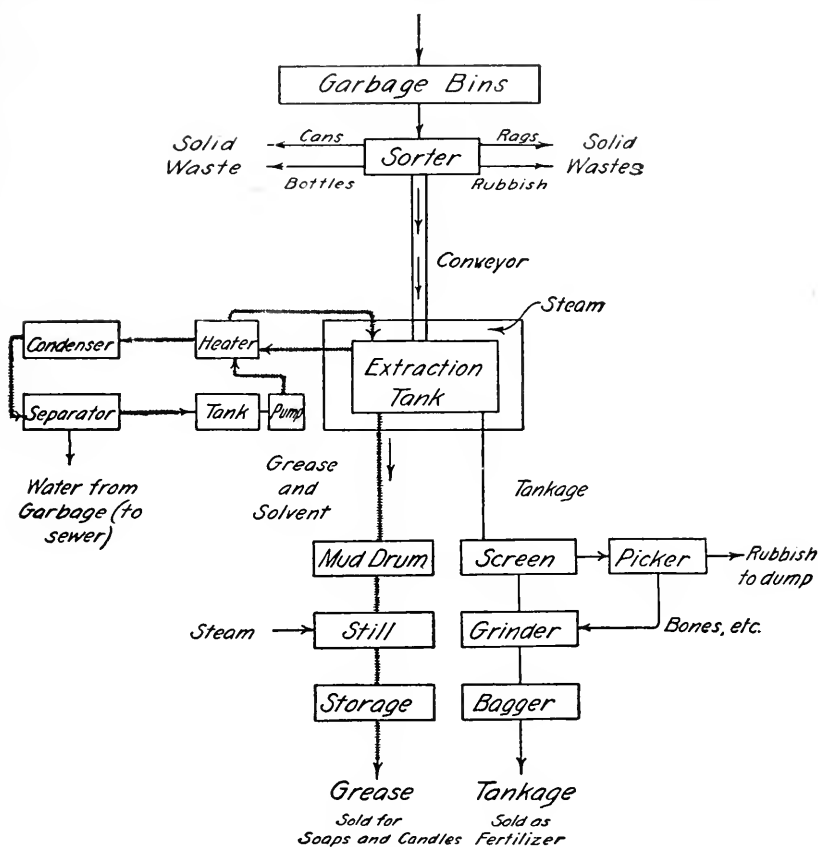


FIG. 145.—COBWELL PROCESS OF GARBAGE REDUCTION, NEW BEDFORD, MASS.

ord of November 19, 1910. When the garbage reaches a plant of this type it is sorted to remove foreign substances, such as tin cans, glass bottles, etc., and conveyed to a series of digestors, where it is cooked for from six to ten hours under pressure of about 60 pounds. It then passes through presses which separate the water and fats from the solid part, called tankage. The water and grease are allowed to pass through settling tanks, where the grease is skimmed off the top. The water flows away to the sewer or is evaporated, and the solids added to the tankage. The latter is sometimes treated for fat recovery by the use of hot naphtha.

Ultimately the tankage is ground and dried and used as a filler for fertilizers. The per cent. of grease recovered may amount to from 1 to 3 per cent. and the marketable tankage to about 20 per cent. of the garbage. Unless a plant of this type is well designed and carefully managed offensive odors will result, but these can be almost completely done away with if proper precautions are taken.

**Feeding Garbage to Hogs.**—In many small cities, especially those of New England, the garbage is fed to hogs. This requires frequent collection and careful management at the piggery. There seems to be no sanitary objection to this method, while it may be a profitable one on account of the large food value of the garbage. Since the World War, this method of disposal has found favor.

**Collection of Garbage.**—From a sanitary standpoint, and even from the standpoint of nuisance, the problem of garbage collection is even a more difficult one than that of garbage disposal. A strong argument in favor of the incinerator method is that the method of mixed collection can be carried on with less nuisance than separate collection. When garbage is mixed with the ashes in a single can the water of the garbage is absorbed by the ashes, fewer flies are attracted to it, and the odor is reduced. The absorption of water by the ashes also tends to reduce the dust nuisance. Mixed collection is also more economical, as fewer carts are required and collections need not be as frequently made. Much depends, however, upon local conditions.

Garbage disposal plants are best located near the outskirts of the city, where no nuisance will result. This ordinarily involves a long haul. If favorable opportunities exist for dumping ashes within the limits of a short haul the separate collection of refuse may prove the cheaper. At Minneapolis the householders are required to wrap each day's garbage in paper. This method is said to be very satisfactory.

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## SECTION XI

### VITAL STATISTICS

*The Registration of Births, Deaths, and Marriages, and the Reporting of Notifiable Diseases; the Resulting Records and Derived Statistics; and Their Legal, Social, and Public Health Uses.*

By JOHN W. TRASK

*Surgeon, United States Public Health Service*

*Medical Director, U. S. Employees' Compensation Commission*

[Statistical Methods, see pages 631-638]

Statistics have suffered in reputation because of the seeming truth of the trite statement that one can prove anything by figures. In reality figures are but evidence upon which conclusions may be based. If the evidence is faulty and the faults are not perceived, errors in judgment may result. But this is true of all evidence upon which opinions are based and is no more true of figures and statistics than it is of other kinds of evidence.

Statistics are derived from the collection and numerical classification of observations relating to certain facts or events. They are usually limited to the systematic collection and classification of data relating to relatively large classes of events. In the making of statistics the first and essential step is the recording of observations. After the observations have been noted a numerical compilation of their frequency or of the frequency of certain of their conditions or attributes is possible. The derived statistics, being but a numerical classification or analysis of the recorded events, depend primarily for their usefulness upon the accuracy of the original records of facts. They depend secondarily upon the accuracy of the statistical classification and compilation.

The original notation of facts and of the occurrence of events is usually secured in one of two ways, by enumeration or by registration. In the United States, for example, observations relating to the population are made by enumeration at the decennial censuses. The census enumerators go from house to house and secure certain information regarding each individual. The enumerators are the observers who secure

the original data. Statistics of the population are made by the classification of the information thus obtained and the numerical compilation of the frequency of certain attributes.

On the other hand, the notation of facts relating to deaths is secured by registration. For each individual who dies there is registered with an official known as a registrar of deaths certain information regarding the deceased and the cause and time of death. Here the observers who record the original data are the physicians, members of families, and undertakers. From the classification and compilation of the information thus recorded mortality statistics are derived. Statistics of population depend for their accuracy upon the correctness of the records made by the enumerators and mortality statistics upon the accuracy of the information registered in death certificates.

The statistical method is in itself dependable, although it is true that statistics may be vitiated by the use of inaccurate or incomplete data as a basis or of faulty methods in classification and compilation. Conclusions drawn from statistics by those who attempt to use them may be quite erroneous, but this is more often due to the limitations of the user than to the limitations of the statistics. The most common error in the use of statistics is perhaps the comparing of numerical statements or ratios which are too dissimilar to allow of comparison.

One of the dangers in drawing conclusions from statistics is that the statistics may have been compiled and published by statisticians who were unfamiliar with the accuracy or inaccuracy of the data which they have compiled. The data collected by census enumerators may be incomplete or fictitious as it has been at times for certain communities. The derived population statistics must necessarily be undependable.

Vital statisticians may compile the data of deaths as recorded in death certificates without knowing that the causes of death given may be erroneous in a large proportion of the cases. In such instances the statistics of causes of death must be equally erroneous.

Statistics of birth may be compiled and published and accepted by the unknowing as representing actual conditions. The fact may be that in the state or city under consideration only 80 per cent. or may be only 60 per cent. or 50 per cent. of all births were registered. The derived statistics may therefore be worse than useless, for, while they have the appearance of giving information, what they actually give is misinformation.

Morbidity statistics, statistics of the incidence of disease, may be compiled and published without a clear explanation that the statistics are of the reported cases but that there were many cases that were not reported, the proportion of unreported cases depending upon the disease, the community and the time.



There is a tendency for the statistician to accept the data given to him as being accurate and to compile, tabulate and analyze them as though they in all instances represented facts possible of such handling. The final statistical results are likely to be accepted by the student without a thought of the nature or source or possible inaccuracies of the basic data.

Often the statistician understands the incompleteness and inaccuracies full well and in footnotes and explanatory text explains precisely the nature and extent of dependability of published statistical tables. The reader, however, is prone to pay little attention to explanatory text and to ignore frequently footnotes. A statistical table should always be studied with care and caution and at times critically to an extent bordering on suspicion.

Persons unacquainted with statistical methods are likely to consider statistics as a subject beyond their comprehension. This is a mistaken idea. Most statistical tables are the result of but the simplest of mathematical computations, and are derived usually by nothing more intricate than addition, multiplication and division. Anyone who can comprehend that 350 births during a year in a population of 35,000 persons would be at the rate of 10 births for each thousand of the population can understand most ordinary statistical statements. Familiarity with the meaning of certain of the terms in common use is, however, essential.

To make dependable statistics the original observations and records from which they are derived must be true and accurate, and the classification, compilation, and analysis must be done by competent individuals. The value of statistics when thus handled is daily demonstrated in various social, economic and commercial activities.

## VITAL STATISTICS

**Definition.**<sup>1</sup>—Vital statistics may be defined as statistics relating to the life histories of communities or nations. They pertain to those events which have to do with the origin, continuation, and termination of the lives of the inhabitants. They commonly include statistics of population, births, marriages, deaths, and the occurrence of disease, and the conditions attending these events.

**Development.**—Vital statistics are not a thing of recent origin. Their development to their present form, however, is comparatively modern. The Egyptians, Greeks, and Romans made census enumerations. Some of the ancients, notably the Romans, required also the registration of births and deaths. The statistical treatment of the records was, how-

<sup>1</sup>For statistical methods and definitions of terms, see page 631.

ever, comparatively limited. During the last century and a half, and more particularly the last 50 years, the treatment of vital statistics has been undergoing a rapid evolution. In their present developed form they give a fund of useful information otherwise unobtainable. They have become an essential to every well-organized community and nation. They give a composite picture of the life history of a people which can be secured in no other way. They furnish a means of comparing the life history of one community or people with that of others and of the present with the past.

**Based upon Population.**—All vital statistics are based upon the population. The frequency of births, marriages, sickness, and deaths is expressed in terms of the population, usually as rates giving the number for each 1,000 inhabitants or class of inhabitants. In comparing different communities or different periods, births, marriages, deaths, and the incidence of disease must be based upon a common unit of population. The first requisite to useful vital statistics is statistics of population showing the number of inhabitants, classified according to age, sex, nativity, race, and occupation. It would be desirable, if possible, to have also a classification according to economic status, as birth, sickness, marriage, and mortality rates frequently vary with the incomes of individuals or households. An understanding of population statistics is therefore the primary essential to the comprehension or use of vital statistics, and statistics of population will be first considered.

## POPULATION STATISTICS

**Source of Data.**—The principal source of information regarding population under existing conditions is a census enumeration. For the United States these enumerations are made every 10 years. The last census was taken as of January 1, 1920. In the United States a census has been taken every 10 years since 1790, in Great Britain every 10 years since 1801. In taking a census it is desirable so far as possible to take it at a time when the greatest number of people will be at their usual homes. A midwinter census would find many people absent from the Northern States and an unusual number in southern winter resorts. A midsummer census would find an unusual number at the seashore and at other summer resorts. A number of the States take a census midway between the United States decennial censuses, so that they have an enumeration of the population every five years.

As the only source of definite information as to population is the census enumeration, and as the population is continually changing, in most cases increasing, it is necessary to make estimates of the population for the periods between the census enumerations upon which to

base rates for the various vital events and especially for the accurate computation and expression of marriage, birth, death, and sickness rates.

**Nature of Census Information.**—The taking of a census consists usually of more than a mere enumeration of all persons living at the time the census is taken. It includes the recording of certain information regarding each individual. In taking the 1920 United States census the following information relating to each individual was recorded by States, counties, and townships, villages or cities: Name; address; sex; color or race; age at last birthday; whether single, married, widowed, or divorced; birth and "mother tongue" of the individual and place of birth of his father and mother; year of migration to the United States; whether naturalized or alien; whether able to speak English; the individual's occupation, the kind of work done and the industry or business in which employed; whether an employer, employee, or working on own account; whether able to read and write; whether attending school; whether he owns the home in which he lives.

From the information thus obtained the statistics of population are made. By the classification and numerical compilation of this data it is possible to ascertain the composition and distribution of the population as to sex, color or race, age, marital status, nativity, occupation and literacy.

**Sources of Error in Census Enumerations.**—A certain number of individuals will be enumerated both at the place where they happen to be and at their proper residences. A few will be missed entirely. However, the degree of error thus caused will not be great.

The margin of error in the securing of ages is greater. The age record is customarily intended to be the age in years at the last birthday. The ages given for children under 5 years old are likely not to be accurate due to the tendency to give the age of a child between 6 and 12 months of age as 1 year old and that of a child between 1 and 2 years old as 2 years of age. This tendency to give the age at the next birthday persists up to about the fifth year, although it is perhaps greatest during the first and second years. To avoid the error thus arising, the United States census records the ages of children under two years of age in years and months. For example, a child 6 months of age is recorded as six-twelfths of a year old and a child of 17 months of age as 1  $\frac{5}{12}$  years old.

Women 15 to 20 years of age are prone to give their ages as between 20 and 25 years. Adults over 25 years of age frequently do not know their exact ages and are likely to approximate their ages as being 30 or 40 or 50 years, and to a less extent as 35 or 45 or 55 years. The result is that there is at each census an exaggerated number of ages of 30, 40, 50 years, and also a lesser exaggeration of ages 35, 45, 55, and 65 years.

Individuals over 80 years of age have a tendency to give their ages as greater than they really are.

There is also a considerable margin of error in the recording of occupation. This is due largely to an imperfect understanding of what is wanted and to the multiplicity of occupations and a lack of knowledge as to their proper designation.

**Fluctuation in Population.**—Populations are constantly changing. Individuals are continually being added by immigration. In the United States, and more particularly in some sections of the United States, considerable numbers are annually being added in this way. Immigration is also an important factor in the growth of population in certain South American countries, South Africa, New Zealand, Australia, and Canada.

Populations suffer a continuous diminution by reason of emigration. This is especially true of some European countries.

Migrations may not only affect the population of a country as a whole, but may also alter the distribution of people within a country. There is in many countries a constant movement of people from rural localities to the cities and from one locality to another.

All populations are also being increased by births and suffering losses by deaths. The rate of change, however, resulting from births and deaths is usually comparatively constant or alters gradually, while the changes due to migrations may be exceedingly irregular. The increase in the population caused by the excess of births over deaths is known as the natural increase. A country in which the birth and death rates are equal and in which the factor of migration is negligible will have a fixed population.

The increase of population in certain countries is shown by the following table:

*Showing growth of population of certain countries in millions, 1800 to 1910*

	1800	1830	1860	1890	1910
France.....	27	32	36	38	39
Great Britain and Ireland.....	16	24	29	38	44
Russia in Europe.....	35	45	68	92	..
Austria.....	25	29	34	40	49
Italy.....	17	21	25	30	34
Spain.....	10	11	15	17	19
Belgium.....	..	3	4	6	7
Sweden.....	2	2	3	4	5
United States.....	5	12	31	62	92

**Estimates of Population.**—The frequency of births, marriages, or deaths is usually expressed as the number occurring during the calendar year per 1,000 population. The figures thus given are known as the birth, marriage, or death rates, and are computed upon the mean population—that is, the number of inhabitants estimated to have existed at

the middle of the year, July 1. These estimates are necessary for all dates except those on which census enumerations are made. For the making of estimates there are two principal methods commonly used, known, respectively, as the arithmetical and the geometrical methods. In each method the populations at the last two census enumerations form the known quantities from which the estimates are derived.

*Arithmetical Method.*—In the arithmetical method it is assumed that the increase or decrease in population which occurred between the last two census enumerations took place in equal amounts during each intercensal year (the years between two census enumerations) and will continue to take place annually in like numbers until the next census shall have been taken. Thus, given a city which had a population of 50,000 at the 1900 census (June 1, 1900) and one of 61,850 at the 1910 census (Apr. 15, 1910), the increase during the intercensal period (9 years and 10½ months) would be 11,850, and the annual increase according to the arithmetical method would be

$$\frac{61,850 - 50,000}{9\frac{1}{2}}, \text{ or } 1,200$$

If it is desired to estimate the population as of July 1, 1906, for the purpose of calculating annual rates, this is done by adding to the population as it existed June 1, 1900, the sum of 1,200 for each year intervening between the date of enumeration (June 1, 1900) and the date for which the estimate is to be made (July 1, 1906). There being 6 years and 1 month between these dates, the calculation would be

$$50,000 + (6 \frac{1}{12} \times 1,200) = 57,300.$$

This method assumes the same amount of increase each year and is analogous to the calculation of simple interest. It does not take into account the fact that with the annual increase in population the number of persons of marriageable age and therefore the number of married persons will be greater each year and consequently the number of births. The growth due to natural increases (the excess of births over deaths) is analogous to the increment of compound interest, and where this factor (the natural increase) is the principal one affecting the population growth estimates of population made by the arithmetical method are unsatisfactory, and especially so where the estimate is made for a date several years away from a census enumeration. Where the excess of births over deaths is the controlling factor in population growth the geometrical method of making estimates, being based on the principle of compound interest, is more accurate. Where migration is an important factor in population change, the arithmetical method may be the more accurate. The arithmetical method has been the one found most reliable in the United States and is the method used most commonly in the

past by the Bureau of the Census. The method best adapted to a given population can be ascertained by taking the last two intercensal periods and finding whether the rate of increase during the last intercensal period was, when based upon the increase during the preceding intercensal period, at the rate indicated by the arithmetical or the geometrical method.

*Geometrical Method.*—As previously stated, the geometrical method is based upon the principle of compound interest.

Assuming a decennial census, let

$P$  = population in 1900.

$P'$  = population in 1910.

$r$  = the annual increase per unit of population.

Then the population would be—

$$\text{In 1901} = P(1+r)$$

$$\text{In 1902} = P(1+r)^2$$

$$\text{In 1903} = P(1+r)^3$$

$$\text{In 1910 } (P') = P(1+r)^{10}$$

$$\frac{P'}{P} = (1+r)^{10}$$

$$\sqrt[10]{\frac{P'}{P}} = 1+r \text{ and } r = \sqrt[10]{\frac{P'}{P}} - 1$$

In practice the calculation would be made with the aid of a table of logarithms, and given the value of  $r$  the estimated population for any intercensal or postcensal date is readily obtained. For postcensal dates the estimated population would be—

$$\text{In 1911} = P'(1+r)$$

$$\text{In 1912} = P'(1+r)^2$$

$$\text{In 1913} = P'(1+r)^3$$

$$n^{\text{th}} \text{ year} = P'(1+r)^n$$

The registrar general of England and Wales uses the geometrical method for England and Wales as a whole and a modified method for lesser subdivisions.

However, estimates are after all but estimates and nothing more. For large populations as of entire countries, and for smaller populations not much affected by migration, they are usually sufficiently dependable. In the United States they have been satisfactory for most of the older states and for many of the larger cities. Illustrations of where they have not been dependable are the state of Washington and the city of Detroit. The facts were that the state of Washington had a much more rapid growth in population between the census years 1900 and 1910 than it had between 1910 and 1920; therefore

estimates made in the usual way, subsequent to the census of 1910 and previous to that of 1920, overstated the population. The percentage of error would be greater for each succeeding year. In Detroit the population increase was at a much greater annual rate between 1910 and 1920 than it was between 1900 and 1910. Therefore, estimates based on either the arithmetical or the geometrical method of calculation would have indicated a lesser population than was actually present in the city.

There are other states than Washington where the rate of growth has changed, although probably none where the change has been so great. There are many cities where the change in rate of growth has been as great as in Detroit although this is probably not true of any other city of the size of Detroit.

The estimates of the population for the United States made by the Bureau of the Census are computed by the Geographer of the Bureau. His task is a trying and in a measure an unsatisfactory one, dealing as he does with populations which ebb and flow in unrestricted movement throughout extensive areas. It is only by keeping in touch with the local factors which affect population that the work is possible. For cities, in addition to the actual movements of population, there must be considered the frequent changes in area and boundaries. American cities are continually changing their corporate limits, most of these changes are of the nature of extensions in area and annex populations which had been previously outside the cities.

Estimates of population for intercensal and postcensal years for states and cities of the United States can usually be obtained from the Director of Census. If they cannot be thus obtained it is probably because the data are not available from which a reliable estimate can be computed.

## MARRIAGE STATISTICS

Marriage statistics are of interest because of the information they give regarding the social life of the people and the establishment of families and households, and because of the relation of marriages to population growth through their influence on the birth rate. Their consideration naturally precedes that of birth statistics.

The data for marriage statistics are obtained by the registration of marriages. The common custom in the United States is to require persons desiring to marry to obtain first a license from a designated official. This license is presented to whoever performs the marriage ceremony. The person officiating is required to register the marriage. Those responsible for the completeness of marriage records are therefore in this country usually the clergy and justices of the peace. There is seldom

much difficulty in securing complete records of marriages, and the amount and value of the information given by marriage statistics depend upon the nature and extent of the facts recorded relating to the contracting parties.

In England and Wales marriage statistics are compiled by the registrar general of marriages, births, and deaths. In this country the official responsible for the compilation of marriage records varies in the several States. The United States Bureau of the Census compiled and published in 1909 statistics of the number of marriages and divorces in the United States from 1867 to 1906. It has also compiled the number for the year 1916.

**Marriage Rates.**—Marriage rates may be expressed as the number of marriages for each 1,000 population. While this method gives certain information of a definite character and is useful for comparing different years of the same community and different communities of similar population composition, it is not useful in comparing populations in which the proportion of single persons of marriageable age is not the same. For the purpose of comparing marriage rates, therefore, the more exact method is to express the rate as the number of marriages or persons married for each 1,000 unmarried, divorced, and widowed, of marriageable age, usually those over 15 years of age.

**Factors Influencing Marriage Rates.**—Marriage rates are usually influenced by economic conditions. National prosperity increases the rate, economic depression reduces it. For the same reasons it is influenced by the demand for labor and the rate of wages. The relation of the adopted standard of living to the average wage has a similar effect. In the absence of other factors, the marriage rate is usually a fair index of the relation of average income to standard of living.

The marriage rate may also be affected by the frequency of divorce and remarriage. A high birth rate tends to increase the marriage rate in succeeding years. In communities such as mining towns and new industrial centers the marriage rate may be limited by the presence of a relatively small number of marriageable women.

The marriage rate in a city may be fictitiously high, due to the fact that many couples from the surrounding country and small towns may go there for the purpose of being married, returning then to their homes. In a country affected by emigration a relatively large proportion of the emigrants are apt to be young men and women, the women frequently following after the men have become located. This naturally affects the marriage rate of the home country.

**Uses of Marriage Registration.**—The purpose of the registration of a marriage is largely to protect the home and family. It furnishes reliable evidence upon which to base the legitimacy of children and the dower rights of women.



## BIRTH STATISTICS

Statistics of births are of interest mainly because of their relation to population growth, the excess of births over deaths being known as the "natural increase." Growth of population has been the object of concern to nations largely because of its effect in determining the future military strength and the number of men available for purposes of offense and defense. The practically stationary population of France has for some time been the subject of comment, but with her limited territory it is a question whether the people as a whole are not better off with the present population than they would be with a larger one. More people mean greater congestion and more intense competition. During the last century Great Britain, Germany, Austria, and Russia have trebled in population. Had France done the same, she would now have nearly 80 millions of people, and it is doubtful whether this would have added to the happiness and welfare of the race except that it would probably have been of advantage to her in the late World War and would be an added factor of security for the future.

It is undoubtedly better to have a people proportionate in number to land area and natural resources than to have a teeming population with the consequent economic problems. It would seem more in keeping with modern ethics to strive for a people composed of intelligent, physically sound individuals free from disease and properly housed, fed and clothed, whose days furnished time for both labor and recreation under conditions which conduced to physical and mental welfare and not to deterioration, rather than to strive for mere numbers.

To the health officer and sanitarian birth statistics have only casual interest. Birth registration, however, which furnishes the data from which the statistics are made, is important not only in public health work but in other ways as well.

**Registration in the United States.**—In legislation the registration of births, marriages, and deaths was formerly usually associated and provided for by the same laws. Since 1900, however, this has not been generally true in the United States, where the practice has developed of providing separately for the registration of births and deaths.

A model bill for the registration of births and deaths recommended for enactment by the several State legislatures has been drafted and indorsed by the American Medical Association in consultation with representatives of the Bureau of the Census, the Children's Bureau, the American Public Health Association, the American Bar Association, and a number of other organizations and societies national in scope. The essential features of this law have been adopted by a number of States. It is important that other States should also enact it, for it is without

question as effective a law as any that has been proposed for adoption in this country. It is also highly desirable that the laws of the several States on the subject be uniform, if the Bureau of the Census is to compile the records for statistical purposes. The power to legislate on such matters resides with the individual States. The only means the Bureau of the Census has of preparing national birth and death statistics is to compile the records registered in the several States under State laws. This is done by making copies of the birth and death certificates registered in the various States and from these copies taking the data for statistical tabulations. The adoption of a uniform law would therefore have distinct advantages, even if it were possible for State legislatures individually to draft better ones.

*United States Registration Area for Births.*—A registration area for births was designated by the Bureau of the Census, beginning with the year 1915. The area for 1915 contained the States of Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, Michigan, and Minnesota, and the District of Columbia. There have since been added to the area Indiana, Kansas, Kentucky, Maryland, North Carolina, Ohio, Utah, Virginia, Washington, Wisconsin, Oregon, California, Nebraska and South Carolina, making in 1921 a total of twenty-three states and the District of Columbia containing approximately 60 per cent of the total population of the country.<sup>2</sup> The statistics of births have been compiled for this area from transcripts made of the birth certificates filed in the respective States in the same manner that mortality statistics are compiled from State records.

*Source of Data.*—While the data from which population statistics are derived are obtained by direct enumeration, the data from which birth statistics are compiled are gotten by registration. The usual requirement is that whenever a child is born either the attending physician or midwife, or, in their absence, the parents or the head of the household in which the birth occurred, shall register with an official designated for the purpose certain information regarding the child and its parents.

*Nature of Information Secured by Registration.*—The information required to be registered concerning each child born usually includes certain facts relating to the child and the circumstances of its birth, together with certain items concerning the parents. The essential facts are the name of the child, its sex, date and place of birth, and whether born alive or stillborn, and the names and residence of the parents. There are many other items of information concerning births which are of the greatest value and serve various purposes, such as the age, color, nativity, and occupation of the parents, whether the child is a single birth, a twin, or triplet, and whether legitimate or illegitimate.

<sup>2</sup> Rhode Island was dropped from the area in 1919.

These facts are usually required to be stated. The standard certificate of birth for the United States is as follows:

## UNITED STATES STANDARD CERTIFICATE OF BIRTH

(Instructions on certain points may be printed on the back. Size of certificate, 6 1/2 x 7 1/2 inches.)

**MARGIN RESERVED FOR BINDING**  
**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD**  
*N. B.—In case of more than one child of a birth, a SEPARATE ENTRY must be made for each, and the number of each, in order of birth, noted.*

PLACE OF BIRTH		DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
County of .....		STANDARD CERTIFICATE OF BIRTH	
Township of .....		Registered No. ....	
Village of .....		St. .... Ward .....	
City of .....		(No. ....) (If child is not yet named, make supplemental report, as directed)	
FULL NAME OF CHILD .....			
Sex of Child	Twin, triplet, or other?	Number in order of birth	Legit. (male?)
(To be answered only in case of plural births)		Date of birth (Month) .... (Day) .... 19.... (Year)	
FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years) .....	COLOR	AGE AT LAST BIRTHDAY (Years) .....
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	
Number of children born to the mother, including present birth .....		Number of children of this mother now living .....	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or Stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		(Signature) .....	
Given name added from a supplemental report .....		(Physician or Midwife) .....	
Address .....		Filed .....	
19....		19....	
REGISTRAR		11-355 6	

The items registered serve two principal purposes. They serve, first, to identify the child and to establish its age and parentage, and, second, to furnish statistical data.

While in the enumeration of the population the original observer, upon the accuracy of whose work population statistics largely depend, is the census enumerator, in birth registration the original observer, upon whom dependence must be placed, is usually the physician attending at the birth, sometimes the midwife, and in the absence of these the parents.

Births are usually required to be registered with an official appointed for the purpose and known as a registrar. Customarily it is the same official with whom deaths are registered. At times a small fee has been paid to the person making the registration or filling out the certificate. This custom, however, is likely to create in the minds of many the idea that the registration is a matter of discretion—that if the fee is not wanted there is no compulsion to file the certificate and that the forfeiting of the fee annuls the obligation. This is especially true in the United States, where physicians and midwives have in many instances not yet come to realize that the importance of proper registration may mean so

much to the child and its parents that no accoucheur has completed his task nor fulfilled his obligations to the child and its mother until an accurately filled out certificate has been filed with the registrar. The failure to file such a certificate is such a neglect of the interests of both patients, the child and the mother, that it would seem proper to class it with malpractice.

**Birth Rates.**—There are several ways of expressing the birth rate. Each method of statement gives information not given by the others.

*Rate per 1,000 Population.*—The birth rate may be expressed as the number of births occurring during a year for each 1,000 of the popu-

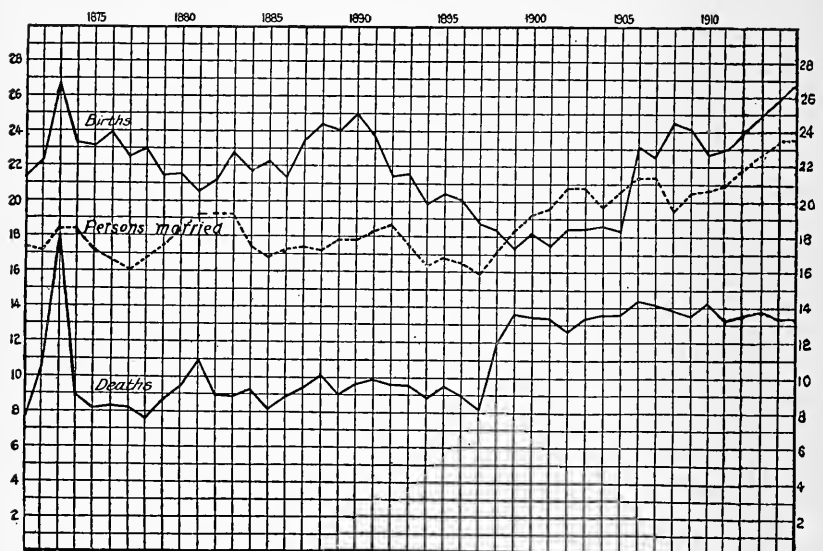


FIG. 146.—BIRTHS (INCLUDING STILLBIRTHS), PERSONS MARRIED, AND DEATHS (EXCLUDING STILLBIRTHS)—REGISTERED PER 1,000 POPULATION PER ANNUM—MICHIGAN, 1871 to 1915.

lation. This is known as the crude birth rate, and is based upon the total estimated mean population for the year—that is, for the calendar year, the population estimated as of July 1. The crude birth rate shows the net result to the community of the several factors governing reproduction—the number of women of child-bearing age, the number of those who are married, the frequency of illegitimacy, etc. In conjunction with the crude death rate it shows the ratio at which the community is reproducing itself by natural increase. It is a quite satisfactory basis for comparing the birth rate of different years for the same community or that of different communities having populations of similar composition. It is unsatisfactory for the comparison of populations having different proportions of females of child-bearing age or of married women—a mining town or new industrial center may have comparatively few

women; a fashionable residential district may have a relatively large female population, most of which consists of unmarried servants.

*Rate per 1,000 Women of Child-bearing Age.*—Birth rates may be expressed as the number of births occurring during the year per 1,000 women of child-bearing age. For this purpose the female population between the ages of 15 and 45 years as determined by census enumeration, or by estimation for intercensal and postcensal years, is taken. The proportion of women of these ages in the population having been ascertained by a census, the same relative proportion is assumed to be maintained until a succeeding census shows a change.

This method gives rates that furnish a much better basis for the comparison of different communities, inasmuch as it gives the births in proportion to the number of potential mothers. It is not, however, satisfactory under all conditions, and the method next described yields more useful information.

*Rate of Legitimate Births per 1,000 Married Women of Child-bearing Age (15 to 44 or 15 to 49 Years of Age) and of Illegitimate Births per 1,000 Unmarried Women of Child-bearing Age.*—In different communities the proportion of married and single women may differ considerably and consequently comparison of their crude birth rates or of rates based on the number of women of child-bearing age would yield comparatively little useful information. The proportion of married women in industrial communities is usually considerably larger than it is in residential suburbs, where there are greater numbers of female servants. To make allowance for these differences in population composition the most useful method of stating the birth rate is in terms of the number of legitimate births per 1,000 married women of child-bearing age (15 to 44 years or 15 to 49 years) and the number of illegitimate births per 1,000 unmarried women of this age.

**Sources of Error in Birth Statistics.**—The principal sources of error in birth statistics are to be found in defective registration. There is no reliable check by which the failure to register births can in all cases be detected. In many foreign countries the people have become accustomed to register births and apparently their returns are quite complete. The registration of illegitimate births, however, is always less complete than that of the legitimate. In the United States the people, as a whole, have in many sections not become accustomed to the registration of births. This is undoubtedly due in part to a rapidly changing population continually receiving large numbers of immigrants from various foreign countries—immigrants who are ignorant of our registration laws and have little opportunity of learning their requirements—and in part to the absence of effort by the authorities to enforce the laws.

As checks upon the completeness of birth registration registrars fre-

*Birth rates (exclusive of stillbirths) per 1,000 population in certain countries, 1886, 1913, 1914 and 1915 \**

Country or State	1886	1913	1914	1915
Australian Commonwealth .....	35.4	28.3	28.1	27.3
Austria .....	38.3	‡ 31.3	....	....
Denmark .....	32.4	25.6	25.6	24.2
England and Wales .....	32.8	24.1	23.8	22.0
Finland .....	35.3	‡ 27.1	26.9	....
France .....	23.9	19.0	18.0	....
German Empire .....	37.0	27.5	....	....
Hungary .....	45.6	‡ 36.3	....	....
Ireland .....	23.2	22.8	22.6	22.0
Italy .....	37.0	31.7	31.1	....
The Netherlands .....	34.6	28.1	28.2	26.2
New Zealand .....	33.1	26.1	26.0	25.3
Norway .....	31.2	25.3	25.2	23.8
Roumania .....	42.2	42.1	42.5	....
Scotland .....	32.9	25.5	26.1	23.9
Servia .....	42.0	‡ 38.0	....	....
Spain .....	36.7	30.4	29.8	....
Sweden .....	29.8	23.2	22.9	21.6
Connecticut .....	† 22.2	25.6	26.5	....
Michigan .....	† 21.3	24.8	25.6	26.6

\* Taken from the Annual Reports of the Registrar General of Births, Deaths, and Marriages in England and Wales, 1913, 1914 and 1915, except the rates for Connecticut and Michigan, which were taken from the State reports.

† Includes stillbirths.

‡ Year 1912.

quently use the death returns of young children and especially of infants, checking up each recorded death with the birth records to see whether the birth of the child had been registered. The notices of births appearing in newspapers are also often used for the same purpose. If the christenings were required to be notified by those officiating, this too would be of assistance.

**Uses of Birth Registration and Statistics.**—Birth statistics are of use in ascertaining the natural increase of the population (excess of births over deaths). They also give valuable information regarding the effective fertility or fecundity of the race and of the frequency of illegitimacy. These matters are of interest to the economist and the statesman. The possession of birth statistics also furnishes the basis for the present accepted means of stating the infant mortality rate, as will be explained later. The data from which the statistics are made, the registered births, are on the other hand of value to the community in many ways, and to the health officer among others may be especially useful. Some of the uses will be enumerated.

**Legal Records.**—The registration of a child's birth forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage and legitimacy. It may be required to establish the child's age for attendance at public

schools, for permission to work in States where children below a certain age are not allowed by law to be employed; to show whether a girl has reached the age of consent, whether individuals have attained the age when they may marry without the parents' permission; to establish age in connection with the granting of pensions, military and jury duty, and voting. It may be necessary in connection with the bequeathing and inheritance of property or to furnish acceptable evidence of genealogy, and in fact may be important and useful in possible events too numerous to mention. During the period of mobilization for the late war, there were many instances where the interests of individuals were curiously affected because of there being no dependable record of the time and place of their births.

*Uses in Public Health Administration.*—Registration of births shows where the babies are and makes possible such observance and protection as the health department desires to extend. With birth registration it would be possible for the health authorities to see that the babies are vaccinated against smallpox. This is one of the uses made of registration in England. It would also be possible to see that the babies in poor families have proper food and adequate attention. The observation of infants under two weeks of age would bring to light some cases of ophthalmia which otherwise might cause serious injury to vision and at times total blindness.

**Factors Influencing Birth Rates.**—Birth rates are directly influenced by the number of women, and particularly of married women, of child-bearing age in the population. The child-bearing period of life for women may be considered as that between the ages of 15 and 49 years; the ages between 25 and 44 years are for most races of the north temperate zones, however, those mainly productive.

The economic and social status of the population may also affect the birth rate. In many countries at present the poor families have considerably more children per family than have the well-to-do; in fact to some extent the number of children per marriage seems to be in inverse ratio to the family income. On the other hand, to a degree poor economic conditions are liable to discourage or delay marriage, so that married couples are relatively fewer and older when married, with fewer resulting offspring. The adoption of a more expensive standard of living may produce the same results as depressed economic conditions; fewer and delayed marriages.

The birth rate is also affected by the habits and customs of the people, by their desire to have children or their desire not to have them. Also a high infant death rate is usually accompanied by a high birth rate and, conversely, a low infant death rate by a low birth rate.

**MORBIDITY STATISTICS**

Morbidity statistics are the statistics of sickness and disease. They show the occurrence of diseases and their relative prevalence in different localities and at different times. They differ from mortality statistics in that as relates to disease, mortality statistics are the statistics of fatal cases only, while morbidity statistics include all cases. For example, if in a city there were 500 cases of typhoid fever of which 50 terminated fatally, mortality statistics would deal with the facts relating to the 50 fatal cases, while morbidity statistics would deal with the entire 500.

In the life of the individual, after birth, the next event included in vital statistics which usually occurs is sickness. Disease has perhaps a greater influence in determining the happiness and efficiency of the individual and of the community than any other factor. It also has a direct bearing on the individual's longevity even when in itself not fatal, for every attack of sickness probably does some injury and leaves the human machine impaired to a degree, and an illness occurring a number of years before death may have a far greater influence in determining the duration of life than the terminal illness.

Morbidity statistics have not evolved apace with those of births, marriages and deaths. This is due to the different purposes they serve. The branches which have to do directly with the growth of population were first developed, probably because of the need of the information which they gave in connection with taxation and military enlistment. Morbidity statistics, on the other hand, are contemporary with our comparatively recently acquired knowledge of the causes of diseases and their manner of spread. Their need has been felt only with the advent of present day public health administration, which in turn has been activated in large measure by the story of the causes of death told by mortality statistics.

Morbidity statistics had their origin in the requirement of the notification of cases of certain dreaded diseases, notably smallpox. With the appointment of health officers and the establishment of health departments the notification of other diseases has been required. As knowledge of the causes of diseases and their manner of spread has been obtained and health departments have been faced with the responsibility of controlling maladies found to be preventable, the list of notifiable diseases has grown, for those responsible for public health administration have found that it is impossible effectively to control a disease without prompt information of when, where, and under what conditions cases of the disease are occurring. No epidemiologist would think of attempting to control an outbreak of yellow fever or cholera without inaugurating a de-



pendable system whereby he would receive prompt and accurate information of the occurrence of cases. It is just as impossible effectively to control tuberculosis, typhoid fever, scarlet fever, industrial lead poisoning, or any other preventable disease without a knowledge of the occurrence of cases.

The requirements for notification of the preventable diseases and the extent of their enforcement may be taken as one index of the intelligence and efficiency of health administration in a community.

**Morbidity Statistics in the United States—*Present Status.***—In the United States the authority to require the notification of cases of sickness resides in the respective State legislatures. In some of the States authority has been given to the State boards of health to cover the subject by regulations. In most instances local authorities have the right to supplement the State requirements by such additional ones as may be needed. The laws and regulations of the several States differ widely, as do also the efforts made to enforce them.

The common and most general plan is to require that the original report be made by the physician to the local health officer immediately on diagnosis of the case. The local health officer forwards to the State health department, either immediately or at intervals, a transcript or a summary of the notifications received by him. In a number of States these reports by the local health departments are made to the State authorities daily, in some weekly, in several States monthly, and in a few States at longer intervals. In the States in which the reports are made daily the State health department is in a position to keep constantly informed regarding the prevalence of the notifiable diseases. The same is in less measure true when the reports are made weekly. When the reports are made at longer intervals the current value of the information to the State department is largely lost.

In certain States physicians have been required to report the notifiable diseases directly to the State health department. This, in effect, makes the State health officer also the local health officer and responsible for the control of the notifiable diseases, the control of disease and the notification of cases being inseparable, the latter giving the necessary information by which to direct action in the former.

In some States the laws relating to morbidity reports specify that cases of certain classes of disease shall be notifiable. These classes have been variously stated, the wording being in some instances that "all cases of contagious or infectious diseases dangerous to the public health shall be reported," in others "all communicable diseases," or "all contagious diseases," or "all diseases dangerous to the public health." When the requirements have been stated in general terms in this way their enforcement has been especially difficult unless the diseases included have been specifically enumerated.

The following named diseases are those specified by the various State requirements, with the number of States in which each is notifiable: \*

*The Notifiable Diseases*

COMMUNICABLE DISEASES:	States
Actinomycosis .....	14
Anthrax .....	28
Chickenpox .....	34
Cholera (Asiatic) .....	46
Dengue .....	12
Diphtheria .....	48
Dysentery .....	3
Dysentery (amebic) .....	15
Dysentery (bacillary) .....	11
Dysentery (epidemic) .....	7
Erysipelas .....	10
Favus .....	7
German measles .....	20
Glanders .....	24
Gonococcus infection .....	44
Hookworm disease .....	17
Leprosy .....	38
Malaria .....	21
Measles .....	41
Meningitis (epidemic cerebrospinal) .....	40
Mumps .....	20
Ophthalmia neonatorum (conjunctivitis of newborn infants) .....	38
Paragonimiasis (endemic hemoptysis) .....	5
Paratyphoid fever .....	13
Plague .....	40
Pneumonia (acute) .....	15
Polioomyelitis (acute infectious) .....	38
Puerperal fever .....	9
Rabies .....	25
Relapsing fever .....	7
Rocky Mountain spotted or tick fever .....	11
Scarlet fever .....	47
Septic sore throat .....	12
Smallpox .....	49
Syphilis .....	14
Tetanus .....	12
Trachoma .....	32
Trichinosis .....	13
Tuberculosis (all forms) .....	38
Tuberculosis (laryngeal) .....	4
Tuberculosis (pulmonary) .....	8
Typhoid fever .....	44
Typhus fever .....	42
Whooping-cough .....	39
Yellow fever .....	40
 OCCUPATIONAL DISEASES:	
Arsenic poisoning .....	15
Brass poisoning .....	8
Lead poisoning .....	15
Mercury poisoning .....	15

\* This list is added to from year to year.

*The Notifiable Diseases—Continued*

OCCUPATIONAL DISEASES—Continued:		States
Phosphorus poisoning .....		14
Wood alcohol poisoning .....		8
Caisson disease (compressed-air illness) .....		14
All occupational diseases .....		9
MISCELLANEOUS DISEASES:		
Beriberi .....		3
Cancer .....		6
Continued fever lasting 7 days .....		3
Pellagra .....		23

**The Model State Law for Morbidity Reports.**—Since each State has exclusive authority within its jurisdiction over the requirements for the notification of disease, any comprehensive plan that may be developed for morbidity reports and morbidity statistics must be the result of combined effort and coöperation and the enactment by the several States of similar requirements. It implies also an adequate enforcement of these requirements. The question of State morbidity reports is one of the most difficult problems to be solved by the State authorities. A number of States have been endeavoring earnestly to solve the problem within their respective jurisdictions. Considerable progress has been made in several instances. The question is an important one, and is bound to receive much consideration in the future. The State health authorities in conference with the Public Health Service had the matter under consideration for some time and in June, 1913, approved a model State law for morbidity reports. The model law makes the occurrence of cases of the following-named diseases and disabilities notifiable:

## GROUP 1.—COMMUNICABLE DISEASES

Actinomycosis.	Paragonimiasis (endemic hemoptysis).
Anthrax.	Paratyphoid fever.
Chickenpox.	Plague.
Cholera, Asiatic (also cholera nostras when Asiatic cholera is present or its importation threatened).	Pneumonia (acute).
Dengue.	Poliomyelitis (acute infectious).
Diphtheria.	Rabies.
Dysentery:	Rocky Mountain spotted or tick fever.
(a) Amebic.	Scarlet fever.
(b) Bacillary.	Septic sore throat.
Favus.	Smallpox.
German measles.	Syphilis.
Glanders.	Tetanus.
Gonococcus infection.	Trachoma.
Hookworm disease.	Trichinosis.
Leprosy.	Tuberculosis (all forms, the organ or part affected in each case to be specified).
Malaria.	Typhoid fever.
Measles.	Typhus fever.
Meningitis:	Whooping-cough.
(a) Epidemic cerebrospinal.	Yellow fever.
(b) Tuberculous.	
Mumps.	
Ophthalmia neonatorum (conjunctivitis of newborn infants).	

## GROUP 2.—OCCUPATIONAL DISEASES AND INJURIES

Arsenic poisoning.  
 Brass poisoning.  
 Carbon monoxid poisoning.  
 Lead poisoning.  
 Mercury poisoning.  
 Natural-gas poisoning.  
 Phosphorus poisoning.  
 Wood alcohol poisoning.

Naphtha poisoning.  
 Bisulphid of carbon poisoning.  
 Dinitrobenzine poisoning.  
 Caisson disease (compressed-air illness).  
 Any other disease or disability contracted as a result of the nature of the person's employment.

## GROUP 3.—MISCELLANEOUS DISEASES

Beriberi.  
 Cancer.  
 Continued fever lasting seven days.

Drug addictions or habits.  
 Pellagra.

**The Results of Notification in Certain States and Cities.**—The completeness of the reports of the notifiable diseases in States and cities in which there is registration of deaths may be estimated with some degree of accuracy by comparing the number of cases reported with the number of deaths registered as due to the same cause. In doing this, however, it must be borne in mind that we do not know the fatality rates of many diseases, for up to the present time there have seldom been satisfactory morbidity records of sufficiently broad application to permit of the determination of such rates, and it must also be remembered that the fatal-

*Diphtheria, measles and typhoid fever—Cases reported, deaths registered, indicated case rates per 1,000 population, indicated fatality rates per 100 cases, and number of cases reported for each fatality registered, in certain cities, 1917.*

States and Cities	Total Cases Reported, 1914	Total Deaths Registered, 1914	Indicated Case Rate per Annum per 1,000 Inhabitants	Indicated Fatality Rate per 100 Cases	Number of Cases Notified for Each Fatality
<b>Diphtheria</b>					
Boston, Mass. . . . .	4,098	276	5.337	6.73	15
Cincinnati, Ohio . . .	814	47	1.965	5.77	17
Denver, Colo. . . . .	404	20	1.505	4.95	20
Detroit, Mich. . . . .	4,477	409	7.225	9.14	11
New Orleans, La. . . .	873	32	2.316	3.67	27
San Francisco, Cal. . .	860	68	1.826	7.91	13
<b>Measles</b>					
Boston, Mass. . . . .	5,695	101	7.417	1.77	56
Cincinnati, Ohio . . .	1,100	20	2.655	1.82	55
Denver, Colo. . . . .	5,376	18	20.027	.33	299
Detroit, Mich. . . . .	1,278	57	2.062	4.46	22
New Orleans, La. . . .	5,500	56	14.588	1.02	98
San Francisco, Cal. . .	5,180	36	10.997	.69	144
<b>Typhoid Fever</b>					
Boston, Mass. . . . .	201	22	.262	10.95	9
Cincinnati, Ohio . . .	89	16	.215	17.98	6
Denver, Colo. . . . .	108	14	.402	12.96	8
Detroit, Mich. . . . .	450	107	.726	23.78	4
New Orleans, La. . . .	405	87	1.074	21.48	5
San Francisco, Cal. . .	194	23	.412	11.86	8

ity rates of many diseases vary in different epidemics, and from year to year, and with the season and geographic location.

To see the possibilities of notification and the results being obtained in certain diseases in those States and cities in which notification has been developed to a degree approaching most closely one that is satisfactory, refer to the table on page 1246.

**Source of Statistical Data.**—The manner of collecting the data from which morbidity statistics are compiled is closely allied to the registration method used for births. The data consist of the reports of cases of

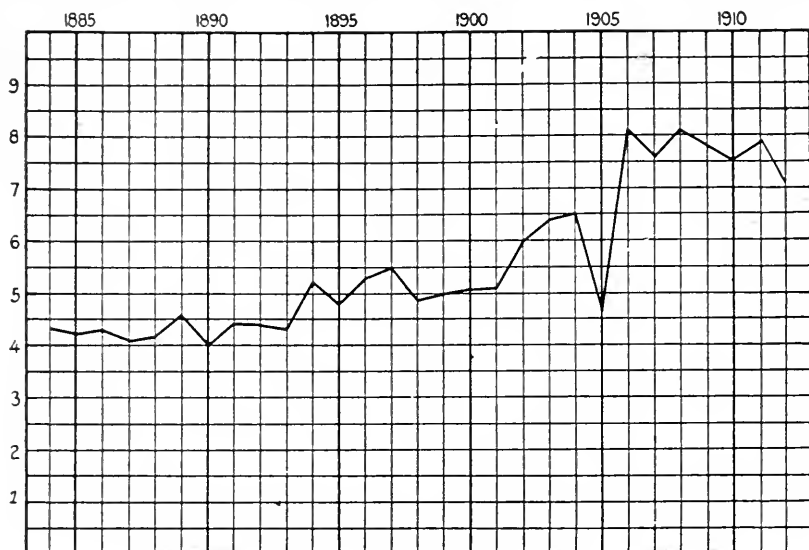


FIG. 147.—DIPHTHERIA.

Number of cases notified per annum for each death registered—Michigan, 1884 to 1912.

disease made usually by physicians and in some instances by the heads of families and households. The original observers then, upon whom morbidity statistics depend chiefly for their completeness, are the practicing physicians. This is necessarily so, for neither the health department nor any other branch of government can keep in such close touch with the lives of the people as to be in a position to know of the occurrence of disease. The physician is the one who, because of the very nature of his work and his relation to the community, is best able to have this information and furnish it. He comes in contact with the sick to a degree others do not. The health officer cannot know of the presence of disease except as it is reported to him by physicians. Experience has shown that there may be hundreds of cases of a dangerous infection in a city and the health officer not know of its presence in the absence of notification.

Unfortunately many practicing physicians have little knowledge of the methods of health administration and in common with people in general frequently expect the health department in some mysterious man-

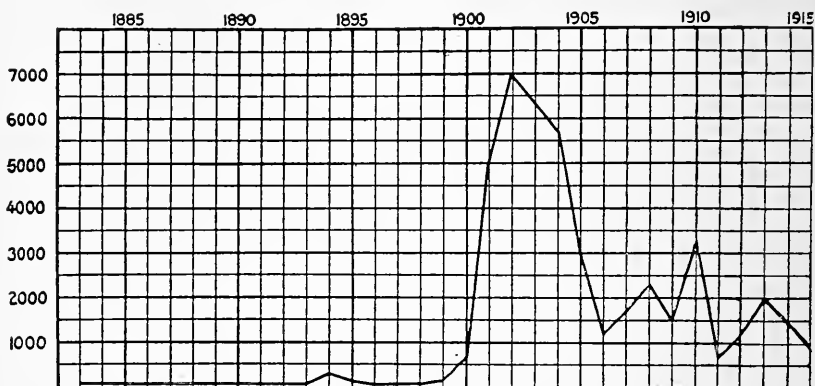


FIG. 148.—SMALLPOX.

Number of cases notified per annum in Michigan from 1883 to 1915.

ner to control disease without placing upon them the burden and privilege of coöperating by the notification of the occurrence of cases. The practicing physician, whether he recognizes it or not, or is so recognized

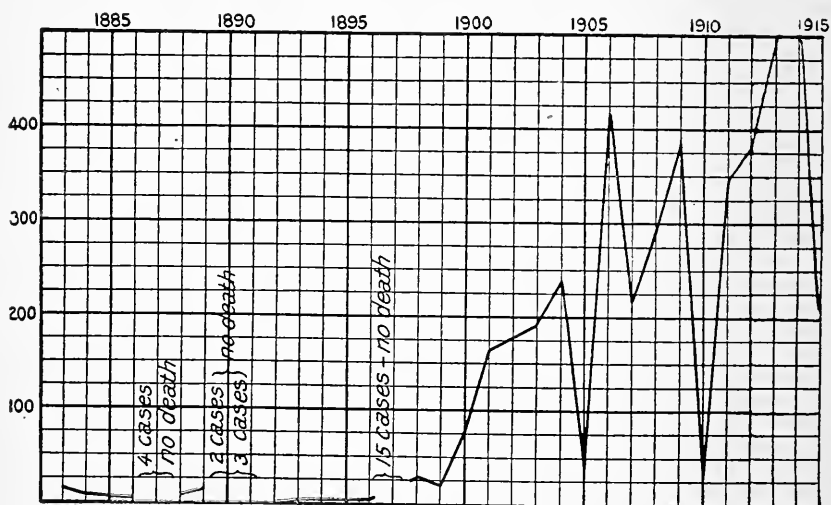


FIG. 149.—SMALLPOX.

Number of cases notified per annum for each death registered—Michigan, 1883 to 1915. In 1914 there were 1527 cases notified and only one death registered.

by the community, is essentially an adjunct of the health department, for, unless he performs his part, the health department is in large measure helpless.

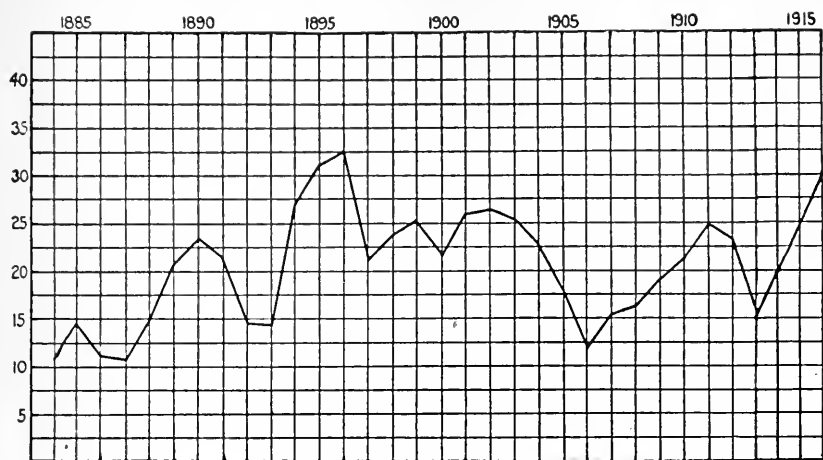


FIG. 150.—SCARLET FEVER.

Number of cases notified per annum for each death registered—Michigan, 1884 to 1915.

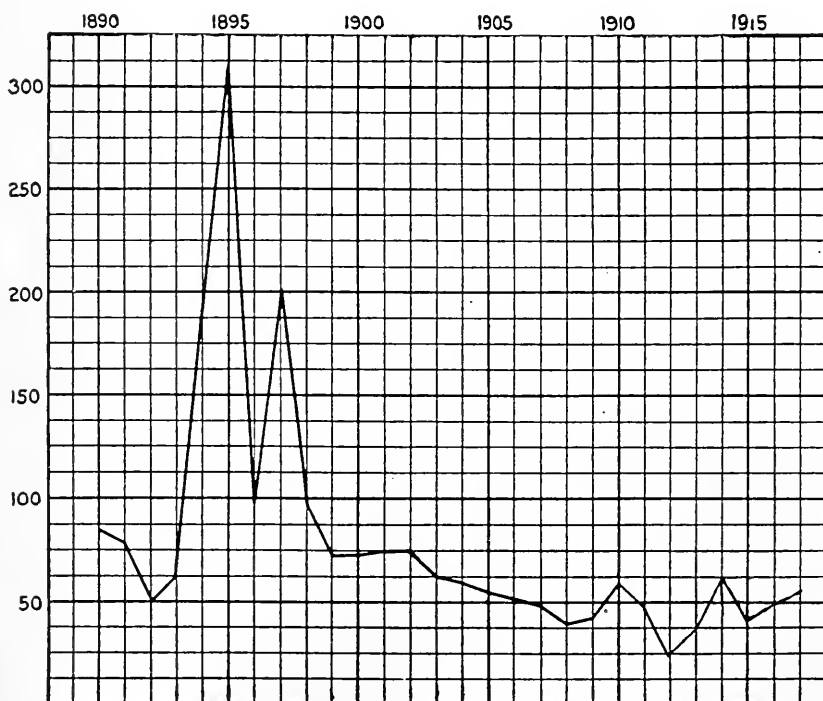


FIG. 151.—MEASLES.

Number of cases notified per annum for each death registered—Michigan, 1890 to 1917.

Among practicing physicians, at least in the United States, there has at times been the feeling that the knowledge of a disease in a patient is privileged information which they should not be called upon to impart. In communities where the laws require the notification of the disease this feeling has no legal basis and the physician who does not make report is not a law-abiding citizen. But aside from the legal aspects of the matter there would seem to be little justification for such a course. Every physician has a number of individuals or families who look to him, and properly so, not only for treatment, but also for such reasonable protection from disease as he is able to give. The failure to report the occurrence of a case of communicable disease in one patient may lead to its spread to others among his clientele whose rights he has ignored. He therefore violates the intent and spirit of the ethical principle of the protection of patients among whom must be considered the well together with the sick. The notification of disease is in the interests and for the protection of the community, and as his patients are members of the community their interests are ignored and, because of the anti-social whim or supposed convenience of the individual affected with a notifiable disease, they are deprived of the protection they have a right to expect. It would seem that the physician who fails to report his cases of preventable diseases required to be notified may properly be considered as actively obstructing public health administration.

Related in thought is the following quotation from an address by Prof. Victor C. Vaughan:<sup>3</sup>

In the future the training of the medical man must be developed largely with a view to his broader relations to the public. His proper function must be to prevent, rather than cure disease. The physician's duties are to become more and more largely official in the sense that his services are to be rendered to the community, and not exclusively to the individual.

The health department laboratory may be, and in many places is, an important factor in giving information of the occurrence of cases and prevalence of certain diseases. By having a diagnostic laboratory with a trained personnel at the service of the practicing physician the health department becomes not only a consultant performing gratuitous service for the physician but at the same time secures early and accurate information of many cases which otherwise might not be properly diagnosed and therefore not reported. A record of every positive diagnosis made by the laboratory should be sent to the epidemiological bureau, or other division of the health department responsible for the control of disease and should for purposes of morbidity records constitute notification of the case when accompanied by such necessary information as the name, age, sex, and address of the patient. There would seem to be no good reason why the services of the health department should not

<sup>3</sup> *Pennsylvania Medical Journal*, November, 1913.



be at the disposal of the community for the diagnosis of all diseases.

**Nature of Information Secured by Morbidity Notification.**—It is the practice for health departments to furnish to physicians notification blanks upon which the reports are to be made. In some instances these are in the form of post-cards, which have proper spaces indicated for notation of the required information. These cards require the physician to affix a stamp before mailing them to the health department. A far better practice is that employed by many States and cities of supplying physicians with postal-card forms which do not require additional postage before mailing.

The information relating to the reported cases which physicians are required to give varies in the several States. It has been customary to require the physician, in making his report, to include all the data regarding the case desired by the health department. In the majority of instances no further data regarding these cases are secured by the health officials. While it may be impracticable in most instances to change this practice at the present time, it must be recognized that a local health department should prefer to collect its data regarding each case itself, and should not be willing to depend upon the physician's report for its epidemiologic information. Logically, the only information which the physician should be depended upon to give in his report is the occurrence of a case, or a suspected case, of a given disease in such and such a person at such and such an address. He might properly be required to add to this such data as are matters of record or easily verified, such as the age, color, and sex of the patient, and similar information. The local health department, however, should be reluctant to depend upon the diagnosis of the practicing physician, unless the diagnosis has been verified by a trained diagnostician in the service of the department itself. This has been the practice during recent outbreaks of such diseases as yellow fever and plague. It is also the practice in certain other instances. It must necessarily become the practice whenever a determined effort is to be made in the control of any preventable disease.

**The Standard Notification Blank.**—The standard notification blank approved by the State and Territorial health authorities of the United States in conference with the Public Health Service at their tenth annual conference in June, 1913, calls for the following information:

1. Date.
2. Name of disease or suspected disease.
3. Patient's name, age, sex, color, and address. (This is largely for purposes of identification and location.)
4. Patient's occupation. (This serves to show both the possible origin of the disease and the probability that others have been or may be exposed.)

5. School attended by or place of employment of patient. (Serves same purpose as the preceding.)
6. Number of persons in the household, number of adults and number of children. (To indicate the nature of the household and the probable danger of the spread of the disease.)
7. The physician's opinion of the probable source of infection or origin of the disease. (This gives important information and frequently reveals unreported cases. It is of particular value in occupational diseases.)
8. If the disease is smallpox, the type (whether the mild or virulent strain) and the number of times the patient has been successfully vaccinated, and the approximate dates. (This gives the vaccination status and history.)
9. If the disease is typhoid fever, scarlet fever, diphtheria, or septic sore throat, whether the patient had been or whether any member of the household is engaged in the production or handling of milk. (These diseases being frequently spread through milk, this information is important to indicate measures to prevent further spread.)
10. Address and signature of the physician making the report.

These reports are to be made on postal cards furnished for the purpose and mailed immediately to the local health department, so that proper measures can be taken to prevent the spread of the disease or to find the focus or source from which the case originated, that the occurrence of additional cases may be prevented. These reports are then to be forwarded to the State department of health, but before being forwarded the local health department is to note thereon:

1. Whether the case was investigated by the local health department.
2. Whether the nature of the disease was verified.
3. What measures were taken by the local health department to prevent the spread of the disease or the occurrence of additional cases from the same origin.

**Sources of Error in Morbidity Statistics.**—The errors in morbidity statistics of civil populations are due principally to incomplete notification—that is, to the failure of physicians to report all cases of the notifiable diseases. More cases of disease usually occur than are reported. This can never be entirely overcome, for many diseases vary in severity under different conditions, and some cases are so mild that their true nature is not recognized, and frequently they do not come to the attention of physicians.

The cases notified are usually correctly diagnosed, for physicians do not generally report cases until they are practically sure of the diagnosis, as the case remains an evidence of faulty diagnosis if a mistake is made. Then, too, physicians naturally wish to report only

those cases required and to know whether a given case is one of these he must first be reasonably sure of his diagnosis.

The errors in morbidity statistics are therefore chiefly those of incompleteness. In this they resemble birth statistics, although the degree of incompleteness, due to the difference in the nature of the two, is usually greater in morbidity statistics.

They differ from mortality statistics, in which the principal source of error is incorrect statements of cause of death. Due to the control possible over the disposal of bodies of the dead, it is not difficult in most communities to obtain practically complete registration of deaths. It is, however, exceedingly difficult to secure correct statements of the causes of death. The physician feels compelled to give a diagnosis in each death certificate and usually does so even when he is uncertain of the nature of the malady, realizing probably that the body will be buried and that there will be nothing to show the error if one is made.

The tendency is then in morbidity reports for the diagnoses to be correctly given, but not all cases reported, while in the registration of deaths the tendency is for the recording of practically all deaths but the filing of many incorrect statements of the causes of death.

**Uses of Morbidity Reports and Statistics.**—In health administration, morbidity reports—that is, reports of cases of sickness—serve several purposes, which may be briefly stated to be as follows:

1. In the communicable diseases morbidity reports show the occurrence of cases which constitute foci from which the disease may spread to others, as in scarlet fever, typhoid fever, tuberculosis, or yellow fever, and make it possible to take proper precautions to protect the family of the patient, his associates, or the community at large.

2. In some diseases morbidity reports make it possible to see that the sick receive proper treatment, as in ophthalmia neonatorum, diphtheria, and, in certain cities, tuberculosis. The reporting of cases of ophthalmia in the newborn makes it possible to save the sight of some infants who would otherwise not receive adequate treatment until after much damage had been done. In diphtheria the health department can be of service in furnishing antitoxin. Some cities furnish hospital or other relief to consumptives who would otherwise be without proper treatment.

3. In diseases that are not communicable, such as those due to occupation or environment, reported cases show the location of conditions which are causing illness or injury. This makes it possible to remedy the faulty conditions, so that others may not be similarly injured.

4. In certain diseases, of which the cause or means of spread is unknown, morbidity reports show their geographic distribution and varying prevalence and the conditions under which cases occur. This

information has great potential value in attempts to ascertain their causes and means of spread.

5. Reports of the occurrence of disease are necessary to show the need of certain sanitary measures or works and to control and check the efficiency of such measures or works when put into operation. In pulmonary tuberculosis such reports show the number of consumptives in the community and the need of sanatoria. In malaria they show the prevalence of the disease, the need for drainage and other anti-mosquito work, the efficiency of such work when in operation, and when a change in the prophylactic measures or additional ones are necessary. In typhoid fever they show faults in the water supply or in the control of the production and distribution of milk or in the disposal of excreta in special localities.

6. Morbidity reports when recorded over a period of time and properly compiled become a record of the past occurrence of disease. They show the relative prevalence of disease from year to year and under varying conditions. They show the effect of the introduction of public-health measures and of sanitary works. They give a history of disease not obtainable in their absence.

**Morbidity Rates—Crude Morbidity Rates.**—Morbidity rates may be expressed as the number of cases of a given disease occurring during a year per 1,000 of the total population, or the rate may be expressed as the number of cases per 10,000 or per 100,000 population. These are crude rates. Giving the rate per 1,000 population has the advantage of employing the same population unit as that used for expressing birth, marriage, and death rates. It has, however, what has been considered by some a disadvantage, namely, that the rates will frequently be expressed by fractions where the 1,000 unit of population is taken as the basis. For this reason 10,000 and 100,000 population units have often been used.

*Specific Morbidity Rates.*—Diseases limited entirely or principally to certain ages or to certain classes of the population should be expressed also in rates of the number of cases per 1,000 persons in the population of that age or class. Diseases limited to childhood should be expressed as rates per 1,000 children; diseases limited to women should be expressed as rates per 1,000 women. Occupational disease rates should be expressed in terms of the number of cases per 1,000 persons employed. These are specific rates.

Specific morbidity rates showing the incidence of disease by age groups, sex, occupation, and economic or social condition will be possible with the improved notification methods which are being gradually adopted.

*Case Fatality Rates.*—The case fatality rate of a disease is usually expressed in terms of the number of deaths per 100 cases;

that is, as the percentage of cases which terminate fatally. For example, if out of 100 cases of typhoid fever 10 die, the case fatality rate is 10 per hundred or 10 per cent. In calculating fatality rates it is to be borne in mind that among cases reported during one week, month, or year, all or part of the fatal terminations may occur during a succeeding week, month, or year.

**Hospital Statistics and Sickness Insurance Records.**—In a number of foreign countries much valuable information regarding sickness rates, aside from that of the commonly notifiable diseases, is being secured from the workmen's sickness insurance records. In some countries hospital statistics are compiled and furnish data of much value. Bolduan<sup>4</sup> suggested a plan for compiling hospital morbidity statistics in this country. The method is especially applicable to the hospitals of a large city, but might be used for the hospitals of an entire State and is capable of being made nation-wide in scope. The essential feature of the plan is the filling out of "discharge certificates," analogous to ordinary death certificates, on the discharge of each patient from a hospital. These discharge certificates are then to be sent to a central filing bureau, preferably the health department, and there classified and analyzed.

It is also especially desirable to have statistics of the insane and mentally defective. New Jersey has enacted a law requiring the notification of cases of mental deficiency and of epilepsy.

**Factors Influencing Morbidity Rates.**—The factors which influence morbidity rates and the prevalence of sickness are the manifold direct and indirect causes of disease. There are certain widely acting indirect factors which increase morbidity by lessening individual resistance. There are other factors which are specific for individual diseases. In malaria the direct cause is infectious anopheline mosquitoes, and the indirect cause swamps and stagnant water in which the mosquitoes breed. The factors influencing typhoid fever rates are commonly the milk supply, the water supply, the manner of disposal of excreta, presence of flies, the extent to which houses are screened, personal and social habits, etc. In an industrial community the morbidity from occupational diseases and from diseases caused indirectly by the conditions attending certain kinds of labor constitutes a factor the importance of which is beginning to be realized.

**Notification of Occupational Diseases.**—Most civilized nations have during the last hundred years undergone an industrial evolution. It has been within this period that the large factory with its hundreds or thousands of workers has had its development and that many of our present industries and the majority of our industrial processes have been

<sup>4</sup> Bolduan, Charles F.: "Hospital Morbidity Statistics," *New York Medical Journal*, March, 1913, p. 643.

developed. So great has been this change in the industrial life of the people that there has been developed a new and important branch of hygiene and sanitation which is properly termed industrial hygiene. With this industrial development there have evolved new diseases and disabilities due to the nature of the individual's work or to the conditions incident to the work. Not only have new diseases in a sense been evolved, but a number of diseases previously rare have become much more common. Under existing social conditions a large proportion of the people are engaged in some occupation, and the diseases of occupation merit the attention and consideration of the community.

The control of occupational diseases has during the last few years been receiving much consideration. Naturally the first step in the control of the industrial diseases was the securing of a means by which the occurrence and prevalence of these diseases might be known to those whose duty it would be to control them. For this purpose, and largely because of the activities of the American Association for Labor Legislation, a number of States have since 1911 enacted laws requiring the notification of certain occupational diseases.

A number of State laws require cases of occupational diseases to be notified to the State health department, and others require the notifications to be made to the State labor office. The results of notification have not been as yet satisfactory. This may be due to the newness of the idea to the physician of considering whether a disease is occupational in origin. The medical schools have given little attention to the subject. It is highly important to the practicing physician that he have a knowledge of the industries of his community and of the diseases and disabilities they are likely to cause. The proper and successful treatment of patients necessarily depends upon a knowledge of the direct or indirect cause of the individual's ailment, and in an industrial community this will depend frequently upon a knowledge of occupational diseases.

A number of States have enacted laws which should in a way be much more successful in bringing to light the occurrence of these diseases (Illinois, Missouri, Ohio, and Pennsylvania). The plan referred to is that of requiring certain industries to have their employees examined physically by competent physicians at stated intervals to ascertain whether there exist in the employees any ailments or disabilities due to the nature of their occupation. The physicians making these examinations naturally become in time expert, if they are not so in the beginning, and the examination of the employees in this way will guarantee the finding of a large proportion of the cases of industrial diseases, in most instances in their earlier stages. If the occupational diseases are to be controlled, it is necessary that the occurrence of cases be ascertained in some way, for the occurrence of each case shows the existence of conditions which have produced disease in one employee

and will in all probability produce it in others. Each case notified shows a danger spot.

**Morbidity Statistics of Military Populations.**—Military organizations offer a much better opportunity for the recording of morbidity data than do civil populations. In military organizations all persons are under constant supervision and all but the most trivial illnesses become a matter of record. This includes not only the cases of those diseases which are ordinarily reportable among civil populations but cases of other illnesses and disabilities as well. The limitations of military morbidity statistics are confined largely to the question of diagnosis, but even the dependability of diagnosis is probably greater in military organizations because the medical officers are a selected group and because of the added measures of control.

Military morbidity statistics may be exceedingly useful in determining the geographic distribution, and in a measure the relative prevalence, of certain diseases throughout the country. They may be of particular value for this purpose in localities where these diseases are not reportable or are at best very incompletely reported among the civil population. Thus records of the incidence of malaria at military posts and camps will give information not otherwise obtainable of the prevalence of this disease. This is particularly true under conditions existing in times of peace, and is illustrated by the records of the troops at Fort Washington. Fort Washington is in Prince Georges County, Maryland, about 12 miles south of the city of Washington. For several years up to 1913 the troops at Fort Washington had the highest malaria rate of any army post in the United States. The malaria admission rate had varied from 736 per 1,000 strength in 1906 to 172 per 1,000 in 1912. And yet during this same period the morbidity records of the state of Maryland showed practically no malaria in Prince Georges County. This was so notwithstanding the fact that at the time the morbidity records of the state as regards other diseases compared very favorably with the better records of civil populations in other states. However, the civil records of Maryland gave no idea whatsoever of the prevalence of malaria and had the disadvantage of appearing to give information when they did not.

The value of military morbidity records to show the geographic distribution of disease is limited, however, largely to diseases which are endemic or pertain particularly to localities of which malaria is one of the most typical.

Some of the terms used in stating morbidity data of military groups differ from the corresponding terms used for civil populations. Thus in the Navy the population of a vessel or other Naval unit is known as the "Complement." In the army the military population of a camp or other military group is commonly termed the "Strength."

*Admission Rate.*—Ordinarily in military organizations every person reporting ill or disabled is considered as “admitted” to the sick list and the total number so reporting constitutes the total admissions. For some ailments a soldier or sailor may apparently recover and be discharged from the sick list, but have relapses and be readmitted in some instances several times. To this extent the total admissions do not show the total number of cases of disease or disability. The first admission of an individual for a case of illness constitutes the original admission and the subsequent admissions for the same illness or disability are “readmissions.” The number of original admissions therefore gives the number of actual cases. The term “admission rate” corresponds to the term “morbidity rate” as used for civil populations, and is usually expressed as the number of original admissions during a year for each 1,000 of the “complement” or “strength” just as civil morbidity rates are expressed as the number of cases recorded during a year per 1,000 population. Thus an admission rate of 640 would mean that there had been 640 cases of illness or disability during the year for each 1,000 of the military population. This would be the crude admission rate. Admission rates might be given for classes of disease or disabilities or they might be given for special classes of the military population. These would be specific admission rates. This is illustrated by the following two tables, one taken from the naval bulletin issued March 15, 1919, the other from the annual report of the Surgeon-General of the Army for the year 1917.

MORBIDITY RATES—NAVY

Entire Navy	1913 (65,926)	1914 (67,141)	1915 (68,075)	1916 (69,294)	1917 (245,580)	Combined rate for the five-year period (combined complement 516,016)
Admission rate, all causes	511.22	606.17	657.26	656.85	534.88	573.66
Admission rate, diseases only	443.49	525.46	568.02	561.18	489.47	513.91
Admission rate, venereal diseases	143.09	162.82	151.56	148.07	88.71	121.56
Cerebrospinal fever	.13	.20	.27	.03	1.51	.88
Measles	9.40	6.43	4.52	7.54	31.32	18.56
Mumps	12.93	11.63	15.46	10.47	39.82	25.55
Scarlet fever	.54	.28	.91	1.31	2.67	1.67
Tuberculosis, all forms	4.89	4.39	3.07	4.14	3.24	3.78
Diphtheria	1.10	.89	.55	.69	.85	.82
Pneumonia, all forms	2.86	4.34	4.23	3.73	6.90	5.27
Malaria	12.07	17.42	17.63	2.82	8.32	13.71
Typhoid fever	.31	.19	.26	.23	.26	.26
Smallpox	.57	.07	.07	.05	.04	.12

*Noneffective Rate.*—The members of a military organization who are unable to perform their regular military duties because of illness or disability are known as noneffectives. The average proportion of any



*Influence of disease on enlisted men, American troops, serving in the United States, by arms of service, for year 1916*

	Mean strength	Admitted	Discharged on certificate of disability	Died	Constantly non-effective	Ratio per 1,000 of mean strength			
						Admitted	Discharged on certificate of disability	Died	Constantly non-effective
Infantry ....	16,730	12,472	625	102	537.19	745.49	37.36	6.10	32.11
Cavalry ....	8,782	7,846	244	66	356.41	893.42	27.78	7.52	40.58
Coast Artillery .....	13,999	9,459	280	62	364.89	675.69	20.00	4.43	26.07
Field Artillery .....	3,471	3,158	95	19	117.27	909.82	27.37	5.47	33.79
Engineers ...	927	811	52	5	56.14	874.86	56.10	5.39	60.56
Ordnance ...	639	350	4	4	11.98	547.73	6.26	6.26	18.75
Signal Corps.	1,056	616	24	5	27.30	583.33	22.73	4.73	25.85
Hospital Corps ....	3,739	2,685	114	19	100.30	718.11	30.49	5.08	26.83
All others....	12,067	8,377	187	66	312.23	694.21	15.50	5.47	25.87
Total ...	61,410	45,774	1,625	348	774.42	745.38	26.46	5.67	28.89

organization thus unavailable for duty is known as the noneffective rate, and is expressed as the average daily number noneffective per 100 or per 1,000 of the "complement" or "strength."

## MORTALITY STATISTICS

Mortality statistics are statistics of deaths. They are of interest primarily because of their relation to changes in population. Aside from the factor of emigration, mortality statistics show the losses in numbers being sustained by the population, just as birth records show the additions. Where migration is a factor having an appreciable effect upon population it likewise merits statistical consideration, for it, too, represents population gains and losses.

Mortality statistics have performed another important service in creating an interest in public health administration and securing support for sanitary measures. They show the extent of the loss by death caused by diseases. In the absence of morbidity records they have also frequently been used as an index of the prevalence of certain infections. It has been possible to use mortality statistics for the latter purpose on the assumption that the fatality rates of disease are fairly constant. However, we should bear in mind what Newsholme has said:

"The registration of deaths gives a very imperfect view of the prevalence of disease. \* \* \* It is fallacious to assume any fixed ratio between sickness and mortality. The fatality of a given infectious disease varies greatly in different outbreaks under varying conditions. The

highest ratio of sickness is occasionally found associated with a favorable rate of mortality."

This absence of fixed fatality rates is shown by the experience in the United States with smallpox, in which the ratio of deaths to cases has varied from 1:1,000 to 1:3; measles, in which the ratio of deaths to cases has been from 1:800 to 1:20; typhus fever, including "Brill's disease," in which it has varied from 1:5 to practically no fatality; and typhoid fever, in which the ratio has varied from 1:24 to 1:5.

**Registration of Deaths in the United States.**—The history of the registration of deaths in England and the United States is coupled with that of marriages and births. In the United States dependable registration was first enforced in Massachusetts and New Jersey. Other States have had laws of various types, mostly inadequate. Only recently have any number of States secured anything like complete registration. The bringing about of accurate death registration in the United States is due largely to the efforts made by the Bureau of the Census, and especially to the untiring efforts of Dr. Cressy L. Wilbur, formerly chief statistician, Bureau of the Census.

**United States Registration Area for Deaths.**—The registration area for deaths established by the United States Bureau of the Census includes the States, and cities in other States which effectively enforce satisfactory registration laws, and, in the opinion of the Director of the Census, have at least 90 per cent. of all deaths registered. This area was first established in 1880 and at that time included Massachusetts, New Jersey, and certain cities in other States. The States included March, 1921, and the dates when admitted to the area were:

DEATH REGISTRATION AREA—STATES

State	Year Admitted
California .....	1906
Colorado .....	1906
Connecticut .....	1890
Delaware .....	1919
Florida .....	1919
Illinois .....	1918
Indiana .....	1900
Kansas .....	1914
Kentucky .....	1911
Louisiana .....	1918
Maine .....	1900
Maryland .....	1906
Massachusetts .....	1880
Michigan .....	1900
Minnesota .....	1910
Mississippi .....	1919
Missouri .....	1911
Montana .....	1910

DEATH REGISTRATION AREA—STATES—*Continued*

State	Year Admitted
Nebraska .....	1920
New Hampshire .....	1890
New Jersey .....	1880
New York .....	1890
North Carolina .....	1916
Ohio .....	1909
Oregon .....	1918
Pennsylvania .....	1906
Rhode Island .....	1890
South Carolina .....	1916
Tennessee .....	1917
Utah .....	1910
Vermont .....	1890
Virginia .....	1913
Washington .....	1908
Wisconsin .....	1908
District of Columbia .....	1880
Territory of Hawaii .....	1917

## DEATH REGISTRATION AREA—CITIES

*(in non-regulation areas)*

Atlanta, Georgia.	Galveston, Texas.
Augusta, Georgia.	Houston, Texas.
Beaumont, Texas.	Mobile, Alabama.
Birmingham, Alabama.	Montgomery, Alabama.
Brunswick, Georgia.	Oklahoma City, Oklahoma.
Cleburne, Texas.	San Antonio, Texas.
Dallas, Texas.	Savannah, Georgia.
El Paso, Texas.	Wheeling, W. Va.
Fargo, North Dakota.	

This made a total of 34 states, the District of Columbia and the Territory of Hawaii and 17 cities in nonregistration states containing in all approximately 82 per cent. of the country's population.

**Source of Data.**—The original information from which mortality statistics are derived is obtained by the registration of deaths. This is commonly accomplished by the use of a blank or schedule prepared for the purpose and in this country known as a death certificate. The model law for the registration of births and deaths provides that no body shall be interred or otherwise disposed of or removed or temporarily held pending further disposition "more than 72 hours after death unless a permit for burial, removal, or other disposition thereof shall have been properly issued by the local registrar of the registration district in which the death occurred or the body was found. And no such burial or removal permit shall be issued by any registrar until, wherever practicable, a complete and satisfactory certificate of death has been filed with him. . ." This insures the making of a death certificate and its registration in each instance of death unless the body is sur-

reptitiously and illegally disposed of. It therefore guarantees practically complete registration. In the rural districts of some localities bodies are frequently interred in private burial grounds and on farms in some chosen spot on the premises. Under these conditions bodies would occasionally be buried without registration, due to ignorance of the law.

**The Standard Death Certificate.**—The standard death certificate in use throughout the registration area for deaths calls for the following information:

Place of death.

Name, sex, color, race, conjugal condition, age, date of birth, occupation, and birthplace of decedent, name and birthplace of father, maiden name and birthplace of mother.

Signature and address of informant giving preceding information.

Date and time of death and a statement as to the duration of medical attendance, on the decedent, the cause of death, and its duration, and certain other data are to be given by the physician, if any, last in attendance.

The date and intended place of burial and the address of the undertaker are to be given over the undertaker's signature.

The date when the certificate is filed is inserted by the registrar with his signature.

The style and form of the standard certificate of death used in the United States is shown on page 1263.

The responsibility of seeing that a certificate is properly made out and filed with the registrar rests primarily upon the undertaker, according to the provisions of the model law.

**Sources of Error.**—In the use of mortality statistics as well as other statistics erroneous and unwarranted conclusions are sometimes arrived at by attempting to compare incomparable data. Mortality rates secured by lax enforcement or faulty methods of registration cannot properly be compared with those based upon complete registration. Nor can the rates of communities with populations of different sex and age composition be compared unless proper allowances are made and the rates expressed in terms of the same population. For example, it is improper to compare the mortality rate of an aggregation of young men picked for physical soundness, such as an army or navy, with the crude or general mortality rate of a civilian population. The nearest means of making comparison would be to compare the rate of the picked body of men with the rate among men of the same age groups in the civil population. But even this would be faulty, for the one group would consist of men specially picked for physical fitness while the other group would include the fit and the unfit, the strong and the weak. Nor is it possible to compare the mortality rate of any special

population group with the rate of the population from which it has been derived by intentional or other process of selection unless the differences in population composition are considered. Thus, it would give little information of value regarding the effect of locality and environment upon the duration of life to compare the mortality rate of New York City or the registration area of the United States with that of the Canal Zone during the construction of the canal without taking into ac-

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
1 PLACE OF DEATH				Registered No. ....	
County .....		State .....		or	
Township .....		Village .....		or	
City .....		No. ....		St. .... Ward .....	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2 FULL NAME .....					
(a) Residence. No. ....				St. .... Ward .....	
(Usual place of abode)				(If occupied give city or town and State)	
Length of residence in city or town where death occurred yrs. .... mos. ....				How long in U. S., if of foreign birth? yrs. .... mos. ....	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX .....	4 COLOR OR RACE .....	5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write full name)		16 DATE OF DEATH (month, day, and year) 19 .....	
5a If married, widowed, or divorced				17 I HEREBY CERTIFY, That I attended deceased from .....	
HUSBAND of .....				19 .....	
(or) WIFE of .....				that I last saw him alive on .....	
6 DATE OF BIRTH (month, day, and year) .....				and that death occurred, on the date stated above, at .....	
7 AGE	Years .....	Months .....	Days .....	The CAUSE OF DEATH* was as follows:	
IF LESS than 1 day, .... hrs. .... or .... min.				.....	
8 OCCUPATION OF DECEASED				.....	
(a) Trade, profession, or pursuit or kind of work .....				(duration) .... yrs. .... mos. .... ds	
(b) General nature of industry, business, or establishment in which employed (for employer) .....				CONTRIBUTORY .....	
(c) Name of employer .....				(duration) .... yrs. .... mos. .... ds	
9 BIRTHPLACE (city or town) .....				18 Where was disease contracted .....	
(State or country) .....				If not at place of death? .....	
10 NAME OF FATHER .....				Did an operation precede death? .....	
11 BIRTHPLACE OF FATHER (city or town) .....				Date of .....	
(State or country) .....				Was there an autopsy? .....	
12 MAIDEN NAME OF MOTHER .....				What test confirmed diagnosis? .....	
13 BIRTHPLACE OF MOTHER (city or town) .....				(Signed) .....	
(State or country) .....				19 (Address) .....	
14 Informant .....				* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
(Address) .....				19 PLACE OF BURIAL, CREMATION, OR REMOVAL .....	
15 Filed .....				DATE OF BURIAL .....	
19 .....				20 UNDERTAKER .....	
REGISTRAR .....				ADDRESS .....	

count any differences which may have been produced in the age and sex composition of the two populations by the selective process naturally operating in the case of the Canal Zone. For the same reason there is little to be gained by comparing the mortality rate of any American city or State with that of the civil employees of the Philippine Islands or any other similar group unless based upon an analysis of age and sex composition of the populations.

Another possible source of error in mortality statistics which requires to be considered is the original data contained in the death certificates from which the statistics are compiled. The personal and statistical particulars usually furnished by some member of the family are undoubtedly in most instances accurate with the exception of the state-

ment of occupation of the decedent, which offers unusual difficulties, due to the indefiniteness of many of the terms commonly used in so far as showing the exact kind of work is concerned. This is due in some measure to the fact that the nomenclature in common use has not progressed apace with the rapid development of new industries and industrial processes and methods. Whereas 50 years ago the statement of occupation would have been in most cases comparatively simple and easily understood, today with changed industrial conditions the matter requires greater precision if useful statistical information is to result.

Perhaps the most common error entering into death registration, and therefore into mortality statistics, is in connection with the statement of cause of death. Aside from the fact that in the instances in which it has been impossible for the attending physician to feel reasonably certain as to the nature of the terminal illness a cause of death is nevertheless usually stated in the certificate, and also the fact that at times the physician knowing the nature of the illness may, in the belief that he is shielding the family from odium or because of their whim, intentionally state an erroneous cause of death, there still remain the many unavoidable errors of mistaken diagnosis. Just how great a factor this last may be it is difficult to estimate.

However, the findings of Dr. Richard C. Cabot<sup>5</sup> give at least a hint of its possible importance and the extent to which it may affect that part of mortality statistics relating to causes of death. In a study of 3,000 autopsies with regard to the relation of the actual cause of death as found post mortem to the clinical diagnosis Cabot found that the percentage of correct clinical diagnoses in various diseases was as follows:

	Percentage of Correct Diagnoses
Diabetes mellitus .....	95
Typhoid .....	92
Aortic regurgitation .....	84
Cancer of colon .....	74
Lobar pneumonia .....	74
Chronic glomerulonephritis .....	74
Cerebral tumor .....	72.8
Tuberculous meningitis .....	72
Gastric cancer .....	72
Mitral stenosis .....	69
Brain hemorrhage .....	67
Septic meningitis .....	64
Aortic stenosis .....	61
Phthisis, active .....	59
Miliary tuberculosis .....	52
Chronic interstitial nephritis .....	50
Thoracic aneurism .....	50

<sup>5</sup> Cabot, Richard C.: "Diagnostic Pitfalls Identified During a Study of 3,000 Autopsies," *Journal American Medical Association*, Dec. 28, 1912, p. 2295.

	Percentage of Correct Diagnoses
Hepatic cirrhosis .....	39
Acute endocarditis .....	39
Peptic ulcer .....	36
Suppurative nephritis .....	35
Renal tuberculosis .....	33.3
Bronchopneumonia .....	33
Vertebral tuberculosis .....	23
Chronic myocarditis .....	22
Hepatic abscess .....	20
Acute pericarditis .....	20
Acute nephritis .....	16

The cases studied were hospital cases under conditions assumed to be favorable to correct diagnosis. It is quite safe to assume that in medical practice at large the percentages of correct diagnoses would be found lower than those found by Cabot.

McLaughlin and Andrews<sup>6</sup> carried on an investigation in Manila into the nature of the diseases from which children were dying. They made post-mortem examinations of children in which certain diseases had been given as the cause of death. The diseases selected were those appearing most frequently in death certificates. The reason for the investigation was to ascertain whether the death certificates showed the real causes of death in children in Manila and if not what the actual causes of death were.

A summary of their findings was as follows:

<i>Assigned causes of death</i>		<i>Causes of death ascertained by autopsy</i>	
Meningitis .....	37	Cholera .....	40
Enteritis .....	22	Beriberi .....	97
Convulsions .....	40	Pneumonia .....	14
Beriberi .....	50	Enterocolitis .....	7
Bronchitis .....	27	Meningitis .....	4
		Nephritis .....	2
		Empyema .....	2
		Acute tonsillitis, pharyngitis, and bronchitis .....	1
		Cerebral hemorrhage .....	1
		Undetermined .....	8
Total .....	176	Total .....	176

In the registration area of the United States very probably the causes given in death certificates of children correspond more nearly to the actual causes of death than they did in Manila. This, however, should be ascertained by careful studies. Mortality statistics cannot be

<sup>6</sup> McLaughlin, Allan J., and Andrews, Vernon L.: "Studies on Infant Mortality," *Philippine Journal of Science*, Vol. V, No. 2, July, 1910, p. 149.

more accurate than the death certificates from which they are compiled.

For a further discussion of the possible scope of the inaccuracies entering into mortality statistics because of the faulty or incorrect statement of cause of death on death certificates the reader is referred to the Twelfth Annual Report of the Bureau of the Census giving mortality statistics for the year 1911, pages 36 to 38.

**Uses of Death Registration.**—Death registration serves a number of highly important purposes. Its functions are legal, economic, and social.

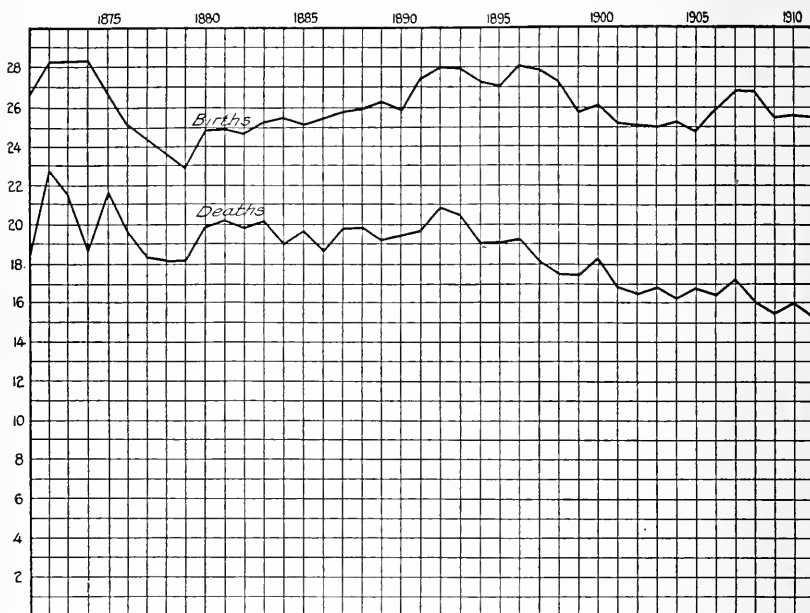


FIG. 152.—BIRTHS AND DEATHS (EXCLUSIVE OF STILLBIRTHS) PER 1,000 POPULATION PER ANNUM  
Registered in Massachusetts, 1871 to 1911.

Death registration is useful in preventing and detecting crime through the restrictions placed upon the disposal of dead bodies. It serves as evidence in the inheritance of property and in the settlement of life insurance contracts and policies. It is only proper that the time, place, and cause of death of each individual should be made a permanent record for both sentimental and legal reasons.

Death registration makes it possible to show by mathematical computations and statistical methods the extent and rate of change in population produced by deaths; the average duration of life; and, to the extent that the certified causes of death have been correctly stated, the relative frequency with which the several causes produce death. Death statistics by comparison with birth statistics give useful information regarding population increase or decrease.



**Death Rates.**—Death rates may be expressed as the ratio of the total number of deaths, taken as a unit, to the population. For example: 1 in 60. The usual method, however, is to express these rates in terms of the number of deaths per 1,000 population, or in some instances per 10,000 or even 100,000, or 1,000,000.

*Crude Death Rates.*—The rate which shows the proportion of all deaths to the total population, and which is usually obtained by dividing the total number of deaths by the total population in thousands, is known as the crude death rate; also as the general or central death rate. To compute the crude death rate the total number of deaths during a year and the mean population for the year (estimated population as of the middle of the year, for the calendar year as of July 1) are taken. To illustrate: In a city having a total of 900 deaths during a calendar year, and an estimated population of 60,000 as of July 1 of the year,

the crude death rate would be  $900 \div \frac{60,000}{1,000} = 15$  and would be expressed as 15 per 1,000 population.

Crude death rates are of value chiefly to show the numerical loss of the population by death. They also serve as a satisfactory basis for the comparison of the death rates of different communities having populations of similar composition as to age and sex. For populations of dissimilar composition they are not suitable as a basis of comparison, for the death rates of women are usually lower than those of men and the death rates of the several age groups vary within wide limits, and the death rate, therefore, depends to a marked degree upon the relative numbers of males and females and the proportion of the population included in the various age groups.

*Death Rates for Short Periods.*—Death rates for short periods (for a week, month, or quarter) are expressed in terms of annual rates; that is, what the annual rate would be provided deaths occurred throughout the year with the same frequency as during the week or month under consideration. Death rates for short periods are likely to have little significance, as quite accidental causes may affect them to a considerable degree. Taken for a number of years, however, they give useful information regarding seasonal variations. If in a city there were 20 deaths during a given week and the mean population of the city for the year was 60,000, then the crude death rate for the week would be

$$20 \times \frac{365}{7} \left( \frac{\text{days in year}}{\text{days in week}} \right) \div \left( \frac{60,000}{1,000} \right) (\text{population of city in thousands}) = 17.38.$$

The mortality for the week would, therefore, be at the rate of 17.38 per 1,000 population per annum.

*Specific Death Rates.*—Special or specific death rates are the rates of specified or limited subgroups of the population. These subgroups may be obtained by dividing the population according to sex, age, race, social condition, occupation, and so on. Specific death rates may be stated as the proportion of the number of deaths per annum in the subgroup per 1,000 of the mean annual number of the population in that subgroup. Sometimes specific death rates are given in terms of 10,000, 100,000, or 1,000,000 of the subgroup population.

Among the most important of the specific rates are those relating to age groups. Their significance is shown by the following statement of rates for the registration States of the United States for the year 1911:

Age Group	Death Rate per 1,000
Under 1 year .....	112.9
1 to 4 years .....	11.8
5 to 9 years .....	3.1
10 to 14 years .....	2.2
15 to 19 years .....	3.6
20 to 24 years .....	5.2
25 to 34 years .....	6.4
35 to 44 years .....	8.9
45 to 54 years .....	13.6
55 to 64 years .....	26.2
65 to 74 years .....	55.2
75 years and over .....	138.9
All ages .....	13.9

Specific race group rates are also important. In the registration area for deaths in 1911, the death rate for the white population was 13.7 and that of the colored 23.7 per 1,000, while the rate of the two groups taken together was 14.2 per 1,000. In 1916 the death rates in the city of Washington were 15 per 1,000 among the white population and 25.4 per 1,000 among the colored; in Baltimore 15.9 for white and 30.7 for colored; in New Orleans 14.3 for white and 30 for colored. For the registration area as a whole the death rates in 1916 were for the white population 13.5 per 1,000 and for the colored 20.5 per 1,000.

In considering the separation of deaths into those of white and colored, one must bear in mind the possibility that in many communities such a separation may amount to a classification according to industrial or economic status, the colored deaths being those in households having the smaller incomes. In this connection one is reminded that investigations into the rate of infant mortality and the relative prevalence of certain diseases, such as tuberculosis, have revealed that the infant mortality rate varied usually with the incomes of the population groups and that the relative prevalence of

tuberculosis seemed to be largely determined by the same factor. It may be that if in the average community deaths could be classified according to economic status—that is, according to the family or household income, a difference in the mortality rates would be obtained approximately as great as that resulting from a white and colored classification.

That a classification of deaths on a basis other than that of color may show differences in mortality rates fully as great as those produced by a white and colored classification is well known.

In New York City (the old city) for the year 1906 the death rate among that part of the population of Irish nativity was 29.26 per 1,000, and among the population of Swedish nativity 11.21 per 1,000, while the death rate of native-born Americans was 18.49. Classified according to the nativity of the parents of the decedents, the death rate among persons whose parents were born in Italy was 36.43 per 1,000; of those whose parents were born in Austria-Hungary, 23.4 per 1,000; and of those whose parents were born in Sweden, 10.97 per 1,000; while of those whose parents were born in the United States the rate was 13.98 per 1,000. The death rate of the colored population throughout the whole city (greater New York) was 27.16. These figures indicate that, in so far as crude death rates are concerned, other groups of the population may have, and in New York City did have, higher rates than the colored population.

The death rate differs also in the two sexes. It is higher for males than for females.

*Standardized Death Rates.*—Due to the wide variation in the death rates at different ages it is impossible satisfactorily to compare the crude death rates of populations differing in compositions as regards the relative number of individuals in the several age groups. The International Statistical Institute recommended (1895) that to facilitate the comparison of death rates the population of Sweden as it existed in 1890 be used as a standard population for the statement of rates. Rates expressed in terms of standard population are known as standardized or corrected rates. The method is as follows: Take the population for which it is desired to state the standardized death rate and ascertain the specific death rates of its several age groups. Now take the corresponding age groups in 1,000,000 of the standard population and compute the number of deaths that would have occurred in each age group at the specific death rate found to exist in the population for which the standard death rate is being computed; add the number of deaths which it is thus found would have occurred in the age groups of the standard population. This gives the standardized rate per 1,000,000. The standardized rate per 1,000 is obtained by moving the decimal point three places to the left.

The standardized death rate is the rate which would have occurred in the standard population if the death rates in its several age groups had been the same as those of the corresponding age groups of the population under consideration.

The registrar general of births, marriages, and deaths of England and Wales has for some years taken for a standard the population composition of England and Wales as shown by the 1901 census. The population of Sweden of 1890 was divided without distinction of sex into the five age groups: Under 12 months of age, over 12 months and under 20 years, 20 to 39 years of age inclusive, 40 to 59 years of age inclusive, and 60 years of age and over. The population of England and Wales is classified separately by sexes in quinquennial age groups and furnishes a much more delicate and exact standard for measurement. The use of the Swedish population standardizes for age; the use of the English standardizes for both age and sex.

**Factors Affecting Death Rates.**—Death rates are affected not only by the statistical methods used in their preparation and by the age, sex, and race composition of the population, the social, marital, and economic status of the people, the nature and conditions of employment and the adaptability of a people to their environment, but also in limited areas by a number of other factors, such as the location of hospitals and institutions.

*Nonresidents; Hospitals and Institutions.*—Frequently a hospital or other institution will be located in one community while its patients or inmates will come largely from other places. The extent to which this is true depends upon the nature or reputation of the hospital or institution. The result may be that the local death rate will be affected to an appreciable extent by deaths of nonresidents in such institutions. In England and Wales an attempt has been made during recent years to overcome this difficulty by the allocation of all deaths in so far as possible to the locality of usual residence. In compiling deaths for a registration district or area for the purpose of showing death rates, erroneous results will be obtained if the deaths of nonresidents are excluded and no additions made for the deaths of residents which are continually occurring and being registered elsewhere.

In the absence of a dependable means of including the deaths of residents occurring in other districts it is, unless under most exceptional circumstances, unsafe to exclude the deaths of nonresidents.

For the public health purposes of mortality statistics nonresident deaths might be considered as those of persons who had been already affected with their fatal illnesses at the time they had come to the locality and who had not developed or contracted the illnesses in the locality.

*Migration.*—Migration affects death rates by changing the age, sex, or race composition of the population. Migrants are likely to con-

sist more largely of males than of females, of young adults than of the extremes of life. The effect of migration depends upon whether the balance is one of emigration or immigration and the nature of the migrants lost or gained.

*Birth Rate.*—Ignoring the question of migration, a population increases because of the excess of births over deaths, natural increase. In a stationary population the birth rate equals the death rate. As all born must eventually die the birth rate depends for its excess over the death rate upon the ever-increasing number of child-producing elements in the population and the resulting greater numbers in the younger age groups. Other things being equal, a community with a high birth rate will, because of the greater proportion of the population in the younger age groups, have a lower crude death rate than a community with a low birth rate.

*Marital Condition.*—Mortality in certain countries seems to be more dependent on marital conditions than on sex. This is shown by the following table taken from a paper entitled "Some Researches Concerning the Factors of Mortality," by Lucien March (*Journal of the Royal Statistical Society*, London, March, 1912):

*Showing for the period 1886-1895, the number of deaths per 10,000 persons according to their marital status in France, Prussia, and Sweden*

	Males, aged—			Females, aged—		
	20-39	40-59	60 and Over	20-39	40-59	60 and Over
France:						
Married .....	77	153	585	80	121	456
Single .....	103	246	794	78	166	730
Widowed or divorced.....	211	293	1,148	145	198	930
Prussia:						
Married .....	71	175	582	79	128	497
Single .....	84	231	806	59	179	729
Widowed or divorced.....	201	346	1,091	101	172	805
Sweden:						
Married .....	53	114	453	66	96	364
Single .....	83	204	690	61	120	528
Widowed or divorced.....	104	190	856	98	132	698

It will be noted in the following table that there has been a marked fall in the crude death rates throughout the civilized world. A study of the deaths by age groups indicates that in the United States the reduction in death rates has been entirely in the younger age groups and that the rates for ages above 45 or 50 years have not only not diminished but have actually increased. This means that a greater proportion of the population than formerly is living to be 50 years of age. The increased death rates among that part of the population over 50 probably means that those saved from earlier death and carried along

*Death rates (exclusive of stillbirths) per 1,000 population in certain countries, 1886, 1913, 1914 and 1915 \**

Country or State	1886	1913	1914	1915
Australian Commonwealth .....	15.4	10.8	10.5	10.7
Austria .....	29.7	‡ 20.5	....	....
Denmark .....	18.1	12.5	12.6	12.8
England and Wales .....	19.5	13.8	14.0	15.7
Finland .....	22.2	16.1	15.6	....
France .....	22.5	17.7	19.6	....
German Empire .....	26.2	‡ 15.0	....	....
Hungary .....	31.7	‡ 23.3	....	....
Ireland .....	17.8	17.1	16.3	17.6
Italy .....	28.7	‡ 18.7	17.9	....
The Netherlands .....	21.8	12.3	12.4	12.4
New Zealand .....	10.5	9.5	9.3	9.1
Norway .....	16.2	13.2	13.5	13.3
Roumania .....	26.7	25.9	23.8	....
Scotland .....	18.9	15.5	15.5	17.1
Servia .....	29.6	‡ 21.1	....	....
Spain .....	29.3	22.1	22.1	....
Sweden .....	16.6	13.6	13.8	14.6
United States (registration area for deaths) .....	† 19.8	14.1	13.6	13.5
Connecticut .....	16.2	15.0	15.1	14.9
Massachusetts .....	18.6	15.0	14.7	14.5
Michigan .....	8.9	13.9	13.4	13.4

\* Taken from the Annual Reports of the Registrar General of Births, Deaths and Marriages in England and Wales, 1913, 1914 and 1915, except the rates for Connecticut, Massachusetts, Michigan and the United States.

† Year 1880.

‡ Year 1912.

to the age of 50 succumb rather rapidly to the vicissitudes of life. It would seem that this is to be expected.

**The International List of Causes of Death.**—Many persons, even among registrars and statisticians, seem to misunderstand the nature of the International List of Causes of Death. It seems to be frequently thought of as being a nomenclature of diseases. It is important that just what it is shall be thoroughly understood.

In the course of the registration of deaths in a population of any size, the names given to the causes of death as written on the death certificates will aggregate in the total many thousands, depending upon the education and training of the physicians signing the death certificates. Several different terms will be used by different physicians for the same disease or, the same name may be used for several different morbid conditions. For instance, typhoid fever will be variously termed abdominal fever, cerebral typhoid, continued fever, enteric fever, gastro-enteric fever, typho-enteritis. Malarial fever will be variously recorded as bilious intermittent fever, chills and fever, dumb ague, fever and ague, gastric remittent fever, intermittent fever, marsh anemia and sometimes as malaria. On the other hand "continued fever," "rheumatism," "pneumonia," "cancer" and "heart disease" are each used as

the name of many different pathologic conditions and it is impossible to know what is meant by these terms unless the user gives his definition of their meaning as used by him.

And so it is with all the other diseases and conditions causing death. It will be readily understood that it is impossible for the statistician to give the occurrence of death for each of the multitudinous causes which are thus found recorded in death certificates. Statistically, it would be an impossible task and from the standpoint of printing and publication and the futility when published, meaningless and of no value. It is therefore necessary for the statistician to take the death certificates and divide them into a practicable number of groups, under which they can be compiled, and for which tables can be published. Every statistical office has done this. The only alternative would have been to give practically a serial statement of deaths and their assigned causes. But where each statistical office determined for itself the groups of causes of death which it would associate together in one table, or, in other words, the groupings under which it would publish its causes of death, no two statistical groupings were the same, and therefore, no two sets of tables were comparable. If the French statistical office made one grouping and published their tables according to their grouping and the English statistical office made another grouping and published their tables according to that grouping, comparative deductions as relating to the mortality data of the French and English peoples would be impossible.

To overcome this difficulty and make mortality statistics of all countries comparable, it was determined about 1893 to decide upon a statistical grouping of causes of death for purposes of tabulation and publication which would be used by the several countries publishing mortality data. As a result of this we have the International List of Causes of Death. Previous to the revision in 1920, the International List contained 189 titles or groupings under which all returns of death may be tabulated.<sup>7</sup> Each title may figuratively be considered as a basket and the 189 titles as the 189 baskets into one of which the statistician drops each death certificate coming to his office. From the assortment of death certificates thus made statistical tables are published. About half of the 189 numbers or titles of the list include but one disease; the others include groups of diseases or death-producing causes.

It will thus be seen that the International List is by no means a nomenclature, nor is it even a classification, unless it be considered a classification for purposes of statistical publication.

Each people speaking a different language has had to determine for

<sup>7</sup> At the time of writing (February, 1921) the numbers of titles in the revised list had not been decided upon by the conference for revision which had met in Paris in the autumn of 1920.

itself which names given on death certificates as causes of death in their respective languages should be included under each of the 189 titles in the International List. The only part of the International List which can be international is the 189 numbers and the titles in so far as the titles are descriptive. To make a list entirely possible of international use, each title should have a number and a definition of the disease or of the class of diseases to be included under that number. For instance, Title 15, "Plague" would be truly capable of international use only when the definition of what is meant by "Plague" is given.

To illustrate the use of this list and how each country has had to determine which terms given on death certificates, as causes of death in their respective countries, should be considered as falling under the several titles of the International List, the list given below is taken from the Manual issued by the Bureau of the Census. The names for causes of death which, when given on death certificates, are to be compiled as coming under Title 1 of the International List, which Title No. 1 is assumed to include only the morbid condition due to infection with bacillus typhosus, are shown. It is readily understood that many of these terms are not used at times for typhoid fever, and their inclusion under that title causes a percentage of error. However, there seems to be no way to avoid this. It will be readily understood also that these secondary lists of terms under each title could by no means be international except among peoples speaking the same language and following much the same usage as to terms.

The following terms are included by the Bureau of the Census under Title 1 of the International List when given as causes of death on death certificates.

Title 1. Typhoid fever.

Abdominal fever.  
Abdominal typhoid.  
Abdominal typhus.  
Abortive typhoid.  
Ambulant typhoid.  
Cerebral typhoid.  
Cerebral typhus.  
Continued fever.  
Enteric fever.  
Enterica.  
Gastro-enteric fever.  
Hemorrhagic typhoid fever.  
Ileotyphus.  
Intermittent typhoid fever.  
Malignant typhoid fever.  
Mountain fever.

Paratyphoid fever.  
Paratyphus.  
Posttyphoid abscess.  
Rheumatic typhoid fever.  
Typhobilious fever.  
Typho-enteritis.  
Typhogastric fever.  
Typhoid fever.  
Typhoid malaria.  
Typhoid meningitis.  
Typhoid stupor.  
Typhoid ulcer.  
Typhomalaria.  
Typhomalarial fever.  
Typhoperitonitis.  
Typhus (unqualified).  
Typhus abdominalis.



# INFANT MORTALITY

Infant mortality is the mortality of infants under 1 year of age. While the specific death rates for other age groups are given as the ratio of the number of deaths to the number of individuals in the age group as ascertained by census enumeration and estimated for intercensal and postcensal years, it is not practicable to do this for the first year of life. There is extreme difficulty in ascertaining by enumeration the infant population. This is due largely to confusion of the current year of age with the completed year of life. Then too, a census of infants under one year of age would be of value only for the year, in which it was taken.

*Infant mortality—Deaths of children under 1 year of age per 1,000 births (exclusive of stillbirths) in certain countries, 1892, 1911 and 1915 \**

Country or State	1892	1911	1915
Australian Commonwealth .....	106	68	68
Austria .....	259	207	...
Denmark .....	140	106	95
England and Wales .....	148	130	110
Finland .....	170	114	...
France .....	181	† 111	...
German Empire .....	...	192	...
Hungary .....	274	207	...
Ireland .....	105	94	92
Italy .....	184	† 142	...
The Netherlands .....	174	137	87
New Zealand .....	89	56	50
Norway .....	105	† 67	...
Roumania .....	243	197	...
Scotland .....	117	† 108	126
Servia .....	196	† 138	...
Sweden .....	109	† 75	...

\* Taken from the Annual Reports of the Registrar General of Births, Deaths and Marriages in England and Wales, 1911 and 1915.

† Year 1910.

The commonly accepted method of stating infant mortality is as the ratio of deaths of children under 1 year of age to living births, and is usually expressed as the proportion of deaths during the calendar year to 1,000 living births during the same period. To illustrate: If in a city there were during a year 224 deaths of infants under 1 year of age, and if during the same year there were 2,000 births, the infant mortality rate would be 112 per 1,000 births per annum.

Infant mortality rates might be based upon the number of births during the preceding year or upon the mean of the number of births of the current year and the preceding year. However, the number of births of the current year has been accepted as the basis in Great Britain and many other countries.

Making the estimation of infant mortality depend upon birth registration is at present unfortunate in a way for those interested in the subject as it relates to the United States, owing to deficient birth registration in this country and the impossibility therefore of estimating infant mortality rates, except for certain limited areas. However, there is no other practicable basis for estimation. There are, too, other difficulties to be encountered in the use of incomplete birth registration. In the absence of change in other factors an improving completeness of birth registration would give an apparent decreasing infant mortality rate and might lead to unwarranted deductions. See also page 477.

### LIFE TABLES

In theory life tables represent the duration of life of individuals born at the same time. Given a group of individuals born in any one year and a life table will show the number in the group that will still be alive in each succeeding year as long as any remain. It will also show the number who will have died previous to any given year and the number

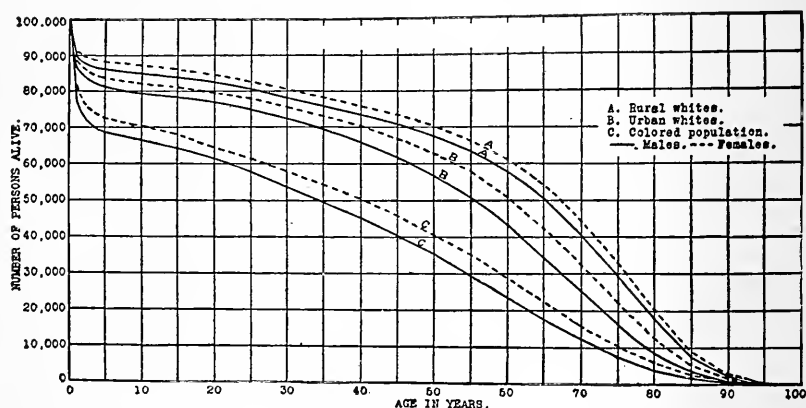


FIG. 153.—STATE STATISTICS OF ORIGINAL REGISTRATION.

Chart showing the number of white males and white females in both the rural and urban populations, and of colored (negro) males and colored females in the total population, remaining alive at each age out of 100,000 born alive in the "original registration States."—Based upon the "United States life tables: 1910," published by the Bureau of the Census. Taken from *Public Health Reports*, April 6, 1917.

dying during each year. To observe a group of individuals from the cradle to the grave is under most conditions impracticable, and besides yields information the value of which is largely lost before it is obtained, for conditions affecting longevity may change and the life history of one generation may be quite different from that of the next.

Much of the value of a life table consists in showing current condi-

tions as they affect the longevity of the community or race. For this purpose tables are constructed from the information furnished by an enumeration of the population (census) classified by age and sex and the registration of deaths with the decedents classified also by age and sex. The population age and sex groups give the number and proportion remaining alive at each year of age, the deaths show the number dying at each year of age. For the purpose of getting data which show general conditions prevailing during the period, and of avoiding the errors which might arise by using the death records of a year during which usual mortality conditions prevailed, the death records for a number of consecutive years are usually used.

Given the above data, the expectancy of life or mean after lifetime at a given age is readily obtained. The following table is one prepared under the direction of Dr. William H. Guilfoxy, registrar of records of the New York City department of health, and published in the monthly bulletin of the department for May, 1913. It compares the expectation of life based on the mortality experience of the three years 1909, 1910, and 1911, with that found by the late John S. Billings based upon the experience of 1879, 1889, and 1881:

*Approximate life tables for the city of New York based on mortality returns for the triennials 1879 to 1881 and 1909 to 1911. (Guilfoxy.)*

Years of Mortality	Expectation of life, 1879 to 1881			Expectation of life, 1909 to 1911			Gain (+) or loss (—) in years of expectancy		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
<b>Ages:</b>									
— 5...	39.7	42.8	41.3	50.1	53.8	51.9	+10.4	+11.0	+10.6
5...	44.9	47.7	46.3	49.4	52.9	51.1	+4.5	+5.2	+4.8
10...	42.4	45.3	43.8	45.2	48.7	46.9	+2.8	+3.4	+3.1
15...	38.2	41.2	39.7	40.8	44.2	42.5	+2.6	+3.0	+2.8
20...	34.4	37.3	35.8	36.6	40.0	38.3	+2.2	+2.7	+2.5
25...	31.2	34.0	32.6	32.7	36.0	34.3	+1.5	+2.0	+1.7
30...	28.2	31.0	29.6	28.9	32.1	30.5	+0.7	+1.1	+0.9
35...	25.3	28.1	26.7	25.4	28.4	26.9	+0.1	+0.3	+0.2
40...	22.5	25.2	23.9	22.1	24.7	23.4	— 0.4	— 0.5	— 0.5
45...	19.8	22.4	21.1	18.9	21.1	20.0	— 0.9	— 1.1	— 1.1
50...	17.2	19.4	18.3	15.9	17.7	16.8	— 1.3	— 1.7	— 1.5
55...	14.5	16.4	15.4	13.2	14.6	13.9	— 1.3	— 1.8	— 1.5
60...	12.2	13.8	13.0	10.8	11.8	11.3	— 1.4	— 2.0	— 1.7
65...	9.9	11.2	10.5	8.8	9.4	9.1	— 1.1	— 1.8	— 1.4
70...	8.5	9.3	8.9	6.9	7.5	7.2	— 1.6	— 1.8	— 1.7
75...	7.1	7.5	7.3	5.3	5.7	5.5	— 1.8	— 1.8	— 1.8
80...	6.2	6.5	6.4	4.1	4.5	4.3	— 2.1	— 2.0	— 2.1
+85...	5.4	5.5	5.5	2.0	2.4	2.2	— 3.4	— 3.1	— 3.3
<b>Balance.</b>							+24.8 —15.3 + 9.5	+28.7 —17.6 +11.1	+26.6 —16.6 +10.0

The Bureau of the Census issued in June, 1916, life tables prepared under the supervision of Professor James W. Glover. The tables relate chiefly to mortality conditions in the area known as the original registration states comprising Maine, New Hampshire, Vermont, Massachu-

setts, Rhode Island, Connecticut, New York, New Jersey, Indiana, Michigan, and the District of Columbia. The chart on page 1276 is based on the material in these tables.

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## SECTION XII

### INDUSTRIAL HYGIENE AND DISEASES OF OCCUPATION

Industrial hygiene is one of the most important topics in preventive medicine, as it deals with the health, the welfare, and the human rights of the vast majority of the population. Industrial hygiene is a subject in which the medical, economic, and sociologic aspects are closely interwoven, and it requires a broad grasp and intimate knowledge of the conditions to avoid the dangers and correct the injustices to which work-people are subjected. The questions of industrial hygiene strike at the very root of our social system; they include the relation of capital and labor, and the relation of man to his fellow men. The man of means may, to a large extent, select not only the place, but even the character, of his employment. He can choose his own hours of work and can largely control his environment while at work, so far as it affects his health and comfort; he can purchase fresh air, sunshine, good food, rest, recreation, and other conditions that make for health, longevity, and happiness. The employee must largely accept the conditions as he finds them and is frequently denied many advantages, even necessities. As the power of the employee is limited, he needs the assistance of the state to correct the unreasonable demands which capital has ever exacted of labor. Legislators should champion the rights of work-people, especially in the realm of industrial hygiene. Our country has been negligent in this regard and has fallen far behind England and Continental countries. The situation has received some assistance through organized labor, which has exerted a good influence in limiting the avarice of the employer, in shortening the hours of work, in obtaining a more just share of the profits, in improving sanitary conditions, and in exacting a modicum of human consideration. Thus when the stone masons came to build the Hygienic Laboratory in Washington they refused to work until a proper shelter and other reasonable conveniences were provided, as required by their labor union.

Modern conditions have brought entirely new problems into industrial hygiene. These have come about largely through the development of new industries and the invention of new processes, through improved and changed methods of transportation, and through specialization and crowding in cities and work places, through artificial light, through changing relations between capital and labor, and the intensive and un-

relenting pressure of the times. Some of the conditions which oppress the workmen are brought about by the greed of capital and disregard of the human machine, but indifference, carelessness, and ignorance of the workman himself are responsible for many avoidable accidents and preventable maladies. In Eastman's study of work accidents in Pittsburgh it appeared that, out of 410 fatal accidents, the victim or his fellow workers were responsible in 188 cases and the employer in 147 cases. Despite the improvements in labor-saving devices the human machine will ever remain the most vital and indispensable machine in the production of wealth—at the same time it is the most delicate and sensitive machine. Both from the standpoint of humanity and the standpoint of economy the human machine deserves greater care and consideration than any other mechanism engaged in production.

The diseases of occupation are especial dangers to health incident to certain industries, such as liability to lead poisoning in the manufacture of white lead; of phossy jaw in the manufacture of matches made with white phosphorus; of caisson disease in divers and those who work in compressed air; special affections are sometimes caused by exposure to high temperatures; there are extra hazards to life and limb in railroading, mining, and among those who work with explosives; there is a particular danger to those who are compelled to work in a dusty atmosphere, more so if the dust is of an irritating or poisonous nature; and there is danger to those who are compelled to breathe poisonous fumes such as carbon monoxid, hydrogen sulphid or mercury. Most industrial poisons are due to gases, vapors and dust. Further, there are many forms of neuroses due to certain kinds of work; and finally infections such as anthrax, glanders, and hookworm disease. These special instances represent the true diseases of occupation.

*Industrial hygiene*, on the other hand, includes many influences, not specifically inherent in industry, to which the workman is often subjected which seriously influence health; such as poor ventilation, lack of cleanliness, overcrowding, excessive hours, improper light, fatigue, and a hundred and one conditions which affect the health and the efficiency of the workman. The prevention of the communicable infections among work people is based upon the same principles and practice as for the civilian population. Work should be ennobling, and anything which tends to degrade it is morally wrong.

The statistics of morbidity and mortality in relation to diseases of occupation need careful scrutiny, especially when used for comparison. The factors which enter into such statistics are so numerous and the conditions so variable that misleading conclusions are common. The workmen come and go, they vary very much in physical vigor to start with, are of all ages, both sexes, many nationalities, and are greatly influenced by home conditions and by the character of their recreation. Some

industries, while not in themselves particularly hazardous, are rendered so through intemperance or dissipation. On the other hand, there is a relation between low wages and a high morbidity rate in a given industry. Low wages mean poor housing, insufficient clothing, poor food, unhealthful recreation, increased temptation to alcoholism, and an undue proportion of youthful workers, of women, and of men more or less handicapped by poor physique or bad habits. The statistician therefore must be careful to take all factors into account that bear upon the



FIG. 154.—SYSTEM OF HOODS AND VENTILATORS TO CARRY OFF THE FUMES FROM THE FURNACES IN A FOUNDRY. (Mass. State Board of Health.)

subject. Some industries are blamed for conditions affecting health that may be due to the insanitary home conditions and bad habits of the individual.

In recording the nature of a man's work it is not sufficient simply to state that he is a laborer, mechanic, machinist, mill operator, and the like. Such information is frequently of no more value to the student of the diseases of occupation than the name of the person himself. A "machinist" may set hair springs in watches or repair automobiles. If the person is a blacksmith or works with heavy metals it is plain that he works under a severe physical strain. If he is a sailor upon a sailing ship we know that he is exposed to rough weather and unusually severe conditions, whereas if he is a sailor upon a modern passenger steamship

the conditions of his work may be no more severe than those of the janitors and charmen in a large office building. If he is in finance we may be sure that he is subject to severe nervous strain. It is therefore not sufficient simply to give the name of the trade, but detailed inquiry should be made into the precise nature of the individual's work and the particular conditions under which he works.<sup>1</sup>

Most of the investigation of industrial poisons in the United States has been made within very recent years, and the field has not yet been nearly covered. Careful studies have been made of two poisons, white phosphorus<sup>2</sup> and manganese,<sup>3</sup> most of the more important lead industries have been studied,<sup>4</sup> and there are some excellent surveys of the brass industry<sup>5</sup> and of the various occupations in which mercury<sup>6</sup> or its compounds are used.<sup>7</sup> There is urgent need for more study of several poisons which are quite extensively employed in our industries, such as carbon monoxid; white arsenic and arseniuretted hydrogen gas; vanadium; selenium; carbon disulphid; sulphurated hydrogen; benzene; toluene, and their many derivatives, of which anilin is the most important; methyl alcohol; amyl acetate; carbon tetrachlorid; acetylene tetrachlorid, or tetrachlorethane; aldehyds, acetones and cyanogen.

Conditions in American industry vary much more widely in different plants than they do in the older countries, and while our best factories are equal to the best in Europe, or occasionally are even better, the worst fall below the standard required by law in Europe. There is on the whole, in America, more recklessness in the handling of trade poisons and the result is shown in all the statistics of industrial poisoning that have been collected. Thus, in the making of storage batteries, a dangerous lead trade, the rate of poisoning in the five largest

<sup>1</sup>The Massachusetts legislature of 1904 took the first step in this country to obtain definite scientific data on the subject of the occupational diseases. The State Board of Health of Massachusetts made an investigation into the sanitary condition of factories, workshops, and mercantile establishments, and published its first report on the subject in 1907. Since then several States have taken up the subject, also the U. S. Dept. of Labor and the Amer. Assn. for Labor Legislation. The Hospital for Industrial Diseases at Milan, opened March, 1910, is the only institution in the world devoted specifically to the investigation and care of such diseases. The first American Congress on Industrial Diseases met in June, 1910.

The earliest successful attempts in England to enforce sanitation and to secure healthy conditions of work were introduced by the Act of 1833 involving the appointment of paid factory inspectors, who antedated medical officers of health and sanitary inspectors.

<sup>2</sup>Andrews, J. M.: *Bull* 86, U. S. Bureau of Labor.

<sup>3</sup>Edsall, D. L., and Drinker, C. K.: *Journ. of Indus. Hygiene*, I, 120, 1919, p. 183.

<sup>4</sup>*Bull.* 95, U. S. Bureau of Labor, and *Bulls.* 104, 141, 165, 209, U. S. Bureau of Labor Statistics.

<sup>5</sup>Hayhurst, E. R.: *Am. Journ. Med. Sc.*, 1913, Vol. 145, N. S., p. 723.

<sup>6</sup>Mercury Poisoning in the Industries of New York City and Vicinity. Nat. Civic Federation Women's Welfare Dept., 1913.

<sup>7</sup>Harris, L. I.: Dept. of Health, City of New York, Mono. Series No. 12, 1915.



factories in the United States in 1914 was 17.9 per cent., while Great Britain's rate for 1912 was 2 per cent., and the largest factory in Germany had only 0.97 per cent.

Andrews estimates that in the United States 30,000 wage earners are killed by industrial accidents every year, and that at least 500,000 more are seriously injured. A memorial on industrial injuries prepared by a committee of inspectors, appointed by the President of the Association for Labor Legislation, states that there are probably not less than 13,000,000 cases of sickness each year among those engaged in industrial employments. The money lost each year (for those who find dollars more expressive than lives) is conservatively calculated at nearly three-fourths of a billion dollars. At least one-fourth of this painful incapacity for work and consequent economic loss can be prevented.

Good industrial conditions mean money in the pockets of the employer. Thus, Elliot Washburn reports the instance of twenty-eight emery grinders in Massachusetts working in a badly lighted and poorly ventilated basement, who increased their efficiency 30 per cent. on being transferred to a well lighted and ventilated workroom.

The reporting of occupational diseases is a public health measure, and of first importance for their control.

An industry may be a nuisance or disturbance to the community as well as to those engaged in its various processes. Thus, the noise of a tack factory or boiler shop, the smells from glue or fertilizing factories, or the fumes from smelting or chemical works, or the smoke from chimneys or locomotives, wastes from tanneries, paper mills, and mines do not come directly in the chapter of industrial hygiene, however closely related.

## **SOME FUNDAMENTAL CONSIDERATIONS IN PREVENTION**

In order to improve the hygienic conditions under which people work, and in order to prevent the diseases of occupation, five fundamental conditions are essential: (1) investigators; (2) laws; (3) factory inspection; (4) penalties; (5) education. It is self-evident that before anything can be accomplished a careful study must be made of the facts. These investigations must include not only scientific studies, but also economic and sociological factors. Every large industrial center should have a clinic for the study and care of industrial diseases. The subject should be included in the curriculum of medical schools. Suitable laws are necessary, for it has been found in practice that the conditions cannot be corrected by an appeal to voluntary reform. To be effective the laws must provide ample ways and means for their energetic enforcement. A systematic factory inspection is necessary in order not only

to protect work people against the preventable diseases of occupation and to correct sanitary defects, but also to enforce the laws concerning hours of occupation, child labor laws, and related subjects. These laws have little force unless they provide a penalty against both the employer and the employees. Either party to the contract should be held legally responsible in case of violation. Finally, education directed to the employer, the employee, and also to the public at large is necessary to obtain the laws and maintain the standards.

**Hours of Work.**—No general rule can be laid down for the hours of work, which may vary with the character of the employment. Thus the hours of active work are limited by a smith or glass-blower, a worker in a caisson or mine, a locomotive engineer, and other occupations necessitating great muscular effort or intensive concentration, or exposure to unnatural conditions. Formerly men worked at the quieter occupations all the time not given to sleep; now the day is better divided into eight hours of work, eight hours of "re-creation," and eight hours of sleep. Hygienically, it is important to have one full day's rest each week. It cannot be maintained from the medical side that working longer than eight hours a day is harmful to health, but it is held that no employer has the right to utilize the greater part of a man's day and thus deprive him of the leisure to which he, as a human being, is entitled. Since his whole nature has to be developed, time must be given for the intellectual, moral, and physical welfare of man, which cannot take place if the hours of employment are too long, the work too hard, or of a grinding nature. The hours of work depend somewhat upon the physical exertion required and also upon the nervous tension. The Saturday half holidays, especially during the heated term; a vacation period, and a tendency to increase the number of holidays are all signs of social improvement which make for health and happiness.

**Fatigue.**—Economic engineers find that it pays to give employees a rest at stated intervals and to guard the conditions surrounding workers, so that they are neither molested nor interrupted, that the light and other factors are agreeable, and the sanitary surroundings good. Work and rest must be judiciously alternated. Efficiency ceases when fatigue begins. The danger to the workman himself, as well as to others, is now recognized from a tired brain, tired nerves, and tired muscles. Accidents are especially prone to happen to workmen who are tired. Thus most accidents in factories happen as the day wears on. The effect of fatigue on the occurrence of accidents is graphically shown by French and Belgian statistics. The number of accidents increases progressively during the morning hours, drops after the noon intermission, and then rises from hour to hour until the end of the working day, affording a practical illustration of Helmholtz's experiment in attention fatigue. Fatigue is not only dangerous to the workman himself, but sometimes

to others; thus the overwrought and tired-out train dispatcher may send trains into collision. Further, fatigue of certain nerves and muscles may result in definite symptoms such as writers' cramp, or more general manifestations such as neurasthenia or nervous prostration. Typewriters, telegraph operators, and others suffer from these occupational neuroses.

Spaeth<sup>8</sup> draws attention to the difference between normal fatigue which is harmless and cumulative fatigue which is dangerous and may be associated with serious nervous disorders—industrial psychoneuroses. The one merges into the other, and therefore the reduction of normal fatigue is the first logical step in a prophylactic attack.

Fatigue is also believed to predispose to certain infections, such as cerebrospinal fever and perhaps pneumonia and other respiratory diseases. The experience of the World War clearly showed that all attempts to make a soldier too rapidly, through fatiguing drills, invite disaster.

Next to fatigue, nervous tension and worry are very wearing, and when combined become especially harmful. Diabetes prevails among engine drivers to a considerable extent. Worry, hurry, and a high nervous tension are recognized as a frequently predisposing cause of ill health or breakdown in all walks of life, including the so-called higher professions.

*The "Monday Effect."*—It has long been known that workers are less efficient on Monday and following holidays than on other days of the week. Efficiency experts know that the smallest output of the week occurs on Monday.

The usual explanation of this has been misuse of the week-end leisure and of the week's wages—as excessive eating, excessive drinking, late nights and insufficient sleep, or dissipation of other kinds. But it is now apparent that these are not the real reasons for inefficiency following a rest. A. F. Stanley Kent<sup>9</sup> has shown that the week-end rest affects both fatigue-production and recovery from fatigue on the one hand, and output on the other. There is not only a feeling of lassitude and a disinclination to work, but also an actual diminished efficiency. In other words, upon return to work after a rest, the workman is out of practice, has forgotten, and finds a certain amount of loss of coördination rather than actual fatigue. He must relearn before the accustomed efficiency can be regained. This same phenomenon is observed in the familiar behavior of a muscle which after a rest shows a progressive improvement as a result of activity—the contractions increasing in a "stair-case" effect. Workers in nitroglycerin, naphtha and ether always feel the effects of these substances more on Monday or following a holiday; in fact, workers in nitroglycerin carry some of

<sup>8</sup>*Journ. Industrial Hygiene*, I, No. 9, Jan., 1920.

<sup>9</sup>*Journ. of Physiology*, 1915-16, LV.

this substance in their hat band if they go on a week's vacation in order to avoid the nitroglycerin headache upon reëxposure.

**Minors.**—The first factory act in this country was passed by the State of New York in 1886. By this act no child under 13 years of age was allowed to work in factories. Since then, the minimum has been raised to 14 in forty-five states, and in seven of these the limit is higher than 14 years.

A national minimum age of 14 years for industrial employment has in effect been established by the passage in 1918 of a measure providing for a tax<sup>10</sup> of ten per cent. on the entire net profits for the taxable year, of any mill, tannery, factory, or manufacturing establishment in which children under 14 have been employed or permitted to work. The same act prohibits the employment of children under 16 in any mine or quarry, a provision previously established by statute in nineteen states, while Texas places it at 17 years, and Arizona and Wisconsin at 18 years.

The injustice to the child and the consequence upon its health and development of subjecting it to the monotony and grind of factory life are too evident to need emphasis. Recently it has been claimed that in certain districts, as, for example, the mill district of our southland, the children are better off in a good textile mill of modern construction than they are living under the insanitary conditions of their homes. It would be just as logical to state that they would improve in health if removed to a sanitary prison or almshouse. The child of today is the citizen of tomorrow and his health and development are the most important assets of the state.

In Massachusetts minors under 18 years of age are excluded from the following occupations:

1. Processes involving exposure to poisonous dusts or substances, such as the manufacture of lead, lead pipe, plumbers' supplies; electrotyping, handling white lead or lead monoxid (litharge) in rubber factories; lead-paint grinding; lead working in the manufacture of storage batteries; file cutting by hand; typesetting; cleaning or handling of type in printing offices; glazing in pottery establishments.

2. Processes involving exposure to irritating dusts, as graphite in the manufacture of stove polish; bronzing in lithographing business; cutlery grinding and other grinding; polishing on emery or buffing wheels; cutting, grinding and preparing pearl shell; tale dusting in rubber works; sorting, cutting or grinding rags; filing grooves in steel rolls by hand.

3. Processes involving exposure to poisonous gases and fumes, as exposure to naphtha in the manufacture of rubber goods, in japanned

<sup>10</sup> The constitutionality of this tax (Title XII of Revenue Act of 1918) has not yet been passed upon by the Supreme Court.

or patent leather; exposure to fumes or gases from lead processes; and the spraying of amyl acetate on pictures.

4. Processes involving exposure to irritating gases and fumes, such as gassing in textile factories; singeing in print works; bleaching and dyeing works, and dipping metal in acid solutions.

5. Processes involving exposure to extremes of heat and other conditions which promote susceptibility to disease, as melting or annealing glass.

In respect to age limit, the American laws compare very favorably with those of European countries, but in other respects they lag behind. Thus, while Great Britain, Denmark, France, Norway, Sweden and Switzerland have established 18 as the minimum age for night work, only three American states place it so high, and the Federal taxation law fixes it at 16 years. The Children's Bureau Conference, called in 1919 to set standards for employment of children in industry, advised the prohibition of night work under 21 years, because of the physical and moral dangers which night work for the young entails. American laws also fail to protect children adequately against the unhealthy processes in industry. Pennsylvania alone debarb young persons under 21 years from certain lead processes, while a limit of 18 years is prescribed in Maryland, Massachusetts, New Jersey, Ohio and Wisconsin. This means that in 42 states boys and girls of 14 years may be employed in work exposing them to lead, mercury, arsenic, benzene, carbon disulphid, carbon monoxid, etc. All of the European countries recognize the dangerous nature of such work for immature persons of both sexes, and have placed it under legislative control.

**Women.**—The protection of women in American industries also falls below the standard of other great industrial countries. Women are physiologically not capable of doing the same work as men, especially during the period of maternity. Further, several days each month women are more or less incapacitated for most kinds of work on account of menstruation. Pregnant women should not work for several weeks before labor, and after labor not until the uterus has undergone involution, which is a matter of another month. It is in regard to the prohibition of work immediately before and immediately after childbirth, the prohibition of night work, and of employment in poisonous processes, that the laws of many of our states are inadequate. Connecticut, Massachusetts, New York and Vermont have passed legislation to cover the first point. Only nine states prohibit the night work of women, although so long ago as 1906 all the countries of Europe except Norway, Denmark, Roumania and Servia signed the "Berne International Convention" prohibiting it. Only Pennsylvania and New Jersey exclude women from the dangerous lead trades, and New York and Ohio have a curious law prohibiting women from working with emery and polishing powders.

Mr. Brandeis successfully defended the constitutionality of the ten-hour law for women in Oregon. The brief submitted by this eminent jurist in a similar action before the Illinois Supreme Court<sup>11</sup> should be read by those interested in this subject. The primary object of this brief is to show that the demands of public health require legal restrictions in the work of women because of the peculiar importance to the community of the health of mothers. The effect of overwork on the different organs is reviewed, also the effect of night work, of prolonged standing on the feet, of foot-power machinery, and of the speeding up required by the "piece-work system." The general literature upon fatigue and overwork is reviewed.

The effect of overwork upon fecundity and upon infant mortality is impressive. Broggi states that of 172,365 Italian women between the ages of fifteen and fifty-four years who were employed in industrial occupations the average child-bearing coefficient was only about one-third of the general fertility of Italian women.

It is now a well-established fact that infant mortality is shockingly high among the babies of women who work in factories and mills. It has been shown in Germany and England that infant mortality increases progressively according to the increase in the proportion of women obliged to work outside of their homes, and this is true even if the mother's work results in higher standards of comfort in the home. The two classical demonstrations of this rule are the great Lancashire cotton famine and the Siege of Paris, during both of which crises there were loss of employment and great privation. In spite of the starvation and the increased general death rate, the infants' death rate fell in Paris actually to 40 per cent. simply because the women, being out of work, were obliged themselves to nurse and care for their children. The infant mortality in industrial centers such as Fall River, Lowell, and Lawrence, in Massachusetts, which are mill towns, is twice as high as similar towns without many factories and better economic standards.

It is plainly the duty of the nation not only to restrict the hours of work of women, but also to prohibit their employment in certain industries known to be particularly hazardous to them. The evidence presented by the British, especially by Oliver,<sup>12</sup> on industrial lead poisoning shows clearly the greater susceptibility of women to this poison, the severity of the form it takes in women, and the disastrous effect of maternal plumbism on the offspring (see page 1296). Although we have no statistics to prove it, there is every reason to believe that the same thing is true of other poisons used in industry. Protection should also be given to women against less striking evils in industry.

<sup>11</sup> Brandeis, Louis D., assisted by Goldmark, Josephine: *Brief and Argument for Appellants*. In the Supreme Court of the State of Illinois, December term, 1909.

<sup>12</sup> *Dangerous Trades*. London, 1902, p. 296.

Saleswomen should be provided with seats in shops so as to avoid the ill effects of prolonged standing, they should have one or two days each month for rest during the menstrual period, and should be protected against undue strain and fatigue. While women's work may be regulated in the industries and the hours of employment may be limited by law, there can be no law to regulate women's work in the household which is "never done." Men have still to learn the lesson that nervous breakdown and the results of fatigue are as harmful in women who overwork in the home as in those who work in shops and factories. The long hours and confining work of house servants sometimes lead to anemia and other troubles. Cooks are exposed to the effects of excessive heat and to sudden changes of temperature. Domestic "servants" as a class supply a large contingent of patients in hospitals and out-clinics. The long hours and insufficient sleeping accommodations, as well as the nature of the work, lead to ill health which may in part account for the disinclination of women to accept this kind of service.

**Factory Inspection.**—There is no longer doubt but that factory inspection is necessary as a protection to the workman. An efficient system requires a good comprehensive basic law and a capable corps of inspectors. The inspectors should be thoroughly familiar with the law and with the processes of manufacture and also with the problems of preventive medicine. Factory inspectors should be capable of making recommendations outside of the strict regulations under which they operate so as to improve conditions and meet the needs of an ever-changing situation. Factory inspection really falls into two categories, one of which deals mainly with the medical side and the other with the legal and economic side. Both inspectors should take into account the social and humanitarian side. Some of the factors which should engage the attention of a factory inspector are: ventilation, dust, gases, vapors, odors, temperature, moisture, light, cleanliness, over-crowding, excessive heat, dampness, drinking-water, children, women, washing facilities, water-closets, cloakrooms, receptacles for expectoration, defective sanitary arrangements, hours of work and rest, the age of the employees, their physical condition, etc. Hanson points out that medical men, through their training and attitude, make the best factory inspectors, for they alone are in a position to make the best use of facts, and learn something of the sanitary conditions of premises where men and women work, to study the possible injurious effects of certain processes, to inspect devices designed to protect the employees against injury or against dangerous fumes and dust, and to judge the effects on the health of operatives of such substances, as well as to detect the symptoms of certain poisons incident to such occupations, to detect and protect the employees and others from infectious diseases, to make physical examinations of minors, and to collect and make proper use of all facts and data, including morbidity

and mortality statistics, pertaining to occupational hygiene. The medical inspector is also able to correlate the injurious influences in the factory, in the home, and in the habits of the individual.

**Preventable Accidents.**—The most obvious and striking of the preventable accidents occur on railroads, in mines, and in factories. About 10,000 persons are killed and 100,000 more or less seriously injured on the railroads of the United States every year. Some 3,000 fatal accidents occur annually in the course of mining operations, and probably 5,000 deaths result from accidents, in the operation of machinery in factory and workshop. Much of this is preventable, in fact, prevented in other countries. Winslow points out that fatalities are four times as common among our railroad employees as among those of England, and other accidents seven times as frequent. Coal mining was nearly as fatal in Belgium between 1830 and 1840 as it is in the United States to-day, but the Belgians have cut their death rate down to less than one-third of what it was.

Some special injuries incident to work are: spinal curvature from faulty posture; flat feet or varicose veins from prolonged standing, as in nurses and footmen; injuries to the eyes from metal splinters or stone fragments; impairment of vision from improper lighting, or eye strain, as in garment workers and gun pointers, or miners' nystagmus; injuries to the ears, as rupture of the tympanum from air pressure in caissons; labyrinthine disease leading to deafness in boiler-makers and gunners. Injuries to the skin are commonly caused by violence, but may result from excessive moisture, as hydrocystoma of laundresses; chilblains of cold storage workers; and ulcers caused by X-ray or radium—most of which are readily preventable.

A system of workmen's compensation, by which the victim of industrial accidents, except when caused by his own neglect, is entitled by right, and without legal proceedings, to a proper money equivalent for the injury received, is simple justice which has been long delayed in this country. Workmen's compensation laws have been in successful operation in all the principal European countries. Many of our larger corporations voluntarily and automatically compensate employees in case of accidents.

Workmen's compensation laws, the first of which was enacted in 1911, are now enforced in 42 states and the Federal Government provides such protection for its own million civilian employees. The compensation provided runs from 50 per cent. of the wages to 66  $\frac{2}{3}$  per cent., and in case of death, the plan generally adopted is to give the widow 35 per cent. of her deceased husband's wages with 10 per cent. in addition for each child, the total never to exceed 66  $\frac{2}{3}$  per cent.<sup>13</sup>

A compensation law should cover all industries and not alone those

<sup>13</sup> American Asso. for Labor Legislation, 131 E. 23rd Street, New York City.



that are hazardous; it should include disability from occupational poisons as well as from accidents: the payment should be adequate and certain. A good compensation law is one of the best preventive measures, for it has been found that employers soon discover it pays to safeguard the workmen.

In the case of *Vennen vs. New Dells Lumber Company*, 154 N. W. Rep. 640 (Oct. 26, 1915), the Supreme Court of Wisconsin decided that the death of an employee caused by typhoid fever, which was contracted by drinking impure water furnished by the employer, was the result of an "accident" under the terms of the Workmen's Compensation Law, and that the employer was liable.

**Sedentary Occupations.**—Sedentary occupations in themselves may lead to harm, especially in the cases of those who bend forward while at work, causing contraction of the chest and pressure upon vital organs which interferes with important physiological functions. The circulation is impeded, respirations are shallow, the utilization of food is diminished and the appetite fails, constipation and hemorrhoids are common, and there is a predisposition to common colds and diseases of the lungs.

*Health insurance*, or "sickness insurance," is a method by which the economic loss caused by sickness is distributed among a group of persons. The distribution is effected by the payment of periodic premiums on the part of members of the group. In this way the cost of sickness arising from the stoppage of income, from fees of doctors, nurses and hospitals, from expenditures for medicines and the like, does not come as a sudden financial burden to the insured individual. This kind of insurance is now provided in the United States by many commercial companies and by thousands of fraternal orders and benefit associations of a wide variety of types, and is taken advantage of by a large proportion of those who are thrifty enough and financially able to pay the premiums. In the principal European countries sickness insurance of wage earners has been made a governmental function, but with certain fundamental differences from that form of sickness insurance which exists in this country. Among these differences are its extension to all wage earners upon a compulsory basis, the addition of medical and hospital service and certain other benefits to the cash payments to the sick, and the distribution of the cost of insurance not only among the insured, but also among the two other groups—employers and the public—who are considered responsible to some degree for the conditions which affect the health of the insured. The proposals for governmental health insurance in the United States not only adopt the principles just mentioned, but include additional features. Among these are adequate medical service for the insured, and definite provisions for rendering the health insurance system an aid to disease

prevention. It has been proposed that the preventive force of governmental health insurance should not be limited to the financial relief during sickness, to the medical services afforded, and to the possible economic incentive to reduce sickness, but that it should be greatly increased by linking the health insurance system to the existing public health agencies. In this sense, "sickness" insurance, it is believed, would become a real health measure. It would not be merely a variety of commercial or mutual insurance, or another type of public relief, but a practical method of improving and extending the present facilities for the prevention of disease.

## DISEASES OF OCCUPATION

**Classification of the Occupational Diseases.**—Oliver divides the occupational diseases into five general classes:

1. Diseases due to gases, vapors, and high temperatures.
2. Diseases due to conditions of atmospheric pressure.
3. Diseases due to metallic poisons, dusts, and fumes.
4. Diseases due to organic or inorganic dust and heated atmospheres.
5. Diseases due to fatigue.

The principal health risks in industry, as far as we know them, may be conveniently classified according to their nature as follows:

1. Dusts, fumes, gases, vapors, and acids (poisonous and non-poisonous).
2. Harmful bacteria and microörganisms.
3. Compressed or rarefied atmospheres.
4. Improper lighting.
5. Extremes of temperature.
6. Excessive strain.

Many other classifications have been attempted, but it is evident that no general system can be entirely satisfactory. Each occupation requires individual study and separate consideration. In many occupations a combination of varying factors, such as dust fumes, poisons, fatigue, etc., operate coincidently. In the following pages only the well-known and better studied diseases of occupation and the conditions which render them hazardous, as well as methods of prevention, are considered. The number of occupational diseases is rapidly growing as the subject is receiving more careful attention. Thus recently it has been shown that workers with heated tallow and other animal grease are subject to gastrointestinal disturbances, apparently due to the volatile fatty acids that are given off and that the workers ingest and inhale. A large number

of cases of poisoning by fumes of arseniuretted hydrogen have been reported in recent years, the gas being accidentally evolved when a metal such as zinc or iron containing arsenic as an impurity is brought in contact with a heavy acid. Skin diseases are caused by many of the coal tar derivatives, by some of the petroleum distillates, and are also frequently found among workers in the following trades: galvanizing, cutters of glass and pearl shell, workers with tar, paraffin, cement, dyes, printer's ink, and polishers.

A comprehensive list of substances that injure working people would be long and impressive. It includes acids and alkalies, petroleum, gasoline, naphtha, paraffin, coal tar and its derivatives such as benzene, anilin, phenol, nitranilins and nitrophenols, toluene and trinitrotoluene (TNT), carbon disulphid, sulphurated hydrogen, the alcohols, especially methyl alcohol, chlorid of lime, the chromates, cyanogen, turpentine, the oxids of nitrogen, amyl acetate, formaldehyd and very many others.

### LEAD

Lead poisoning is one of the most frequent, most serious, and most insidious of all the occupational intoxicants. If a pound of lead drops on a workman's head the catastrophe is more obvious than if minute quantities of lead are taken into the system day by day, but the poisoning may be as fatal as the accident. "Epidemics" of lead poisoning sometimes occur from the drinking water, from beer and from other unusual sources.

Lead is a typical cumulative poison. A large amount may be taken at one time without noticeable effect, but small quantities ingested daily are absorbed, stored in the body, resulting in chronic poisoning and even death. Lead is excreted both by the kidneys and the liver, and also the skin. It probably does not appear in the urine except with albumin, that is, lead can only pass a damaged kidney. The lead excreted by the liver passes into the intestines with the bile and may be found in the feces. The elimination of the lead, however, is slow and uncertain. As much as one ounce of the acetate of lead has been taken at one time without injury. Older physicians frequently prescribed the acetate of lead as an astringent in doses of 10, 20, or 30 grains. The same amount of lead distributed in minute doses and taken daily, would in all likelihood, result in serious poisoning. The reason for this is that when one large dose is taken only a small quantity is absorbed; the rest is swept through the intestines, but when small quantities are taken at frequent intervals practically all is absorbed and the metal accumulates in the tissues, poisoning especially the delicate nervous structures.

The susceptibility to lead poisoning varies greatly. Of a number of persons exposed to the same conditions some are fatally poisoned, others

suffer with mild plumbism, and still others escape entirely. Young persons are much more susceptible than old. Young adults suffer most. Women are more susceptible than men. Recognizing this fact, in 1898 England abolished female labor in the dangerous processes of white lead manufacture. The reasons for this varying susceptibility are only partly understood. Hyperacidity of the gastric juice is a predisposing factor, because the lead in such persons is readily converted to the soluble chlorid in the stomach. Personal cleanliness is another important factor, and workers in lead who do not give scrupulous attention to cleanliness of person and clothing suffer most. Persons who are not particularly careful about cleaning their hands before eating, or who frequently carry their fingers to their mouth and nose, run especial risks. Oliver has shown by experiments on animals that alcohol precipitates attacks of plumbism, a fact which, in the human subject, clinical experience has again and again confirmed. There is not the least doubt that alcoholic intemperance predisposes to lead poisoning.

Practically all forms of lead are poisonous, even the metal itself. The basic carbonate and the suboxid are the most dangerous; the higher oxids, litharge and red lead, come next. The sulphate and chromate are less soluble in human gastric juice and the sulphid is the least soluble. The water-soluble compounds, the acetate, chlorid and nitrate, are unimportant in industry and do not often give rise to any trouble.

In the majority of cases of lead poisoning in the industries the lead comes through the air to the victim as dust, sometimes as fumes. Preventive measures must, therefore, be directed toward keeping the air about the workmen free from lead. A lead trade is dangerous in proportion to its dustiness. Lead is usually taken into the system through the digestive tract, although absorption from the respiratory tract and even through the skin may occur. For many years it was a disputed point whether the lead entered through the skin or the intestinal tract, but it is now conceded that the intestinal mucosa, also that of the mouth, is the usual portal of entry. Much of the lead dust that is a source of lead poisoning is, in fact, swallowed. Lead is also carried to the mouth by the fingers, pipes, chewing tobacco, and in a great variety of other ways.

The water-soluble salts of lead such as acetate, chlorid, and nitrate may be absorbed through the skin, but this is slow and requires long exposure. It is possible that the non-soluble salts may be changed by contact with the fatty acids on the skin into soluble compounds. Lead poisoning may be caused by absorption through the skin from cosmetics containing lead. Edsall thinks skin absorption relatively unimportant. In this he is in accord with Weyl, Legge, Oliver, and Sommerfeld.

The classical symptoms of lead poisoning are a bluish black line or, rather, collection of tiny spots (sulphid of lead) along the margin of

the gums especially of the lower incisors; loss of appetite, headache, constipation, colic, "rheumatic" pains in the joints and muscles, more particularly in the back; sleeplessness and various vague nervous disturbances. Among the earliest manifestations of lead poisoning is the pallor of the skin, out of proportion to the anemia as determined by the redness of hemoglobin and the number of red blood cells. Lead can often be found in the urine, almost always in the feces, and examination



FIG. 155.—RED OXID OF LEAD AND LITHARGE BEING MIXED IN THE MANUFACTURE OF STORAGE BATTERIES.

The workman is wearing a respirator, but should also protect himself with long-wristed gloves.

of the red blood cells usually shows a granular basophilic degeneration, when stained with one of the polychrome methylene blue dyes.

Lead palsy is rare in acute plumbism, but fairly common in chronic. It is a motor paralysis affecting those muscles which have been subjected to greatest use; in painters, the extensors of the wrist; in file cutters, the interosseous muscles of the hands; in lead smelters, the muscles of the upper arm and shoulder; and in children, the muscles of the foot and ankle. The cerebral form of plumbism, known as lead encephalopathy, is usually seen only after rapid intoxication by a massive ex-

posure to lead dust or fumes. It is characterized by epileptiform convulsions, acute delirium, and partial or total blindness. It may end in death, or in recovery, or pass into lasting insanity.<sup>14</sup>

Chronic lead poisoning is far more common in industry than is the acute form. It is characterized by increasing anemia, the number of corpuscles falling sometimes to half normal; by indigestion due to atrophy of the gastric mucosa; arteriosclerosis, resulting in interference with the blood supply of heart and kidneys and sometimes of the brain; lead palsy, lead insanity or apoplexy; a lowered resistance to infection, especially to tuberculosis. From time to time there may be in the course of chronic plumbism a typical acute attack of lead colic.

The diagnosis of industrial lead poisoning is based on the grayish pallor; the pinched appearance of the face; the lead line; loss of appetite; disagreeable sweetish taste; sense of weariness disproportionate to the exertion; loss of strength; loss of weight; gastric distress; constipation; disturbed sleep. Aids to diagnosis are the detection of lead in the urine or feces and the discovery of stippled red blood cells, which to be significant must number more than 100 out of a million.

Fetal death and abortion are common in maternal lead poisoning. Legge abstracted from reports of the British Factory Inspection Department for 1897 the following statistics concerning women lead workers: Of 77 married women, 15 never became pregnant; 15 of the 62 who became pregnant never bore a living child; among the 62 there were in all 212 pregnancies, but these resulted in only 61 living children, 21 stillbirths, miscarriages 90, and of the 101 children born alive, 40 died soon after birth. Tardieu reported to the French Government in 1905 that 608 out of 1,000 pregnancies in lead workers had resulted in premature birth. The offspring may even be affected when the mother is normal but the father "leaded."

Cole and Bachhuber<sup>15</sup> fed lead acetate to rabbits and fowls. In the rabbits the mortality of the young during the first four days after birth was 47.7 per cent. for offspring of "leaded" males, as contrasted with 29.2 per cent. for offspring of normal males. The average weight at birth was 48.9 grams for the former and 59.0 grams for the latter. With Leghorn hens the results were similar. Weller<sup>16</sup> used commercial white lead (basic carbonate), which he fed in capsules to guinea-pigs. The experiments showed that paternal lead poisoning in guinea-pigs does not result in sterility or in stillbirth, but in reduction of weight at birth, and this underweight persists through life. Next to this, the most strik-

<sup>14</sup> Paul cited in G. C. Nijhoff's article on "Action on Ovum of Superfluous Semen," *Nederl. Tijdschr. v. Geneeskunde*, Amsterdam, II, No. 16.

<sup>15</sup> Cole and Bachhuber: *Proc. Soc. Exper. Biol. and Med.*, 1914.

<sup>16</sup> Weller, C. V.: *Jour. Med. Research*, 1915, XXXIII, 271.

The Effect on the Offspring of Lead Poisoning in the Father: *J. A. M. A.*, Dec. 25, 1915, LXV, No. 26.

ing change is the high rate of mortality during the first few days after birth.

The character of certain occupations has an influence on the type of lead poisoning which develops. Thus Teleky finds that, while compositors in Vienna seldom suffer from colic or from the severer types of lead poisoning, they are subject to an unusual extent to diseases of the lungs and kidneys. The relation between tuberculosis and chronic plumbism is shown in Hahn's diagrams based on the records of typographical trades in Vienna and Berlin, the curves of the two diseases showing a remarkable parallelism. Colic is said by Legge to be most frequent among workers in white lead, red lead, enameling, storage-batteries, coach-painting (which involves sandpapering), while the severer form with paralysis is found in brass-workers, plumbers, printers, file-cutters, and tinsmiths. The former are very dusty trades; poisoning occurs rapidly and encephalopathy is more frequent than paralysis.

The manner in which lead is handled makes a vast difference so far as the liability to plumbism is concerned. Thus Stüler found in Vienna that carriage painters are ten to twenty times more subject to lead poisoning than house painters. This has been confirmed by Edsall in this country. The reason for this is that carriage painters apply a large number of coats of paint and varnish, polishing between coats, and thereby enveloping themselves in dust which contains much lead; furthermore, carriage painters are required to work indoors. For lead poisoning due to water see page 1155.

**Lead Oxids, Litharge and Red Lead.**—In the manufacture of litharge and red lead, the metal is roasted in reverberatory furnaces and raked from time to time. The raking or rabbling and the discharge from the furnace may be mechanical, in which case the danger from fumes and dust is very much lessened. The oxids are light and fluffy and it is hard to control the dust produced in dumping, grinding, sifting and packing them, and although great improvements have taken place in many oxid works of late years, the rate of plumbism in this industry is still fairly high.

The oxids are used in making storage batteries, the plates of which are leaden grids with a paste of litharge or red lead rubbed into the interstices. This industry is recognized in all countries as one of the most dangerous of the lead trades. Litharge is also used in rubber compounding, and men employed in weighing out the compounds and on the mixing mills may suffer from lead poisoning. Red lead is used as paint for bridges, structural iron work, certain parts of railway cars, and ships—especially battleships. Stitt<sup>17</sup> reported three cases of lead poisoning and encephalopathy in men who were chipping old red lead paint from the bottoms of battleships. Red lead is also used in making

<sup>17</sup> *U. S. Naval Med. Bull.*, 1912, Vol. VI, p. 161.

glazes for tiles and terra cotta, and enamel for porcelain enameled sanitary ware, and in these occupations there is a great deal of industrial plumbism.

**White Lead.**—Most of the white lead is still made by the old Dutch method, which consists in the transformation of metallic lead into the white carbonate by a slow and double process of conversion. Numerous earthenware pots containing 3 per cent. of acetic acid are placed on tan bark in a large three-walled chamber, and upon these pots are laid thin



FIG. 156.—A WORKER WITH LEAD OXID, SHOWING RESPIRATOR TO PROTECT HIMSELF AGAINST THE POISONOUS DUST. (Mass. State Board of Health.)

strips of metallic lead and subsequently planks of wood. Tier after tier of pots resting on bark and covered with metallic lead and wood are thus superimposed until the chamber, 25 or 30 feet in height, is filled to within 6 feet from the top. This chamber, known as the "blue" bed, is kept closed for 14 weeks or longer. Fermentation causes a rise in temperature and a production of carbonic acid. The acetic acid acts upon the lead and converts it into acetate of lead, while the  $\text{CO}_2$  evolved from the bark changes the acetate into carbonate or the well-known white lead of commerce. The danger of plumbism occurs during the emptying or stripping of what is now called the "white" bed. If sufficient time has not been given for the very soluble acetate to have become changed into the carbonate the danger is thereby greater. During the stripping of



the "white" bed there is a considerable quantity of dust raised, a large part of which is white lead.

Legge found that of 1,463 persons employed off and on in white lead works the incidence of lead poisoning was 6 per cent. of the average number regularly employed, and in those casually employed 39 per cent. This shows the great risk of exposing unskilled labor in a dangerous occupation.

In making so-called pulp lead, the white lead suspended in water is not dried but is ground in oil which gradually displaces the water, a method involving far less risk of poisoning.

The Carter process, much used at present in the United States, is a rapid corrosion of atomized lead, the great advantage of which is that it is largely mechanical and requires very little labor in proportion to output.

**The Manufacture of Pottery and Earthenware.**—Lead poisoning in potteries and tile works has been notorious for years in Europe. In England and Germany, especially, great efforts have been made to protect the workers against this danger. Aside from the precautions taken to avoid dust and other dangers in potteries, the English use a great deal of leadless glaze, and when this is not possible they frit the lead, that is, they fuse it with the other constituents of the glaze, thus changing soluble white lead or red lead in part or wholly to the insoluble disilicate. This is not done in American potteries where the glaze is fritted, but the lead is added subsequently. It is also unfortunately true that American potteries cannot bear comparison with British or German potteries in respect to construction or cleanliness or personal protection of the workers, and there is much more lead poisoning among the men and women potters in America than in Europe.

The chief centers for the manufacture of table and toilet ware, sanitary earthenware, so-called art pottery, and tiles, are Trenton, New Jersey, and the East Liverpool and Zanesville districts of Ohio. The work of glazing and decorating the pottery carries with it the danger of lead poisoning, although it is only decoration with lead colors that is dangerous: decalcomania or the use of lithotransfer paper is not attended with any danger. The glazes used in white ware potteries in 1911 contained from 1.75 to 33.3 per cent. of white lead. In the potteries making art and utility ware (yellow ware), and in the tile works, the glazes contained from 5 to 60 per cent. of white, more rarely red lead. The dangerous processes are mixing the glaze, dipping the ware in the glaze, cleaning the dipped ware to get rid of the excess of glaze, and stacking it on boards or trays to be fired, firing it in the glost kilns, and decorating it by the processes known as color blowing, or tinting and ground laying.

The difference between the sanitary control of this industry in

England and in the United States is shown by the rate of plumbism in the two countries. In English potteries in 1910, the morbidity rate for plumbism was 0.8 per cent. for men and 1.5 per cent. for women, while in 68 American potteries and tile works in 1911 the rate was 8 per cent. for men and 14 per cent. for women.<sup>18</sup> Since that year improvements have been introduced in American potteries, but they are not yet nearly up to the English standard.

**Lead Mining, Lead Smelting and Refining.**—In lead mining there is little danger of poison, for the ore is chiefly sulphid which is only sparingly soluble in human gastric juice. Smelting and refining of the ore are industries attended with a great deal of plumbism from both dust and fumes. In smelting, the greatest danger is found in the work at the open hearths, the blast furnaces, and the cleaning out of flues and bag houses; in refineries the danger from fumes should not be so great, but there is more dust because the refineries work up not only lead bullion but all varieties of lead scrap and refuse, some of which is very powdery and fluffy. The industry in the United States employed in 1913 some 7,500 men, and the rate of lead poisoning was over 22 per cent., whereas in England during the previous year the rate was 1.8 per cent. among about 2,000 men.<sup>19</sup>

**Miscellaneous Industries.**—Layet computed that in France 111 industrial processes involved the use of lead. Hamilton found 70 such processes in Illinois in which lead or its compounds are handled and which have caused lead poisoning in recent times.<sup>20</sup>

Some of the industries in addition to those mentioned above in which lead poisoning may occur are: making and selling wall paper; retouching photographs with white lead paint for catalogues and advertisements; polishing brass (the alloy containing lead); polishing cut glass with lead putty powder; mixing compounds for rubber. Other trades that use metallic lead are very numerous, including the making of wire, sheet, piping, plumbers' goods, machine parts, tinfoil, car seals and can seals, picture frames, trimmings for coffins, and the use of solder and Babbitt. The most important one, however, is the printer's trade, where the amount of lead dust and fume is slight, but long continued exposure brings about a serious form of chronic plumbism marked especially by a lowered resistance to tuberculosis.

Certain occupations which are dwelt on in the European literature as sources of serious lead poisoning are fairly free from this danger in the United States because our methods are different. File cutting is one of these, the file being strapped to a strip of lead; another is diamond polishing, the jewel being imbedded in lead. Very little jewel

<sup>18</sup> *Bull. No. 104*, U. S. Bureau of Labor Statistics.

<sup>19</sup> *Bull. No. 141*, U. S. Bureau of Labor Statistics.

<sup>20</sup> *J. A. M. A.*, 1911, Vol. LVI, p. 1240.

polishing of this sort is done in the United States and file cutting is mostly done by machinery. Europeans also use lead colors in printing textiles and dyeing them, as we do not, and while we plate kitchen ware with a lead-free enamel or with a pure tin, they plate it with a mixture of tin and lead, often a large proportion of the latter.

### PREVENTION

The prevention of lead poisoning rests, in the main, upon the fact that the lead comes to the workman usually as dust, sometimes as fumes through the air, but it must be remembered that lead is also carried to the mouth by deposits on the hands and other objects. Practical efforts for the protection of lead workers must be directed first to the prevention of dust and the removal of fumes; second to provisions for bodily cleanliness.

The first essential then is to keep the air which the workman breathes and which surrounds him free of lead. Most cases of lead poisoning could be averted by a proper system of ventilation. Certain processes should be carried on under hoods with a strong draft, or in cabinets, or in special rooms with an air current so arranged that the lead is kept away from the mouth, nose, hands, and clothes of those who are exposed.

On the part of the workman the prevention of lead poisoning consists in cleanliness of the hands and of the finger nails, frequent bathing, and the use of special clothing while at work. Care must be taken not to carry the fingers, which may be contaminated with lead, to the mouth and nose, and to wash the hands thoroughly before eating. Workmen should never take their lunch in the rooms where there is a suspicion of lead in the air. The hazard of chewing tobacco under such circumstances is obvious. Respirators may afford protection in emergency and short exposure, but cannot be depended on as a routine precaution, because the workmen will not wear them continuously.

Cleanliness is one of the all-essential requirements. A special room for the clothes of the workmen and special overalls should be provided for those who are exposed to lead. It is ignorance of the danger and the want of personal cleanliness that make casual labor in lead works especially dangerous. Even the women who wash the clothes of the workmen employed in lead factories may sometimes suffer from lead poisoning. Lavatories should be provided at the factory and the hands should be washed with water containing a small quantity of acetic acid followed by a liberal allowance of soap.

Workmen should alternate employment and not remain too long in the dangerous departments. Supplanting hand labor by machinery diminishes the number exposed to the risk. A medical inspection is an

important preventive guard in educating the workmen and in detecting mild and beginning cases.

A radical measure would be the substitution of zinc-white for lead paints. Zinc may be used as a substitute for lead, especially in indoor work; in fact this has been required by law in France. White lead appears to be superior to zinc for outdoor work.

Keeping down the hyperacidity of the gastric juice is believed to be a good preventive measure. This may be accomplished in part by taking a bland oil or drinking milk at intervals during work. Milk also acts by fixing the HCl of the gastric juice by the milk proteins. The milk should be taken between meals (say 10 a. m. and 4 p. m.) for in some persons there is considerable secretion of gastric juice in the empty stomach.

The Massachusetts State Board of Health issues the following protective measures against lead poisoning:<sup>21</sup>

The poison gains entrance into the system:

- (1) By swallowing minute particles of lead.
- (2) By inhaling lead dust or the fumes of lead in a molten state, or the vapor of lead in a fused state.
- (3) By absorption from the skin in handling lead.

#### *Advice to Employees*

- (1) General personal cleanliness is of the first importance.
- (2) Thoroughly clean your hands before touching food and before leaving the workroom.
- (3) Thoroughly rinse your mouth before eating.
- (4) Take good, nutritious food and plenty of milk.
- (5) Take a substantial breakfast; an empty stomach is more susceptible to the poisonous effects of lead.
- (6) Never eat at your work. Eat your luncheon outside of the workroom if possible; if not, in a part of the room away from the lead. Never smoke or use tobacco in any form while at work.
- (7) Avoid all excesses; alcoholic beverages are especially injurious.
- (8) Wear overalls or a long coat at your work; also a cap or some head covering. Whenever practicable wear gloves when lead is to be handled.
- (9) Persons working in white lead or other powdered compounds of lead should always wear a respirator while at work. Cause as little dust as possible.
- (10) Consult a physician at the first sign of ill health.

#### *Advice to Employers*

- (1) Provide washing facilities, lockers, and a place for the employees to eat luncheons away from lead.

<sup>21</sup> See also *U. S. Public Health Reports*, Dec. 19, 1919, p. 2905.

(2) Provide respirators for all the workers who have to handle white lead or other powdered compounds of lead.

(3) The floors of the workrooms and benches at which men work should be cleaned daily after thoroughly moistening them.

(4) These regulations should be posted in a conspicuous place in the workroom.

### PHOSPHORUS

There are two kinds of phosphorus: (1) the white or yellow, discovered by Brandt of Hamburg in 1669, (2) the red or amorphous, discovered by Schröter of Vienna in 1845. The amorphous phosphorus is obtained from the white phosphorus by exposing it in a closed vessel for some time to a temperature of 250° C. The white or yellow phosphorus is poisonous and has been the cause of much suffering in the match industry. The red or amorphous phosphorus is practically not poisonous.<sup>22</sup>

Three kinds of matches are made: (1) The safety match, which contains no phosphorus and is harmless. The match heads contain potassium chlorate or chromate and other compounds rich in oxygen from which the oxygen required to induce conflagration is evolved. The paste applied to the side of the match-box contains antimony sulphid and red phosphorus. (2) The strike-anywhere match contains the poisonous white phosphorus in the head, and in addition glue, chlorate of potassium, powdered glass, and magenta or some other coloring agent. The paste, or composition, contains on an average 5 per cent. of phosphorus. It is in mixing this paste, especially when done by hand in open vessels, and also in dipping the wooden splints, that the work-people are exposed to fumes that become a menace to health. (3) The strike-anywhere match made with the non-poisonous sesquisulphid of phosphorus.

When pure, phosphorus is colorless and transparent, but when exposed to the light it becomes yellowish. The white and yellow forms are extremely poisonous; the red and amorphous phosphorus can be handled with impunity. Red phosphorus does not take fire when rubbed on a rough surface. It is non-volatile and when swallowed is, comparatively speaking, non-poisonous. One to 3 grains of white phosphorus will cause death. The fumes from white or yellow phosphorus are rich in phosphorus oxids and these are absorbed in various ways.

Several years ago the Belgian government offered a prize of 50,000 francs to any person who would invent a safety strike-anywhere match free from white phosphorus. The problem was solved by Sevène and Cahan of France, who demonstrated that the sesquisulphid of phosphorus would accomplish all that white phosphorus does without causing pois-

<sup>22</sup> Phosphorus Poisoning in the Match Industry, by J. B. Andrews, *Bull. 86, U. S. Bureau of Labor.*

oning. The sesquisulphid is an almost inodorous powder and is, practically speaking, non-poisonous. It contains a trace of red or amorphous phosphorus. Since the introduction into France of the manufacture of the sesquisulphid match there has not been in the factories of that country, where the manufacture of matches is a state monopoly, one case of phosphorus poisoning, nor has there been any explosion or fire in any of the match works. It has been found that the sesquisulphid of phosphorus acts, in some instances, as an irritant, causing conjunctivitis and edema of the eyelids, also eczema of the skin. This may be obviated by bathing the eyes and douching the nostrils twice a day before leaving the factory with an alkaline solution of bicarbonate of soda.

White phosphorus lucifer matches were first made in 1833 and the disease known as "phossy jaw" was first reported by Lorinser of Vienna in 1845. Soon after that, similar cases were reported from practically all European countries. In the United States, lucifer matches were first made in Springfield, Massachusetts, in 1836, and in 1851 there was the first description of a case of phossy jaw in America, a man who was treated in the Massachusetts General Hospital. The effects of phosphorus poisoning in match workers attracted widespread attention because of its painfulness and its disfiguring effects, and it was not long before the public in all European countries began to agitate against the conditions giving rise to it and to demand their abolition. After all forms of governmental regulation had been tried without success, the principal countries of Europe entered into an agreement, the Berne Convention of 1906, by which the manufacture, importation, and sale of white phosphorus matches were prohibited. The United States was not a party to this agreement, and, at this time and for several years after, there was a general belief in this country that our superior methods and our factory sanitation had driven phossy jaw out of American match factories, but the thorough investigation carried on by John B. Andrews in 1910 showed that this was a fallacy. He discovered a total of 150 cases of phosphorus poisoning in the match industry, some of them very severe, attended with shocking disfigurement, and four of them fatal. The publication of his report resulted in the passage of the Esch Law in 1912, which placed a prohibitive tax on white phosphorus matches. In 1913 their importation became illegal and the following year their exportation.

The reason for the widespread attention given to phossy jaw is not its great prevalence—for only a small proportion of those exposed suffer—nor because it is very dangerous to life, for the mortality is about 15 per cent. It is, however, extremely painful and the results are dramatically visible to everyone. It attacks the bones of the jaw, producing deformities and disfigurements, and it is accompanied by a distressingly fetid discharge. The action of the phosphorus fumes takes

place through a defective tooth or through the wound left by the extraction of a tooth, and the fumes reach the periosteum of the jaw-bones, upper or lower, or both. A necrotic process sets in and then infection by suppurative germs in the mouth causes abscess formation with intense suffering. Abscesses in the upper jaw discharge on the cheek or into the mouth, those of the lower jaw make their way down on the neck. Absorption from the suppurative process causes cachexia, which renders the victims an easy prey for tuberculosis, or they may die of chronic septicemia. In rarer cases, the periosteum of other bones is attacked, rendering them brittle and liable to fracture under very slight violence (*fragilitas ossium*).

The matches now made are the red phosphorus safety match, and "strike anywhere" matches made with the sesquisulphid, neither of which is poisonous.

### ARSENIC

Arsenic acts as an irritant to the skin and mucous membranes, setting up conjunctivitis, coryza, eczema and ulcerations: it also produces general poisoning, causing anemia and neuritis and degenerative changes in liver and kidneys. Arsenical neuritis is particularly severe.

Arsenic is present in almost all the sulphid ores of the metals and is therefore encountered in iron, lead, zinc and copper smelting. The flue dust of the western lead smelters contains large quantities which are recovered by sublimation as white arsenic—the trioxid, used in various industrial processes. The other compounds of arsenic which are industrially important are lead arsenate and the aceto-arsenite of copper, or Paris green, both of which are used to kill insects and parasites. White arsenic is used as a sheep dip, and a preservative for hides, skins and feathers. It is also used in curing furs. The Massachusetts law forbids more than one grain of arsenic per square yard, but analyses reveal that it often reaches 170 grains. Out of 42 samples of fur recently examined in America, 11 were found heavily loaded with arsenic. The presence of such large quantities of arsenic in furs that are worn or in rugs for rooms must be a source of danger. Another danger in former years came from the use of arsenical colors in wall papers and textiles, but this is no longer a serious matter in the United States. The Massachusetts law of 1900 limited the amount of arsenic in wall paper to 0.1 grain per square yard, and in textiles for clothing to 0.01 grain. In 1904, an investigation made by the U. S. Department of Agriculture showed that only 4 out of 537 samples of wall paper had more than 0.1 grain per square yard.

Workers in compounds of arsenic often present general symptoms resembling those of lead poisoning; namely, anemia, loss of strength, loss of appetite, gastric disturbances, but instead of palsy of certain

muscles there is a painful neuritis and the arsenical worker suffers from lesions of the skin which serve to distinguish this form of poisoning very sharply from plumbism. Workers in Paris green suffer from painful redness of the eyes and from eczema of the eyelids, they have painful ulcers around the lips and nostrils and in the folds of the skin where the perspiration collects. Ulcers of the scrotum are particularly common.

During the latter part of 1900, there occurred in England and Wales an epidemic of arsenic poisoning, affecting at least 6,000 persons. The districts principally affected were in Lancashire and Staffordshire. The cause was arsenic which contaminated beer from breweries that used glucose and invert sugar from a single firm.

From 0.008 to 0.131 per cent. of arsenic was found in the glucose, and from 0.02 to 0.062 per cent. in the invert sugar, estimated as arsenous oxid. The arsenic came from the sulphuric acid, used to hydrolyze the starch to make the glucose and invert sugar, and contained from 1.4 to 2.6 per cent. of arsenous oxid.

Arsenic, as well as other irritants, is believed to predispose the tissues to growths of a cancerous nature.

*Arseniuretted Hydrogen* ( $AsH_3$ ).—More serious than arsenical dust is the gas, hydrogen arsenid, commonly called arseniuretted hydrogen, which is accidentally evolved in the course of many industrial processes. The effects of this gas often fail to be recognized because the presence of the arsenic is not suspected. Almost all of the metals used in industry are derived from arsenic-bearing ores, and are therefore frequently contaminated with arsenic. The larger part of the sulphuric acid used in industry is made from iron sulphid or pyrites, and may also have traces of arsenic. Whenever, therefore, such an acid and metal come in contact, hydrogen arsenid may be given off and severe, often fatal poisoning results from the inhalation of the gas. Workmen cleaning out or repairing iron tanks, which have held arsenic, have been poisoned in this way. Other occupations which involve this danger are the production of hydrogen from zinc dust and hydrochloric acid, and the use of such hydrogen for the flame of the lead burner and for filling balloons. Similar accidents have occurred in making acids from arsenic-bearing compounds; treating waste zinc from a galvanizing plant with hydrochloric acid to make zinc chlorid; pickling metals, i. e., dipping in acid in preparation for plating or enameling; recovering copper by electrolysis.

Arsenic is no longer used in the manufacture of aniline dyes, but arsenical poisoning sometimes occurs accidentally in dye manufacture during the process of reduction which requires the use of metallic dust and acid. Recently wholesale poisoning from this gas occurred on a British submarine, the source being the storage batteries in which acid



came in contact with plates made from an antimony-lead alloy which contained arsenic.

The symptoms of this form of poisoning are quite different from that caused by arsenical dusts. There is a rapid onset, with nausea, vomiting, pain in the epigastrium, headache, dizziness, dark or even bloody urine. The red blood corpuscles undergo a rapid destruction, falling sometimes to less than a million, and the liver and kidneys in fatal cases are found in a condition of hemorrhagic inflammation. The mortality in industrial cases is about 36 per cent.<sup>23</sup>

### MERCURY

Mercurial poisoning<sup>24</sup> may be contracted by workmen employed in extracting mercury from cinnabar (sulphid of mercury), in which it is usually found in nature. The ore is simply roasted and the mercury volatilizes and readily condenses in metallic form. Mercury volatilizes at a low temperature and it is this circumstance which creates much of the danger to those who work with this substance, especially to men who work in a closed and heated atmosphere containing the vapor given off by the metal. Mercury is absorbed by the digestive system, by the respiratory tract, and also through the skin. As an instance of the absorption of mercury through the skin Edsall cites two cases in dentists who were poisoned as a result of the custom found in many dentists of working up their amalgam in the palms of their hands.

The occupations in which mercury is used and in which mercurial poisoning occurs are: the separation of gold and silver from their respective ores, which is done by means of an amalgam; the manufacture of incandescent lamps, in which mercury pumps are used, to create a vacuum; in barometer and thermometer making; in felt-hat and fur dressing, in which mercuric nitrate is used; in water-gilding, where an amalgam of gold or silver, after having been applied to an object, is heated and the mercury driven off; and other industries.

The New York and New Jersey section of the National Civic Federation in three months' time found 60 cases of mercurial poisoning, a nervous disease called in the trade "the shakes," among the hat makers of Brooklyn, Newark, and Orange as a result of the mercury salts used in preparing felt.

The symptoms of mercurial poisoning are: anemia, headache, dizziness, tremor of the muscles, especially the tongue and limbs, fetid breath, soft, swollen, and ulcerated gums, and loosening of the teeth. The submaxillary and other glands of the neck become painful and the secretion

<sup>23</sup> T. M. Legge in Kober and Hanson's "Diseases of Occupation," page 3, Philadelphia, 1916.

<sup>24</sup> Report of Mercurial Poisoning in the Industries of New York and Vicinity: L. W. Bates, *National Civic Federation*, 1912.

of saliva excessive. Erethism and apprehensiveness are common; in severe cases depression and melancholia. A persistent and apparently causeless diarrhea is frequently a symptom of mercurial poisoning.

#### PREVENTION

The prevention of mercury poisoning is almost a direct counterpart of the prevention of lead poisoning. The air must be kept free of mercury, and this can be accomplished by proper systems of ventilation, by the use of hoods with forced draft and other devices to keep the mercury fumes away from the workmen. Rubber gloves may be worn to prevent absorption through the skin and also to prevent the carrying of the mercury to the mouth. Here again scrupulous cleanliness in and after leaving the workroom, a change of clothing, and washing the hands before eating are essential.

Other metallic poisons found in the industries are antimony, brass (an alloy of copper and zinc with more or less lead), chromium, manganese, vanadium, and selenium.

#### CARBON MONOXID

Carbon monoxid is a colorless, inodorous, and highly poisonous gas. It burns with a pale blue flame. It is one of the products of the incomplete combustion of illuminating gas, also of coal and explosives. It is met with in coal mines and other subterranean galleries where blasting has been effected by dynamite and gun-powder. It forms 7 to 10 per cent. of ordinary illuminating gas (coal gas) and 30 per cent. of water gas. It is the source of blue flame seen on the surface of an ordinary coal fire. The gas is given off in quantities from coke ovens; it is evolved from blasting furnaces in the smelting of iron, especially during the charging of furnaces and their tapping. Carbon monoxid frequently remains in the furnace, and workmen who enter such a furnace in order to clean it may be overcome. In England the law requires two workmen to clean furnaces; one stands by in case of accident. Carbon monoxid is also evolved from hot-water heaters; in the Leblanc process of soda manufacture; in cement and brick works, from the use of producer gas and a fuel oil. Carbon monoxid is given off in the exhaust gases from motor cars, and is responsible for the serious poisoning, often fatal, which has occurred when the engine of a motor has been allowed to run in a closed garage. Such accidents used to be called "petromortis" under the impression that the fumes came from the gasoline.

The poisonous properties of carbon monoxid are, according to Haldane, due to the great affinity it has for the hemoglobin of the red corpuscles. It has from 140 to 250 times greater chemical affinity for hemoglobin than oxygen. It forms carbon monoxid hemoglobin, a more

stable compound than oxyhemoglobin, and therefore prevents the oxygen being given to the tissues. When the percentage of carbon monoxid rises to 0.4 the atmosphere becomes dangerous to animal life. See page 941.

The inhalation of carbon monoxid causes headache and a sense of loss of power in the lower extremities. It is this circumstance which explains many of the cases of fatal poisoning in confined spaces. There are also dizziness, throbbing of the temples, ringing in the ears, a sense of lassitude, and, in severe cases, convulsions and loss of consciousness. The inhalation of small quantities also leads to delusions and other mental symptoms. If the gas enters a bedroom and is inhaled by persons who are asleep the sleep only becomes deeper and profound narcosis is developed from which there may be no awakening.<sup>25</sup> The damage done to the cells of the brain and cord may be permanent, paralysis and mental symptoms persisting after recovery from the immediate effects of the gassing.

Oliver gives the following illustration of the subtle poisoning by carbon monoxid at Pelton Fell, a mining village in Durham County. Some shale which had been tipped at the edge of a ravine caught fire. The carbon monoxid gas given off during the combustion traveled through the soil and entered two houses in different streets, full 30 feet away, causing the death of two elderly people. It is to the breathing of this gas during sleep that the death of tramps, drawn to the coke ovens by their inviting warmth on a winter's night, is attributed. I have already instanced the case of death from carbon monoxid resulting from the imperfect operation of a gas water-heater. See page 945.

### HYDROGEN SULPHID

Hydrogen sulphid is an extremely poisonous gas causing death instantaneously if inhaled in large quantities. In smaller amounts the symptoms caused are nausea, vertigo, headache, general malaise, all of which soon disappear if the workman goes into the open air.

The industrial processes in which hydrogen sulphid gas may be encountered are the decomposition of sulphids by acids in chemical works: the production of sulphur compounds such as sulphur monochlorid and barium trisulphid: the making of illuminating gas and coke by-products: the black bronzing of metals by means of sulphid of arsenic: the cleaning of boilers: certain processes of soap making where large quantities of fat are decomposed: the preparation of Prussian blue: the decomposition of ferrocyanid of potassium by sulphate of iron: the making of sulphur dyes, especially khaki.

In nature hydrogen sulphid is one of the products found during

<sup>25</sup> See also Bureau of Mines Technical Papers 156 and 106.

the putrefaction of organic matter containing sulphur. The gas may therefore be found about privies, the mud of marshes, and collections of filth and manure, but in quantities too small seriously to influence health. See page 947.

### OTHER INDUSTRIAL POISONS

**Benzol or benzene** is one of the coal-tar distillates, and is used either pure or as commercial benzene, which contains such impurities as xylene and toluene. Benzene is used as a solvent for rubber, also in the production of rubber, resin, iodine, phosphorus, sulphur and fats; and in the dyeing industry.

Benzene enters the body as a vapor, irritates the respiratory tract, and produces acute and chronic poisoning. In acute poisoning the symptoms are of respiratory and nervous origin and range from cough, vertigo, tinnitus, vomiting, perspiration and pruritus, to cyanosis, irregular pulse, anesthetics, delirium, convulsions, coma and death. In the chronic form there are purpuric hemorrhages from the mucous membranes of the mouth and nose and into the skin, fatty degeneration of the heart, kidneys and liver, anemia, an extraordinary leukopenia and death.

Benzene has been taken as a type of the volatile hydrocarbons, such as solvent naphtha, nitrobenzol, and other coal-tar derivatives.

**Anilin.**—Industrial poisoning from anilin and substances closely allied to it is well known in Germany and in Great Britain. It is just beginning to be known in the United States,<sup>26</sup> where it has already been the cause of many cases of poisoning among men engaged in the manufacture of rubber goods, in reclaiming rubber from scrap, in making anilin from benzene, and in using certain washes for press rollers. It also occurs in the dye industry. Anilin causes the formation of methemoglobin, and poisoning usually takes place through the skin, sometimes the lungs. It is commonly called "the blues" on account of the cyanosis produced.

Exposure to the fumes alone may cause poisoning, especially in the susceptible, but the most serious cases follow the spilling of anilin on the skin, and the first precaution to be taken in all cases of anilin poisoning is to make the man strip and take a full bath. Experience shows that skin absorption is far more important in industrial anilism than the breathing of fumes.

Early recognition of anilin poisoning is of prime importance, so that the sufferer may be withdrawn from the danger of further exposure. Men working constantly in anilin seem to acquire a certain amount of tolerance to it, but chronic poisoning may result apparently from cumu-

<sup>26</sup> Luce and Hamilton: "Industrial Anilin Poisoning in the U. S.," *J. A. M. A.*, May 6, 1916, LXVI, No. 19, pp. 1441-1445.

lative effect. After symptoms of poisoning have once manifested themselves, the individual is usually hypersensitive to the fumes.

**Manganese.**—Up to 1913, this rare form of industrial poisoning was not known to exist in the United States, but the researches of Casamajor<sup>27</sup> and of Edsall and Drinker<sup>28</sup> during recent years have brought to light some 39 cases, while the number reported from European countries is only 15. The poisonings follow exposure, usually for some months, to dust containing manganese dioxid. The symptoms were likened by von Jaksch and Seelert to those of multiple sclerosis, by Edsall and Drinker to progressive lenticular degeneration. The last two authors summarized the symptoms in such poisoning as follows: A history of work in manganese dust for at least three months; languor and sleepiness; muscular twitchings, from tremors to gross rhythmical movements of arms and legs, trunk and head; cramps and stiffness of the calves, usually at night; slight increase in tendon reflexes; ankle and patellar clonus; retropulsion and propulsion; peculiar slapping gait; occasionally uncontrollable laughter, less often weeping; absence of sensory, gastro-intestinal, eye, genito-urinary disturbances; negative blood, urine and spinal fluid findings.

**Carbon Disulphid.**—This is a powerful solvent for fats and gums and has long been used in the rubber industry for so-called cold or acid vulcanization. Sulphur monochlorid is dissolved in carbon disulphid and the rubber is dipped in the fluid or painted over with the fluid or hung in its vapors. This mode of vulcanization is not so generally used in the United States as in European countries.<sup>29</sup> The symptoms of carbon disulphid poison consist in excitement followed by depression and apathy. There is an increasing weariness and loss of strength, most marked in the legs, climbing stairs becomes difficult. There is usually drowsiness, even mental confusion, and sometimes severe headache and insomnia. In serious cases which come on rapidly, there is acute mania; in those that come on more slowly, paralysis. There may also be impairment of sight from atrophy of the optic nerve. Because of its inflammable character, carbon disulphid is gradually being replaced in rubber works by the non-inflammable and far less toxic carbon tetrachlorid. It is, however, coming into use in a new industry, the making of artificial silk.

**Brass.**—Brass is an alloy of copper and zinc, the cheaper varieties containing a large proportion of zinc and from 1 to 13 per cent. of lead. Brass founders' ague has been known for fully a century. It is an acute ague-like attack, coming on usually after exposure to the fumes of molten brass, but not until the man has left the shop and

<sup>27</sup> *J. A. M. A.*, 1913, Vol. LX, p. 646.

<sup>28</sup> *Journ. Industrial Hyg.*, 1919, Vol. I, p. 133.

<sup>29</sup> *Bull. No. 179, U. S. Bureau of Labor Statistics.*

gone into the cold air. He suffers from a severe chill, weakness, nausea, and then fever, sweating and prostration, but usually he is able to return to work the next day and hardly ever considers the attack serious enough to send for medical assistance. It is the zinc in the alloy, not the copper, that causes sickness, and it is only when volatilized in the form of fumes and inhaled that the effect is produced. Brass polishers do not suffer from "the shakes," and the sickness described as brass poisoning in brass polishers is often, if not always, lead poisoning

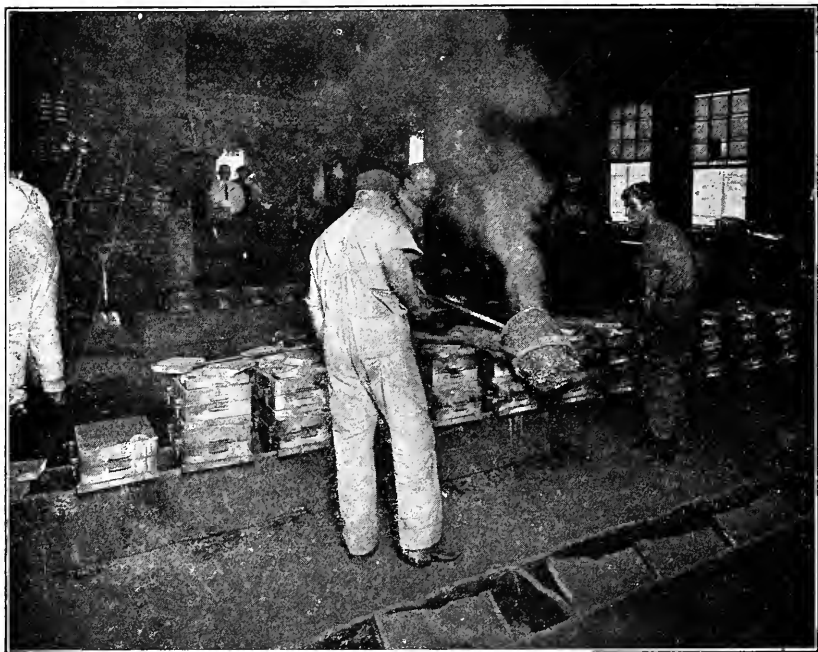


FIG. 157.—WORKMEN EXPOSED TO ZINC FUMES IN BRASS CASTING, CAUSING A CONDITION KNOWN AS "BRASS-FOUNDER'S AGUE."

from the dust of cheap brass containing lead. True brass founders' ague occurs also in braziers who weld together metallic surfaces with the aid of a solder containing brass; also in zinc smelters, and rarely in galvanizers working over a hot zinc bath, in autogenous welders working with zinc. The brass industry is generally considered more unhealthy than the average, for in addition to brass fumes and lead dust, workers are exposed to fumes of acids, of volatile solvents for shellac and lacquer, and to great heat.

**Wood Alcohol.**—Industrial wood alcohol poisoning has assumed great importance of late years in connection with the use of shellac, varnish, paint and varnish removers, the stiffening of felt hats, the making of celluloid and the making of dye intermediates and explosives.

In 1915, Tyson and Schoenberg<sup>30</sup> estimated that two and one-half million workers in the United States are exposed to wood alcohol by inhalation or contact in the course of their work, and they have discovered about 100 industrial cases. The effect of wood alcohol differs in many respects from that of grain alcohol. It acts more slowly, and is far more slowly eliminated. In a typical case, the workman suffers for some time from attacks of dizziness and headache and weakness, which gradually increase in severity, then he notices a dimness or fogginess before the eyes which may suddenly pass into complete blindness. This blindness is due to an optic neuritis, followed by atrophy and the result is partial or total permanent blindness. Severe poisoning causes death, preceded by blindness, convulsions and coma. See also page 94.

A revenue bill passed in 1906 permits the use in industry of grain alcohol denatured by the addition of 2 per cent., 4 per cent., 10 per cent., or 20 per cent. of wood alcohol, and 0.5 per cent. of pyridin bases. This is of course far safer than pure wood alcohol, but the use of the formulae containing the larger proportions of wood alcohol is not unattended with risk, for some people are decidedly susceptible and react to a small quantity of the poison.

**Other toxic gaseous vapors and fumes** occurring more or less commonly in industrial processes are: Acetaldehyd, acrolein, ammonia, amyl acetate, amyl alcohol, anilin and its oils, hydrogen sulphid, carbon monoxid, carburetted hydrogen, chlorin, diazomethane, dimethyl sulphate, dinitrobenzol, ether, ethyl nitrate, formaldehyd, hydrocyanic acid and cyanids, lydol and titron, methyl alcohol, naphtha and gasoline, nitrobenzol, nitrous gases, phosgene, phosphorus, phosphorated hydrogen, sulphur and sulphur dioxid, sulphurated hydrogen, turpentine and many others. Only a few of these have been discussed as examples. See also poisonous gases in the atmosphere, page 941.

### *DUSTY TRADES*<sup>31</sup>

Dust is the great enemy of the workman. Much ill health is caused by the inhalation of dust, some of which is also injurious when ingested and some of which is irritating to the skin, eyes, or exposed mucous membranes. Dust of all kinds, both organic and inorganic, is met with in the various industries. Organic dust is usually less irritating and dangerous than inorganic dust, which becomes harmful particularly when the particles are sharp and therefore irritating. The principal trades and occupations in which excessive amounts of dust are found are: all forms of grinding and many processes of polishing and cleaning; the textile industries; in the lead, copper, and iron trades irritating

<sup>30</sup> *J. A. M. A.*, 1914, Vol. LXIII, p. 915.

<sup>31</sup> See also page 931.

and poisonous dusts are raised; also in pottery works and masonry, and in the handling of leather, skins, feathers, wool, cotton, wood, paper, tobacco, cement, cutting diamonds and other precious stones; emery, glass, horn, bone and shell, grain and flour, etc. The amount of dust may be very great: <sup>31a</sup> thus Hesse found in one cubic meter of air the following amounts of dust in the occupations named:

Felt hat factory .....	175	milligrams
An old flour mill .....	48	"
A new flour mill .....	4	"
Mechanical knitting .....	3	"
Sculpturing .....	9	"
A paper factory .....	4-25	"
Iron works .....	72-100	"
A coal mine .....	14	"
A living room .....	0	"

The kinds of dust vary greatly in their hygienic significance. Some are poisonous, some act as mechanical irritants. The principal poisonous dusts found in the industries are lead, mercury, arsenic, manganese, and zinc; less often substances from tobacco, wood, dyes, and chemical works. The dust particles which act by mechanical irritation are especially the hard, irregular particles with sharp edges from iron, steel, and other metals; from granite, basalt, or marble; while those from coal, chalk, and plaster of Paris are less irritating.

According to Sommerfeld the following proportion of persons per thousand in the various dusty occupations mentioned die of pulmonary tuberculosis: <sup>32</sup>

Occupation without dust production .....	2.39
With dust production .....	5.42
With porcelain dust .....	14.0
With iron dust .....	5.55
With lead dust .....	7.79
With stone dust .....	34.9
With stone workers .....	4.3
With wood and paper dust .....	5.96
With tobacco dust .....	8.47

Persons exposed to excessive amounts of dust for long periods of time suffer from a general condition known as *pneumokoniosis*; when due to coal dust the condition is known as *anthracosis*; when due to stone dust, *siderosis* or *chalicosis*; when due to vegetable fibers such as cotton, *byssinosis*. The dust may, in part, be free in the alveoli of the lungs and in part is inclosed in the cells. The epithelial cells lining the alveoli act as phagocytes. At times some of the alveoli may be plugged

<sup>31a</sup> Winslow, C.-E. A., Greenburg, L., and Greenberg, D.: "The Dust Hazard in the Abrasive Industry." Rep. No. 530, P. H. Rpts., May 30, 1919, p. 1171; also, Miller, F. G., and Smith, H. F.: "The Dust Hazard in Certain Industries," *Jour. A. M. A.*, Mar. 2, 1918, Vol. LXX, No. 9, p. 599.

<sup>32</sup> F. L. Hoffman, "Mortality from Tuberculosis in Dusty Trades," *Bulls.* 79 and 82, U. S. Bureau of Labor.



with dust particles. Sometimes the dust remains in the lungs without any apparent reaction on the part of the tissues. Usually round cells appear in the interalveolar spaces, and other indications of irritation and inflammatory reaction take place, leading to connective tissue formation between the alveoli and thickening of the alveolar wall itself. This may progress to an indurative bronchitis; that is, several alveoli become drawn together by the contracting connective tissue into a nodule. Other

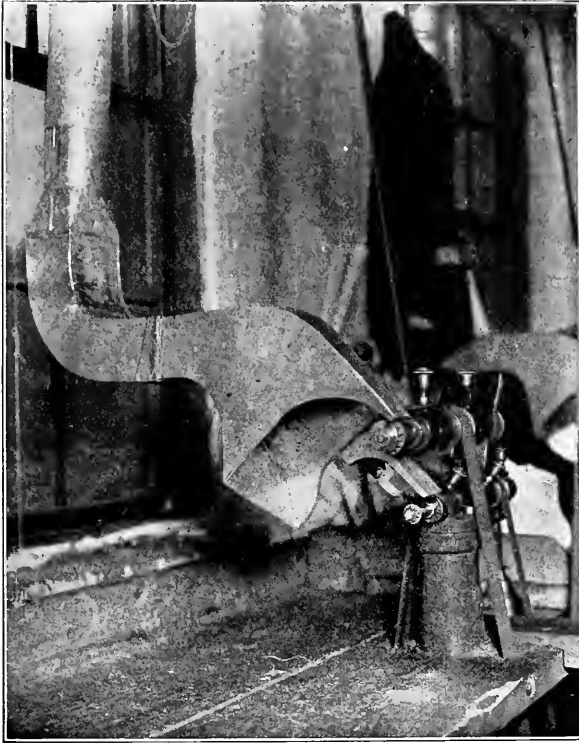


FIG. 158.—AN EFFECTIVE DUST-REMOVING SYSTEM IN THE BOOT-AND-SHOE INDUSTRY.

Edge trimming. (Mass. State Board of Health.)

forms of inflammation, such as nodular peribronchitis or nodular perivascularitis, may take place. The dust particles are also carried by the phagocytes to the regional lymphatics, where they lodge. These irritative processes cause a low grade inflammatory reaction which only awaits the coming of bacteria to start specific or destructive processes (page 927).

Some dust is especially irritating to the conjunctiva, as wood dust or arsenic. Certain kinds of dust are prone to cause chronic catarrhal inflammation of the upper respiratory passages, while dust containing specific microorganisms such as anthrax may lead to acute pneumonia (wool-sorter's pneumonia).

**General Principles of Prevention.**—Much of the dust raised in industrial processes may be limited by improvements in machinery or preventive devices. Sometimes the dust may be kept down by moisture, sprays, or even conducting the work under water when practicable. Certain dusty operations should be conducted in inclosed hoods or special cabinets so as to confine the dust and thus protect the work

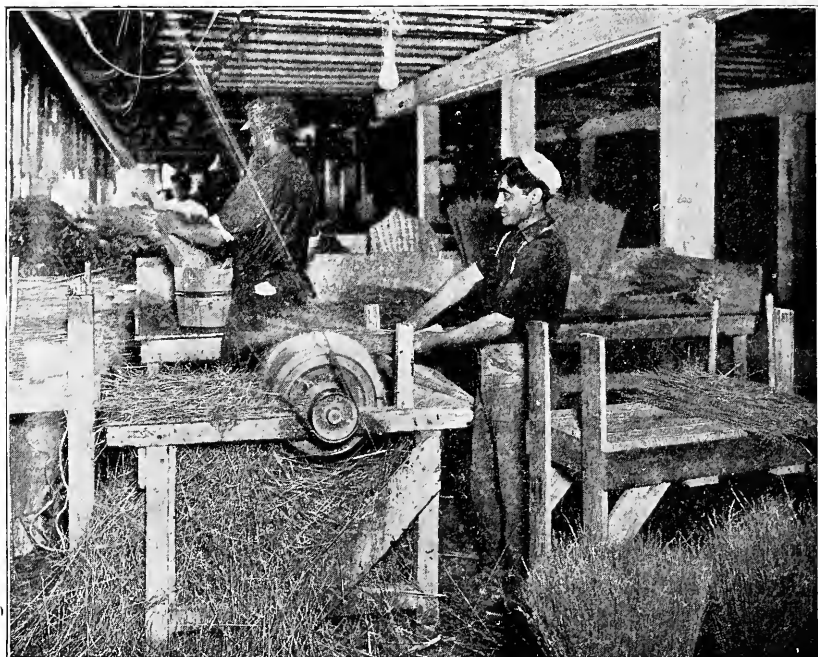


FIG. 159.—A VERY DUSTY TRADE.

Drum with nails which combs out the small pieces of broom corn. (Mass. State Board of Health.)

people, or the dust may be removed by suction fan devices. Good ventilation diminishes the danger very much. When workmen are compelled to stay in dusty atmospheres they should wear respiratory masks, and the number of persons thus exposed should be reduced to a minimum. Some exceedingly dusty processes, such as cleaning castings with a sand blast, demand the wearing of a protective headgear. Many workmen prefer taking chances to wearing uncomfortable respirators. For a further discussion of dust, smoke, etc., see Section VI.

### THE TEXTILE INDUSTRIES

The manufacture of cotton, linens, silk, and jute has received an unenviable reputation as a dangerous occupation, despite the fact that

these industries need not in themselves be particularly unhealthy occupations. The textile industries illustrate several points in the diseases of occupation. One is that an entire industry should not be condemned because one of its processes is attended with a certain amount of danger. The other is that the risks to health may be prevented or greatly ameliorated. General improvement in the sanitary conditions of textile mills is one of the promising signs of material advancement in industrial hygiene.

The principal conditions which affect health in the textile industries are: The working in a dusty atmosphere which is often kept very moist and usually very warm in order to keep the fiber pliable and workable. The humidity and temperature may be regulated, and by efficient systems of ventilation their ill effects may be minimized or even neutralized. The dust may also be lessened, and in the processes in which it is excessive the workmen may protect themselves with respirators.

Much dust is raised during the opening and emptying of the bales of the raw material. This is avoided in the better mills by the use of machinery. Most dust is raised during the process of "carding"; some during "roving," "spinning" the yarn, and "winding" it; and also considerable during "weaving." In linen factories the "hecklers," that is, the men who dress and sort the rough flax (converted into tow by having been passed through a machine), are exposed to considerable amounts of dust and suffer from dryness of the throat and bronchitis, attended by cough and shortness of breath. In the manufacture of sacks, twine, and carpets from jute the processes that are extremely dusty are the preparing and spinning. The dust given off by jute is irritating.

**Humidity in Textile Mills.**—Working in an atmosphere which is excessively moist and frequently very warm, and, further, containing an excessive amount of organic dust, subjects the workmen to artificial and unnatural conditions which cannot be conducive to health.<sup>33</sup> Presumably the heat and moisture predispose to rheumatic states and inflammatory conditions of the respiratory tract which are aggravated by the irritation of the fibrous dust. It is believed that workmen so exposed are more prone to contract common colds, bronchitis, pneumonia, tuberculosis, and other inflammatory diseases of the respiratory tract.

The humidity of the air is an important factor in the manufacture of textile fabrics. The former supremacy of certain English localities as textile centers was due to the naturally favorable climatic conditions. This led to the adoption of artificial means of increasing the moisture of the air in mills less favorably located. When the fibers contain a certain proportion of moisture they are elastic and cling closely together, and may be carded, combed, drawn out, and spun into yarn, and woven into cloth more easily than when dry. When the fiber is moist the work

<sup>33</sup> For effect of heat and humidity upon health see pages 904 and 964.

in all these processes runs better and smoother; finer grades of goods may be made from the same stock; there is less waste, and the machines may be run at higher speed with less attention from the operators. Yarn spun from dry fiber is harsh and kinky; it does not retain its twist and breaks easily; furthermore, there is more dust and "fly" which menace the health and comfort of the work people.

The temperature and humidity most suitable for obtaining the best results in each process with material of different character and quality have been determined with considerable care, and, generally speaking, have been found to be such as would not be prejudicial to health. Despite this knowledge excessive moisture and high temperatures injurious both to health and to the processes of manufacture are found in some mills.

The necessary humidity in textile mills is obtained by a number of different devices. The methods which depend upon the introduction of moisture directly into the mill rooms are more objectionable than the humidification of the air forced into the rooms by some system of mechanical ventilation. In any case, the water used to moisten the air should be clean and free from odor or objectionable impurities.

The simplest method of producing artificial humidity in mill rooms is by sprinkling water upon the floor and trusting to natural evaporation. This method, known as "degging," was widely practiced at one time, and is still occasionally found in some foreign mills. Degging was replaced by shallow channels in the floor for the water, or by the placing of pans of water about the room, and later by introducing steam directly into the room. Steam is objectionable for the reason that it unduly increases the temperature. The modern types of humidifying apparatus depend upon moistening the air by passing it over water surfaces or through water curtains. The spray moisteners are made in a large variety of patterns. Some are constructed on the principle of the common household atomizer.

In Massachusetts there is a law regulating the amount of humidity and temperature in the textile mills which is based upon the English schedule contained in the Weaver's act of 1870. The conditions in Massachusetts, however, are so different from those found in England, especially in the summer time, that the schedule has not been found practical. Much of the ill effects in the textile industries may be neutralized by good ventilation, abundant air space, cleanliness, sufficient light, and the use of improved machinery. Special rooms should be provided for the clothes, in order that the moist garments may be changed for dry ones before the work people go into the open air, thus avoiding the chilling effects of damp garments.

*WOOD DUST*

It is well known that workers in wood are subject to the mechanical effects of ordinary sawdust, which is moderately irritating. Workers with boxwood, teak, and sequoia (redwood) are subject also to the general poisonous effects of alkaloids and other substances contained in these woods which may have more marked general effects, especially on the circulation and, still more frequently, marked local effect on the mucous membranes and the skin. In 1902 Young observed that men working with Maracaibo boxwood complained of dryness of the throat and inflammation of the eyes which lasted two or three days. This wood is used in the making of rulers. Oliver notes that joiners that saw and chip sequoia wood suffer with symptoms resembling a bad cold in the head and chest; a tolerance seems to be established except by men who are liable to bronchitis and asthma. Wounds caused by splinters of the wood invariably suppurate and do not heal readily. Oliver found that rats were also susceptible to sequoia sawdust. They suffer from a running at the nostrils.

Certain kinds of wood have a bad reputation among joiners. Some sawdusts are more irritating than others, probably from the large amount of inorganic matter they contain. A West African boxwood from which shuttles are made causes headache, coryza, excessive secretion of tears, and attacks of asthma. These woods contain alkaloids, glucosids, and other extractives. Workers in teakwood occasionally suffer from dermatitis.

*MINING*

Coal mining is one of the dangerous and unhealthy occupations. The dust, the unnatural conditions under which the miner is compelled to work underground, the poor air, and sometimes exposure to poisonous fumes all conspire to make this occupation one attended with unusual risks. The unsatisfactory methods for disposal of feces often found in mines favor the spread of hookworm and other parasites. To this must be added the danger of accidents and explosions.

The conditions of mines have been greatly improved, especially through better systems of ventilation, through the use of safety lamps, through reduction of the amount of dust, the regulation of the hours of occupation, and devices to detect poisonous and explosive gases. The sanitation and cleanliness of mines have also shown development. As an illustration of some of the complications and difficulties of this subject, reference is made to the fact that moisture will prevent explosion in mines. Moisture was, therefore, introduced into some of the German mines with good results, so far as explosions are concerned, but the moisture favored the development of the hookworm larvae and hence

caused such a great increase in the amount of hookworm infection that it became necessary to seek other methods.

The mortality from accidents and diseases of the lungs is high. Coal miners' phthisis, or anthracosis, is a well-known disease. Although coal is a vegetable product the result largely of microbial action, fresh coal is free from microorganisms. Oliver points out that in some of the mining centers colliers not only suffer less from pulmonary tuberculosis than persons in other occupations, but that they also suffer unequally in dif-

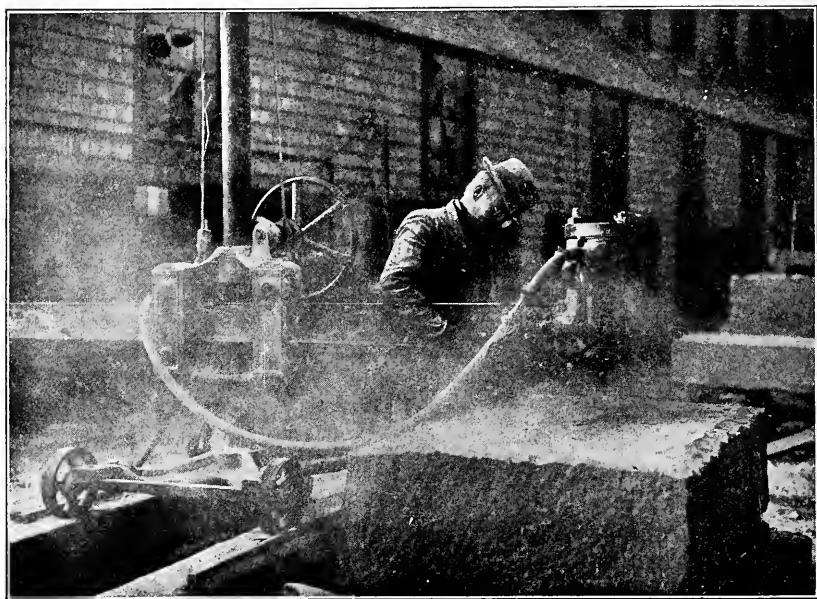


FIG. 160.—THE STONE INDUSTRY.

The workman is using a surfacing machine operated with compressed air. The strong blast of air keeps the granite clean, but gives rise to a great amount of dust. Of the mineral dusts granite is generally considered as most irritating. (Mass. State Board of Health.)

ferent mining centers. Why this is so it is difficult to say. While the death rate from pulmonary tuberculosis in miners is in some places low, that due to non-tuberculous affections of the lungs is, comparatively speaking, high.

DeCrocq speaks of the rarity of phthisis among Belgian coal miners. Arnold reports that in Germany tuberculous diseases are rare among coal miners and that there is a prevailing opinion that anthracosis is antagonistic to tuberculosis. Goldman attributed the freedom of the coal miner from pulmonary tuberculosis to an antiseptic action of the coal dust.

Other diseases to which coal miners are subject are "beat hand," as a consequence of using the pick and friction of the handle. The skin of the palm over the bases of the fingers of both hands, also the skin

over the fleshy ball of the thumb and that of the other side of the hand, becomes extremely hard and horny. In addition to the enormous thickening of the epithelial layers of the skin there is inflammation of the subcutaneous connective tissue. Occasionally suppuration takes place in the deeper layers of the hard skin. The suppuratory areas are called "keens" by the miners. Beat hand is a painful affection and unfits the individual for work for some time. A similar condition sometimes occurs on the knees and elbows, hence the term "beat knee" and "beat elbow." Miners also frequently complain of backache, largely the result of the peculiar mode of sitting while at work. Dyspepsia, miner's nystagmus, and ankylostomiasis are other conditions to which miners are prone.

**Cancer.**—Chronic irritation produced by coal and petroleum products acts as a chemical irritant in the production of cancer, accounting for chimney sweep's cancer and the tendency to cancer among workers in tar and paraffin, anilin, tobacco, and soot. Arsenic and other irritants are believed to predispose to cancerous growths. See pages 385 and 646.

### EFFECTS OF HEAT

In many trades workmen, more particularly firemen, stokers, workers in foundries and steel mills, are exposed to high degrees of heat. Edsall<sup>34</sup> has recently called attention to the ill effects of exposure to unusual degrees of heat. The symptoms are acute, violent muscle spasms. The acute effect may be heat-stroke and heat prostration; there may be nervous lesions such as focal meningitis, as well as more or less serious circulatory weakness, anemia, acute and chronic disturbances of digestion, acute and chronic nephritis. Respiratory diseases and skin lesions appear to be unduly frequent in persons exposed to high degrees of heat. There is more than a suspicion that cataracts, retinal and choroidal changes, or chronic conjunctival lesions are brought on in glass-blowers and perhaps also in iron puddlers and other persons whose eyes are exposed to very intense heat and light. De Schweinitz states that he can often tell whether men working at puddling furnaces are right-handed or left-handed by studying the effects of this exposure on their eye grounds. Ropke<sup>35</sup> states that Quint described to him cases of right-sided cataract in right-handed iron workers and left-sided in those who were left-handed.

**Unnecessary Noise.**—Unnecessary noise may become a nuisance, and under certain conditions is a menace to health, especially high-pitched sounds long-continued, which lead to deafness; hence the deafness of boiler makers and others is a true occupational disease. Siebenmann and others have demonstrated that long-continued exposure to high-pitched

<sup>34</sup> *Jour. Amer. Med. Assn.*, LI, Dec. 5, 1908, p. 1969.

<sup>35</sup> Weyl's "Handbuch der Arbeiterkrankheiten," 1908.

sounds causes degenerative changes in the organ of Corti in the internal ear.

Noises also disturb rest and sleep, irritate the nervous organism, and induce unpleasant results. The susceptibility to noises varies greatly. Many unnecessary noises can be stopped in shop and street with a corresponding saving of energy and increase of efficiency. It is now realized that unnecessary noise represents misspent energy, and hence so much avoidable waste. Quiet zones at least should be established around schools, hospitals, churches, courts, lecture and music halls, etc.

**Lighting in Industries.**—See pages 916 and 1342.

### COMMUNICABLE INFECTIONS

There are several infections to which workmen in certain industries are specially subjected. Of these the best known are: anthrax, or wool-sorter's disease from hides and hair; and hookworm disease, or miner's anemia, from polluted soil. Also glanders from horses. Tuberculosis sometimes results directly, but more often indirectly, from occupation.

**Wool-sorter's disease** is an infection with *Bacillus anthracis*. The spores cling to the hides of animals that have died from the disease or have been slaughtered on account of it. Spores also remain attached to wool and horsehair and to pig's bristles used in brush-making. The infection may be taken in through the slightest scratch or any open wound or through inhalation of dust containing the spores, or may be ingested in the food. Wool-sorter's disease most often appears in the wool-sorting, wool-combing, and spinning industries, in the manipulation of horsehair for stuffing chairs and mattresses, and the preparation of bristles for brush-making. Anthrax has also been met with in persons employed in tanyards and in warehouses that connect with docks. The subject is fully discussed by Legge in his Milroy lectures.<sup>36</sup>

The prevention of anthrax is first and foremost a problem in animal husbandry which, in this country, comes under the purview of the Bureau of Animal Industry. Animals having anthrax should be killed and all anthrax carcasses should be buried, incinerated, or tanked in such a manner as to destroy the infection and prevent its dissemination. This is one of the questions for international sanitary agreement, for the wool from Prussia, the hair and mohair from Asiatic Turkey, the horsehair from China, the bristles from Siberia, and the hides from India may carry the anthrax spores from these far-off lands and cause infection among our workmen. It is exceedingly difficult to disinfect hides so as to kill the anthrax spores without damaging the hides for commercial use. The methods of disinfecting hides, as well as wool, bristles, hair, etc., are discussed on page 403.

<sup>36</sup> *Lancet*, March 18, 1905.



**Glanders.**—See page 396.

**Hookworm Disease.**—Miners are specially subject to hookworm disease. The parasite enters through the skin from the polluted soil of the mines. The outbreak which called attention to this danger was the epidemic which occurred among the workmen on St. Gothard's tunnel in 1892. Since then the disease has been called "miner's anemia." Gunn<sup>37</sup> found that from 50 to 80 per cent. of those working in the mines of California and the neighboring state of Nevada were infected with hookworms. For a full discussion of hookworm disease see page 153.

**Mouse Favus.**—Mouse favus, or *Favus herpeticus*, in man has recently assumed significance in the United States because of the possibility of those who handle Australian wheat, or who are engaged in milling it, may become infected from the bags, dead mice, or possibly from the wheat itself. Men employed in resacking the grain and women employed in mending the torn and gnawed bags have developed many cases of favus of the glabrous skin. This is the *Favus herpeticus* of Quincke, caused by the dermatophyte *Achorion quinckenium*, which is quite distinct from the typical human favus due to the *Achorion Schoenleinii*. The disease in man develops clinically much as herpes tonsurans. The infection is usually not serious, yielding readily to treatment, and is far more readily cured than favus vulgaris of the scalp.

**Tuberculosis.**—Tuberculosis is often spoken of as the most important disease of occupation. There is no doubt that it is the most important single problem in industrial hygiene, but whether it is commonly contracted as a result of occupation is a question. It is certain that dusty trades, poorly ventilated workrooms, sedentary occupation, fatigue, irritating fumes, long hours and the grind of routine, as well as other factors found in industries, predispose to the disease.

The view generally accepted now is that the infection is usually contracted in infancy or early childhood, but manifests itself clinically later in life. The problem of tuberculosis is intimately bound up with personal habits and home life. Therefore, it is quite as proper to consider it a house disease as an occupational disease. Bad sanitary and hygienic conditions light up latent infections, and it is hopeless to expect arrest or cure of the process so long as the victim continues to work under unfavorable conditions. The problem of what to do for the tuberculous workman and his family, with the "cured" and arrested cases, as well as to find suitable occupation for the pretubercular types, is often a difficult puzzle for the social worker.

Statistics plainly show that tuberculosis, as well as bronchitis, empyema, and other diseases of the respiratory tract, is unusually prevalent among grinders, engravers, compositors, stone workers, millers, bakers,

<sup>37</sup> J. A. M. A., Jan. 28, 1911. Vol. LVI, No. 4, p. 259.

plasterers, brass workers, glass cutters, furriers, weavers, and other trades in which there is undue exposure to dust and irritating vapors.

The subject of tuberculosis is discussed in full on page 163.

Other occupations in which there is a special exposure to the risk of various infections are: physicians, nurses, ward-tenders, pathologists, experimental investigators, etc.

### THE CAISSON DISEASE

The effects of compressed air and the effects of rarefied air are discussed on pages 887 and 890.

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## SECTION XIII

### *SCHOOL SANITATION AND PERSONAL HYGIENE*

It took a long time to realize that the whole child goes to school—his body, mind, and soul; that education of the mind alone is one-sided and may be hurtful; finally, that the hygiene of the child and his teacher, as well as the sanitation of school buildings and their equipment, is of fundamental importance. The combination of compulsory education and schools having an unbalanced curriculum or impure water or vitiated air or improper sanitation, is nothing short of a crime by the state against the state. The child profits directly from attendance upon a school which has due regard for the child's physical well being and the development of his character; the state profits indirectly from the lessons in sanitation and hygiene which are carried into the child's home, and are applied as a matter of course in the home of the future citizen. Thus the principles of personal hygiene and sanitation become second nature, and in this way the conquest of the preventable diseases may be materially hastened. It is an economic waste to educate children and then permit them to die of some preventable infection before they have reached the period of maturity and productivity.

The school furnishes abundant material for the physiologist and the psychologist to study growth and development. The effect of the nature and order of the studies for each school year; the hours of work, rest, and play; the direction of physical exercise should all be regulated according to the average requirements and capacities of each school period, and should be based upon accurate observations extending over long periods of time. Both the immediate effects and the remote influences upon adult life should be taken into consideration. Youth is the time of unrest and activity, and it is part of the school work to direct these energies so as to obtain the best development; youth also requires generous nourishment and sufficient sleep. A child who comes to school tired and worn from disturbed slumber cannot profit in body or mind. The child who comes to school hungry or who does not have a judicious luncheon at the recess period is seriously handicapped physically and mentally. The quality of the food offered for sale at recess should be under close scrutiny. The hot lunches and nutritious food furnished some of the school children in Boston, New York and other cities at a reasonable price is a practical and wise movement. See pages 674-676.

One of the duties of the school is to teach and to require at all times cleanliness of person and clothing. The example of clean school-rooms, corridors, lockers, toilets, basement, and grounds will, in time, influence the young citizen. Floors especially should be kept clean and the child be required to use the door mats before entering the building. Dust must be discouraged in all ways. In some schools in poor districts it is a good plan to have shower baths for those pupils who do not enjoy good bathing facilities at home. A toothbrush drill is the means of teaching many a child the first principles in dental prophylaxis. The teacher should be constantly on the lookout to impress upon the pupils the elementary facts in hygiene, such as turning aside the head and holding the handkerchief before the mouth and nose when coughing or sneezing. The teacher should discourage the habit children have of carrying their fingers to their mouths and noses. The anti-spitting rules should be reiterated and strictly enforced. The danger of mouthing toys and pencils and the habit generally of placing things in the mouth should be discouraged; "swapping" partly eaten articles of food should be prohibited, and the reasons explained. Cleanliness is not instinctive in children; it must be learned. The significance of modern biological cleanliness can come only through education and example. Progress in these matters cannot be made without an intelligent understanding on the part of the teacher. It is therefore important to teach the teacher.

Fatigue, prolonged and oft repeated, may injure the development and health of the child. Fatigue is favored by poor ventilation, compulsory sitting upon hard and ill fitting seats at improperly constructed desks, prolonged tension of a strict discipline, studies that are too intensive, and insufficient relaxation or inconsiderate treatment of the little ones. Discipline, obedience, and regard for the human rights of others are among the most important things learned at school.

Many a child is unjustly disciplined and his little soul harassed through no fault of his own, but perhaps on account of defective eyesight or hearing, or some other physical handicap, or as a result of mental deficiency, or even an unusual mental proficiency.

The question of home work should be carefully regulated in accordance with the capacity and age of the child. Children should not be kept busy at prescribed work most of the hours of the day. Some time should be left for quiet play and the encouragement of personal inclinations during which time the best development unconsciously occurs. Initiative, self-reliance, and self-help are submerged by lack of free time. The amount and nature of the work, both in and out of school, must be judiciously considered and should be based upon long years of careful study and observation. The immediate as well as the remote effects should be taken into consideration. Many an ill-tempered child is simply

overwrought and chronically tired out through excessive application of a conscientious and studious nature to tasks beyond the physiological capacity of his little brain and body.

The child should not be sent to school too young. Children must first learn to walk, run, talk, and coördinate muscles before they undertake reading, writing, and arithmetic. Children should rarely be permitted to start school life until they have passed their sixth birthday. Few are sufficiently developed or sturdy enough properly to endure, either mentally or physically, the discipline and exactions of application and study before that age.

Pupils should not be graded according to their ages, but according to their capacity and physical development. Individual aptitudes should be encouraged. The work should be as individual as practicable, and special classes made of backward as well as of forward minds. Special facilities should be afforded for the progress through school of those showing unusual ability.

For the elementary schools one short morning session is enough, but city circumstances often demand two sessions. The general tendency is to reduce the hours of compulsory school attendance and increase the optional time through elective systems which encourage and foster native talents.

Primary pupils should not spend more than one-third of their school time in their seats. Exercises of various kinds that call into play muscular activity are most important at this age, not only for mental growth, but for physical growth, as well as for relief from the fatigue occasioned by sitting at desks.

The child on beginning school life enters an environment radically different from the free and active life which was his before school days began. The effect may be seen by the fact that children usually lose weight and the nervous system becomes affected during the first weeks of school.

The rural school is a problem of magnitude, for 60.7 per cent. of the children of the country are in hamlets and towns of 2,500 and less. Only 18.3 per cent. live in cities of 100,000 and over. The difficulties of the "little red schoolhouse" require special consideration.

Ungraded or special schools should be provided for backward and defective children (page 1349) and for those having favus, ringworm, rachitis, or other conditions requiring either special pedagogical methods or particular medical treatment. Open-air or fresh-air schools for children who have or are threatened with tuberculosis serve a very useful purpose. Ungraded schools for backward and defective children should emphasize vocational training. These children present a serious problem for society. See page 608.

College life is beset with the problems of adolescence—Venus, Bacchus and Mars. The dangers of this age are the venereal peril, tuberculosis, intemperance and drug addiction. The sudden freedom of university life after the strict restraints of preparatory schools is sometimes more than youth is able to withstand.

Finally, the whole school program should demonstrate that the object is not to teach the child to be a child, but to direct his development so as to become a useful man or woman. The school system should therefore be carried out with due regard for future events and should be correlated with the adult life of the child.

**Health Education.**—Health education is fundamental and should be included as part of the required work of all grades. It is comparatively easy to teach and influence children, very difficult to change the habits of adults. All children should learn something about the structure and functions of the body in addition to the principles of hygiene and sanitation. The program of health should make the teaching of health and the prevention of disease an essential part of the education in all schools. It should furthermore seek to improve health and efficiency by practicing the art of hygienic living. It requires constant instruction by example on the part of the teacher in personal hygienic habits and cleanliness. It is necessary to teach the teacher in order that children may receive sound instruction. Teachers, nurses, parents and the children themselves need education concerning adequate nutrition and especially the importance of rest and the evil of chronic fatigue for growing children. The program for health education should cooperate with medical school inspection. Defects which interfere with growth or otherwise handicap children should be removed or corrected.

The best methods are simple and direct. A graded series of textbooks should be used. Interest may be aroused by the picture man, the health fairy, attractive literature, group competition, classroom drills, and above all by the example of the teacher in health habits. In this way advantage is taken of the imitative tendency of children—good example is contagious.

**School Building.**—The school must be centrally located, so as to be convenient especially for the primary and grammar grades, and the school building should be modern, artistic, clean, and sanitary in all its appointments. Every school building should have playgrounds connected with it. Playgrounds should be level and located on the sunny side of buildings; about 30 square feet for each pupil is necessary to meet the demands of play. Thus 1,000 pupils require 300 x 100 square feet for playgrounds alone. In cities, roofs may be utilized for play. A limited play area is best utilized by organizing recess play by sex and grades. School-houses should be built in places that are quiet and free from traffic and nuisances, dangers of various kinds, and on ground

that is either naturally dry or made so by subsoil drainage. The building should be solidly constructed and should stand apart, so that sun and air may reach it from all sides. A substantial and artistic structure well placed has an important influence upon the young mind and character. Trees and judicious landscape gardening should provide shelter and shade and add to the attractiveness. The foliage, however, must not interfere with the light and ventilation of the school-rooms. If the building faces north, with corridors and stairs on this side, all the rooms will have sunlight at some time during the day. The best general arrangement of the plan of the building is that in which the school-rooms are all placed on one side of the building, with the corridors, halls, stairways, and wardrobes on the other. Built in the old way, with rooms around a central well, school-houses have dark central halls and staircases, and favorable lighting cannot be had in some of the school-rooms.

The basement should be under the whole building and carefully protected against dampness. Further, the basement should be well lighted, sunny, and kept clean.

School buildings should have at least two entrances, with doors opening outward; the halls and corridors should be generous and well lighted, and the stairs have easy risers and treads for children. The risers should be about 6 inches and the treads no greater than 12 inches. Inclines may be substituted for stairs.

**The School-room.**—The school-room is the unit in planning a school building; that is, the building should be a number of school-rooms properly disposed, and not a building cut into school-rooms whose size and arrangements are dependent upon the size and shape of the building.

Some of the important considerations in the school-room are the number of pupils to be accommodated, its size and shape, the amount and direction of the light, the ventilation and heating. The three special requisites necessary in all school-rooms are: *adequate air and lighting, proper seating facilities, and suitable books.*

The minimum floor space for each pupil should be 15 square feet. If 18 square feet are allowed all exercises are made easier both for pupil and teacher. Two hundred cubic feet of air space is the minimum commonly allowed; therefore a standard school-room designed to accommodate 30 pupils should be 20 feet wide by 24 feet long, with a ceiling 13 feet high. The best shape for a school-room is that of an oblong, the width being to the length about as 3 to 4. No teacher should be required to have classes exceeding 30 pupils. The rooms, floor space, and air space should be at least as capacious for the primary as for the grammar grades.

## BOSTON STANDARD—ELEMENTARY GRADES

*Size:* 20 ft. by 28 ft. elementary grades.  
 20 ft. by 30 ft. for upper elementary grades.  
 12 ft. high in clear.

About ten or twenty per cent. of rooms should be of a size to seat 50 pupils.

## KINDERGARTEN

800 to 900 sq. ft. and capable of having a circle 16 feet in diameter painted on floor with at least 4 ft. all around it.

## HIGH SCHOOL

26 ft. by 32 ft. for 42 pupils.  
 33 ft. 8 in. by 43 ft. for 60 to 80 pupils.  
 16 ft. by 26 ft. for recitation rooms.  
 3,750 to 4,000 sq. ft. with a height of not less than 24 ft. for high school gymnasium.

The color of the walls should be such as to absorb the least light and prove least taxing to the eyes. A light green-gray is favored for the walls, and white or cream for ceilings. The surface should not be glossy and should either be coated with an oil paint, so that the walls may be washed, or, better, calcimined with a water paint that may be readily renewed. The ceiling should be white, so as to reflect the light.

**The School Furniture.**—The most important articles of school furniture, considered from the view of hygiene, are desks and desk chairs, for the reason that the pupil spends during school hours so much time at work at his desk. Unless, therefore, desks and chairs are constructed with full regard for certain well-known laws of hygiene they produce defects of eyesight, injurious effects as to posture, and wrong habits of carriage which are borne through life and, sadly enough, become more pronounced as the years increase.<sup>1</sup>

Professor Bowditch<sup>2</sup> of Harvard University carefully measured and weighed 25,000 school boys and girls of Boston and found surprising variations. Taking ages on their last birthdays Professor Bowditch found the variations in height indicated in the table on the following page.

Besides the variations in height there is also variation in growth, and provision for this difference must therefore be made in the construction and adjustment of the desk and seat. The growth of girls is more rapid from 12 to 14 years of age, while boys grow most rapidly from 14 to 16 years of age. The annual growth during the maximum period

<sup>1</sup> Shaw, Edward R.: "School Hygiene." The Macmillan Co., N. Y., 1902.

<sup>2</sup> Twenty-second Annual Report, State Board of Health of Mass., 1890, pp. 479-522.



*Variations in Height of Boys and Girls*

	Boys	Girls
6 years of age.....	47.13 *	47.36
	40.66	40.57
Difference.....	6.47	6.79
11 years of age.....	57.50	57.96
	49.47	49.33
Difference.....	8.03	8.63
15 years of age.....	67.90	65.00
	56.55	57.39
Difference.....	11.35	7.61

\* All figures are inches.

is often an inch more than the annual growth at other periods. Further, there exist certain anatomical differences of proportion between boys and girls. The sitting height of girls is greater proportionately than their standing height in comparison with boys.

*The Desk and Seat.*—The desk and seat must therefore be adjusted so as to provide for differences of height and differences of growth. The desk must not be a prison stall, but should be comfortable and roomy. It must not favor the development of myopia and must not force a pupil into wrong postures. The matter is of greater importance than school men generally recognize.

The chair and seat should be of such a height that the thigh of the pupil when seated will be perfectly level, the lower leg being in an exactly vertical position, with the foot resting wholly upon the floor; that is, the thigh and the lower leg will, when the chair is of a proper height, form a right angle with each other. The seat must therefore be adjusted accordingly. The seat itself should not be flat, but somewhat concave, the lowest part of the concavity being where the tuberosities of the ischium rest. The concavity has the additional advantage of counteracting the tendency to slide forward on the seat when the pupil leans back. The seat should have a back rest that will support the small of the back properly without leaning back excessively. Whether or not it supports the rest of the back is of small consequence. Support of the back carried to the level of the shoulder blades is likely to do more harm than good.

The distance between the seat and the desk should be such that the scholar may read at the desk and write on it without leaning forward more than a little and without entirely losing the support of the back rest. The desk should not be so close as to press against the abdomen, nor near enough to interfere with easy rising from the seat. This

means a distance of  $10\frac{1}{2}$  to  $14\frac{1}{2}$  inches from the edge of the desk to the seat back. It also means that the seat must not project under the desk more than an inch at most. The desk should be high enough for the arm to rest comfortably without much resting on the elbow; not, however, so low that the pupil must bend down to write on it.

If the desk top is made to slide backward and forward it will give the pupil more freedom of movement while at the desk and will also permit him to sit down at the desk and rise from it with greater ease.



FIG. 161.—FAULTY POSTURE. (Shaw's "School Hygiene," Macmillan Co.)

One of the important considerations of a school desk is the proper slope of the top. It is well known that the line of light which least taxes the eyes should fall upon the printed page perpendicularly to its plane. To accomplish this some writers recommend a slope of  $45^\circ$  for the desk top, others  $30^\circ$ . These angles, however, are not practicable. The Vienna Expert School Desk Commission recommends an angle of  $15^\circ$  for the desk top, which is also approved by the experiments of Shaw. Such a slope permits a correct posture in vertical writing.

A foot rest is sometimes attached to desks. The weight of opinion is now against foot rests, as they restrict the free movement of the pupil's feet while at the desk and interfere with opportunity to shift his feet and legs for relief from inactivity, and further interfere with

the thorough cleansing of the floor under the desk. Shaw recommends the Heusinger desk, Fig. 162, and also the Ideal desk. The desk and seat shown in the accompanying photograph, Fig. 163, are known as the Boston school desk and chair. There are now many thousands in use in the Boston schools, and they are being adopted elsewhere.



FIG. 162.—THE HEUSINGER DESK. (Shaw's "School Hygiene," Macmillan Co.)

The seat and chair should be adjusted for each pupil when he enters school or is transferred to another room. Desks and seats should be adjusted at least twice a year: at the opening of school in September and again in February or March.

*The Blackboard.*—The blackboard should be placed upon the wall opposite the principal light. The board should not have a shiny, reflecting surface, and should never be placed between windows or near them.

The best blackboards are made of slate, as they can be washed, which

lessens the dust nuisance. The best slate for this purpose is a greenish or strong black color, which is to be preferred to the grays and brownish-blacks. The loss of light by absorption can be reduced greatly by reducing the blackboard area, and also by covering the blackboard with adjustable curtains. Colored crayons made with arsenic or sulphid of mercury carry danger and should be prohibited. Dustless crayons may now be found on the market.

**Posture.**—Every condition must be eliminated and every care exer-

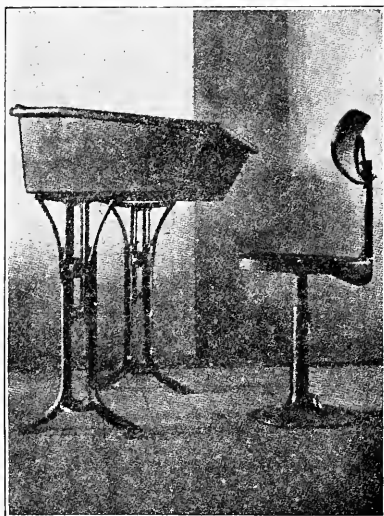


FIG. 163.—BOSTON SCHOOL DESK AND CHAIR.

cised to prevent the acquiring of physical defects in school, as well as to prevent the accentuation of those physical defects which the child may have possessed before entering school. Posture during sitting is of greater consequence than posture during standing, on account of the longer time the child sits and the muscular fatigue caused by the inactivity of a great number of muscles of the body for a long period. Stooping over the desk leads to myopia; it also contracts the chest and interferes with free respiration, and puts additional labor on the heart; it leads to round shoulders and curving of the spine backward and a carriage in which the head is pitched forward; it also

tends to displacement of the internal organs, both of the abdomen and pelvis.

In order that the pupil may be in a proper physical condition to maintain an erect posture while in his seat, and thus form correct habits which he will carry through life, he must be given periods of relief from sitting at the desk and corrective exercises at different times during the day. In the first year the child should not be confined at his desk more than one-third of the time. In the succeeding years the total amount of time occupied at the desk may be gradually lengthened. In addition to the regular recesses there should be frequent short intervals of respite from sitting at the desk devoted mostly to some form of physical exercise. Vertical writing is conducive to a better position of body and consequent proper separation of eyes from objects regarded than the slanting variety.

**A recess** of not less than 20 minutes during the morning session and again during the afternoon session, when all pupils, if the weather and climate permit, go out of doors and engage in some form of active play,

is of incalculable value in its results upon physical health and mental development. In addition there should be given to each grade every school day at least two short periods of systematic physical drills for pupils and teacher with the windows open.

**Lighting.**—The light must be of proper intensity, equally diffused, and come from the proper direction. So far as intensity is concerned the light must be neither too dim nor too strong, both extremes being harmful. The general rule is that the amount of transparent glass surface admitting light should be from one-sixth to one-fourth of the floor space. The correct amount of window space will depend on the location of the building, direction from which the light is admitted, size and shape of the room, and the proximity of other buildings or objects which might obstruct the light.

The amount of transparent glass surface required for proper illumination must be great enough to afford sufficient light on rainy, overcast, and cloudy days. Excessive window space is scarcely possible, for the excess illumination on bright days may be regulated and softened with shades and awnings.

The amount of illumination is measured by candle meters or candle feet; that is, the illumination afforded by a standard candle at a distance of one meter or one foot. Shaw<sup>3</sup> believes that the illumination should provide at least 50 candle meters in the most unfavorable part of the room.

Factory-ribbed glass or Luxfer prisms disperse the light into the parts of the room where the light is needed, but diminish its total amount; they are of advantage, especially where schools have a small amount of free space in crowded city districts.

The principal light should come from the pupil's left, so as not to throw annoying shadows while writing. Windows may also be placed in the rear of the pupils. When practicable a skylight furnishes the best direction for illumination. Windows may also be placed at the right for ventilating purposes or for admitting direct sunlight while the pupils are not engaged in study. The window sash should be  $3\frac{1}{2}$  or 4 feet from the floor and should reach as near the ceiling as the construction of the building will permit, for the higher the windows reach, the deeper the light penetrates into the room. Light should never enter from the front and shine in the pupil's eyes. Window curtains should be "opaque" and of a greenish cast. The upper fourth of the window furnishes one-third of the light, also the best light, hence it is obvious that curtains should not be hung from the top, but from the bottom, and should roll upward. Artists have long learned the lesson that light from above follows the direction of nature and is most agreeable and best. See *Ocular Hygiene*, page 916.

<sup>3</sup> Shaw, Edward R.: "School Hygiene." The Macmillan Co., N. Y., 1902.

**Ventilation and Heating.**—Ventilation of the school-room is of paramount importance. There is a great waste of time and energy of both the teacher and pupil working in a vitiated atmosphere, for pure air properly conditioned is favorable for good mental work. Bad air means sluggishness, headache, listlessness, inattention, lack of energy, and a depression of mental vigor; further, bad air lowers resistance to certain diseases. In cold climates ventilation and heating go hand in hand.

The first responsibility in a poorly ventilated school room lies with the building committees because of their failure to see that the sum allowed for the ventilating plant is sufficient to give the best that science can devise. The architect often skimps the ventilating system in order to provide a larger and more ornate building.

In favorable climates and during mild weather the windows should be kept open. Even during cold weather the windows should be opened periodically and the room thoroughly flushed out with fresh air. The windows should always be thrown open at recess and also during calisthenic drills and physical exercises and also at the close of sessions. The experience of the open-air and fresh-air schools teaches that cold is a fine tonic for mind and body.

Satisfactory ventilation by means of windows at all times is impossible on account of varying winds, weather conditions, but more especially on account of the impossibility of securing proper attention on the part of the average teacher to the matter of ventilation in addition to other duties. Window ventilation is simplest, cheapest, and all things considered, frequently the best. The Fairchild system of window ventilation is described on page 983.

Every school-room with a proper equipment and a good janitor may be kept well ventilated at all times. Many good ventilating systems are rendered inefficient through the employment of cheap janitors. A good janitor not only means greater efficiency, but a saving in fuel cost.

Direct radiation from stoves or steam coils or hot-water pipes is inadvisable for school-rooms. The hot-air furnace may be used, provided the air is sufficiently moistened, but the direct-indirect system with steam or hot-water pipes is to be preferred. Two thousand cubic feet of air should be provided for each pupil hourly. The Massachusetts law requires 30 cubic feet of pure air every minute per pupil (1,800 cubic feet per hour). The fresh-air inlet should be capacious and separate outlets for the foul air should be provided. The cross-section of inlets and outlets should equal from 16 to 20 square inches for each pupil. Ordinarily it is preferable to place both inlets and outlets on the same side of the room, viz., upon the inner wall or warm side. When so placed the warm air should be admitted about 7 feet above the floor and the foul air should pass out close to the floor.

Special attention should be given to the question of humidity, so that the warmed fresh air shall not be excessively dry.

The temperature commonly accepted as proper for a school-room is between 60° and 68° F. The children would probably work to better advantage if the temperature were kept a few degrees lower and the humidity kept so that the wet bulb never goes above 70° F. (see page 904. A thermometer should hang at about the breathing line in every school-room and the teacher should take hourly readings and keep a record. The temperature of school-rooms is usually too high, and those heated with the hot-air furnace are usually also too dry. Both extremes are prejudicial. If the air of the neighborhood is smoky and dusty it may readily be filtered before it is pumped into the school-room. The combination of the plenum and vacuum systems, the air being driven by rotary fans, is one of the best methods of artificially ventilating school-rooms. (See chapter on Ventilation.)

**Open Air Schools.**—Most children in open air classes gain in weight, color, appetite, attendance, deportment and scholarship. The results are uniformly good and progress in grades is often remarkable, even though the children work little more than half the time. Open air schools must give particular attention to clothing and diet, and also to recreation and rest. The benefits to the subnormal and pretubercular child are proved, and it is difficult to understand why it should not be more widely adapted to the average child. See page 187.

**Water-closets and Urinals.**—Separate accommodations must be provided for the sexes; privies in country districts should be in entirely separate buildings. The urinals should be constantly and automatically flushed and water-closets and urinals should be made to allow complete inspection and use of the scrubbing brush. Thorough ventilation of the toilet-rooms should be planned for and they should be kept clean and sweet at all times. See page 69.

The water-closets may be in the basement if properly constructed and independently ventilated. The floors should be asphalted to facilitate cleaning and flushing, and should be hosed daily, and scrubbed at least once a week. The toilet-room should be well lighted. Deodorizers should not be used, for if toilet-rooms are kept clean and water-closets well flushed they will not be necessary. Urinals should be made of slate or hard asphalt or other non-absorptive material, and one urinal should be provided for each fifteen boys. The out-houses in country schools should be properly constructed and under supervision. In fact, a matron should be in attendance to assist the little tots in the kindergarten and lower elementary grades, and a watchful eye on the part of the master of the school and those he delegates for this duty should be kept to prevent misbehavior in toilet-rooms.

**Cloak-rooms.**—There should be one cloak-room for each class-room, and it should connect both with the hall and the class-room. Cloak-rooms should be lighted from the outside, heated, and thoroughly ventilated to carry off odors and to dry the clothing. Hanging the clothing in the halls is undesirable, for obvious reasons. Each pupil should have a shelf on which to lay hats and small articles, hooks upon which to hang overcoats, and a space for rubber shoes and umbrella.

Teachers should see to it that the pupils do not sit in wet shoes and stockings or in wet clothes. Each school should have some provision for drying wearing apparel, such as a drying chamber which may be in charge of the janitor, to dry the wet clothing during school hours.

Dressing-rooms should also be provided for the teachers. All such rooms and lockers should be kept scrupulously clean.

**Cleanliness.**—Schools should be kept scrupulously clean and every precaution should be taken to prevent dust. Cleanliness of person and surroundings should be one of the most important lessons which the pupil learns at school. Through example and discipline pupils should be taught to love order and neatness and to abhor untidiness and slovenliness. Cleanliness is the keynote of sanitation.

Some of the requirements for schools are: clean drinking water; bubbling fountains and the abolition of the common drinking cup; discontinuance of the roller towel, cake of soap, brush, comb, or other toilet articles used in common; cleanliness of floors, desks, corridors, cloak-rooms, toilet-rooms, basement, and grounds; the prohibition of dry sweeping or dusting. Blackboards should be washed frequently to avoid the dust nuisance, and the floors may be treated with one of the dustless floor oils. The windows should be kept clean, and each child should have his individual books, pencils, and other accessories. Health Day, observed annually, gives a special opportunity to emphasize the importance of hygiene and cleanliness.

**Medical Inspection of Schools.**—The medical inspection of schools is no longer an experiment, but a pressing necessity. It is founded on a recognition of the close connection which exists between the physical and mental condition of children in the whole process of education. It seeks to secure ultimately for every child, normal or defective, conditions of life compatible with that full and effective development of its organic functions, its special senses, and its mental and spiritual powers which constitute a true education.

The object of a medical inspection of schools is not primarily the treatment of diseases, but rather their prevention. One of the principal objects is the early recognition of physical defects such as errors of refraction, imperfect hearing, malformations of the body from abnormal positions, adenoids, enlarged tonsils, and other obstructions of breathing, and sources of inflammation, etc. An important object of the med-



ical inspection of school children is to determine their fitness to enter school and to recognize mental and nervous disorders; also the early recognition of the communicable diseases and measures to prevent their spread; the supervision of vaccination, and disinfection; the teaching of personal hygiene to pupils and teachers, and the sanitation and cleanliness of the school building and its surroundings; the adjustment of the seat and desk, and the medical supervision of the mental and physical work of the child. One of the important functions of medical inspectors of schools is to determine and diagnose the causes of undernutrition. See pages 674-676.

Medical inspection of schools is making slow progress. It is nowhere carried out with the thoroughness and completeness that the subject demands. A systematic school inspection was started in Brussels in 1874 and in Paris in 1884, since which time the movement has become world-wide. In America the first systematic inspection of school children was begun in 1894, after four years' effort by Dr. Samuel H. Durgin, Commissioner of Health of Boston, who is regarded as the father of the system throughout America. The first scientific and extensive examination of school children was made by Dr. Henry P. Bowditch,\* whose essay upon "The Growth of Children Studied by Galton's Method of Percentile Grades" has become a classic in the subject. In 1908 there were only seventy cities outside of Massachusetts having medical inspection of schools. Massachusetts has a compulsory medical inspection law; New Jersey has a permissive one; Vermont has a law requiring an annual testing of the vision and hearing of all school children, and Connecticut one providing for such tests triennially.

Physical defects are not equally significant either from the medical or from the pedagogical standpoint. Each kind of defect should be separately studied, and classification should not include pediculosis with defective vision; club-foot with defective hearing; adenoids with ringworm.

The objects of the medical inspection of schools may be greatly assisted by teaching the teachers the elementary facts concerned.

Medical inspection of schools was organized in this country for the purpose of controlling the communicable diseases of childhood. It must at once be admitted that it has been a failure so far as this object is concerned, for it has had very slight influence upon the prevalence of measles, scarlet fever, diphtheria, whooping-cough, mumps, etc. Theoretically we would expect a good system of medical inspection of school children to check the prevalence of these diseases. Perhaps it does so to a limited extent. With improvements in the system, correlated with child life outside the school, much may still be accomplished along these lines.

\* *Twenty-second Annual Report, State Board of Health of Mass., 1890*, pp. 479-522.

There has been much discussion concerning who shall conduct the medical inspection. It is plain that in any system the teacher must be the ultimate inspector, and teachers are quite competent to carry out simple tests for determining the acuteness of vision and hearing. In one sense the teacher is the foster mother of the child and frequently knows the child better than its own mother. The teacher should report to the medical inspector children who show any of the following symptoms: loss of weight, pallor, puffiness of the face, shortness of breath, swellings in the neck, general lassitude, growing pains, rheumatism, flushing of the face, eruptions of any sort, cold in the head, especially running eyes, irritating discharge from the nose, evidence of sore throat, cough, vomiting, fever or frequent requests to go to the toilet.

The next most important link in the chain of a good system of medical inspection is the nurse. She is able to detect the beginning symptoms of disease and can be trusted to care for simple troubles. The chief value of the school nurse, perhaps, is in establishing communication with the home and securing friendly coöperation with the parents. Parental neglect is rarely due to the lack of parental affection, but to ignorance. The nurse is frequently able to gain the confidence of both child and parent when the medical inspector fails. The nurse, further, will assist the medical staff in carrying out treatment. One of the chief duties of the school nurse is "follow up" social service work.

It is because of the nurse's important place in public health work that it is better to have medical school-inspection, together with its valuable follow-up work, lodged with the health authorities rather than with the educational authorities.

It is the duty of the medical inspector to detect defects, not to treat them. Who shall treat the child is a matter for the parents or guardian to decide. It is not sufficient merely to notify parents that the child needs treatment, for frequently no attention is paid to the notices. The child may be referred to or taken by the school nurse to the hospital or outclinic. In some districts school clinics have been instituted with success.

*Duties of the Medical Inspectors.*—An ideal system of medical inspection of schools would consist of a corps of trained and competent physicians and sanitarians who would devote their entire time to this special work. The staff should have the assistance of experts in ventilation and heating, experts in sanitary architecture, experts in sanitary engineering, and experts in the various medical specialties.

Specialists should visit all school buildings no less than three times each year in order to investigate all matters of heating, lighting, and ventilation, cleanliness, gymnasiums, bath, and toilets, and the seating arrangements with reference to the size of the pupils; the purity of the drinking water, the quality of the food purchased by the children at

the recess period, and the general conditions of the neighborhood that may affect the health of the pupils.

Furthermore, coöperation between the medical and pedagogical departments should be helpful in solving the many difficult problems concerning the curriculum.

In addition to these general inspections all children entering school should be examined medically at least once during each school year. The first examination is for the purpose of establishing whether the child is fit for school and can do the work without injury either to its mental or physical well-being. The second should be a physical examination, which may be made more thorough if the child is required to strip. This, however, should not be done unless the parents of the child are present or give their consent. The third examination consists of special tests of the eyes, ears, nose, throat, teeth, heart, and lungs, weight, growth, nutrition, etc.

Aside from these regular examinations, the school physician must respond to every call when a pupil comes to school having an eruption, fever, or other symptoms indicating a communicable disease. The medical inspector should also oversee disinfection, vaccination, and certify the return to school of any child who has been out of school by reason of a communicable disease.

On account of the tendency for tuberculosis to develop in children who have just suffered from measles, scarlet fever or whooping-cough, as well as to prevent other sequelae of the acute infectious troubles, medical inspectors should be detailed to visit and keep in close touch with such children for from three to six months, or for as long as may be necessary.

**The Communicable Diseases of Childhood.**—Parents naturally come to regard the school as a veritable pesthouse for the spread of the communicable diseases of childhood—especially measles, whooping-cough, mumps, diphtheria, scarlet fever, chicken-pox, common colds, etc. Many of these diseases prevail in epidemic form during the summer time, when school is closed, and under other circumstances which show that epidemics may be independent of school attendance. It is difficult to determine just what part is played by the commingling of the pupils in school in the spread of such diseases and what part is due to other factors. Some diseases take a sudden jump in the autumn with the opening of school. Further, these diseases are not contracted by the school children alone, but are carried home to the other members of the household, and thereby create secondary foci. This problem of the communicable diseases and the schools is far from solution; the spread of these diseases has not been conquered by medical inspection, and their relation to school attendance is one that needs careful observation and study.

A difference is made between exclusion on account of disease and that due to exposure. In the latter case the period of exclusion is based upon the period of incubation of the disease. Immunes are not excluded. Carriers should be looked for.

**Closing Schools on Account of Epidemics.**—The question of closing the schools when some one of these diseases breaks out is often a difficult one to decide. If the children commingle out of school, upon the streets and playgrounds, no useful purpose is accomplished by closing the schools. Hence closing schools is usually more effective in sparsely settled country districts than in cities. Closing schools is economically wasteful and usually has no influence on the course of an outbreak. Children are less apt to infect each other in the class-room than in the home or on the playground. As a rule better results will be achieved by daily inspection of all school children than by closing the schools. At the beginning of an outbreak the schools may be closed for the period of incubation and then opened, but careful guard must be exercised to discover new cases and a watch kept over the return of convalescents. Under these circumstances a daily inspection should be conducted before, and not after, the children enter school. If closing the schools during the period of incubation is not effective nothing will be gained by prolonging the period.

The consensus of opinion now is that the successful control of epidemic disease in school children requires keeping the schools open, with careful daily and frequent periodic inspections; the exclusion of cases and contacts; and home visitation.

A special lookout must be kept for carriers, and laboratory facilities provided to detect the same.

The diseases for which children should be excluded from school are: smallpox, scarlet fever, measles, German measles, chicken-pox, diphtheria, tonsillitis, whooping-cough, pediculosis, mumps, scabies, trachoma, ringworm, impetigo contagiosa, venereal disease, pulmonary tuberculosis, influenza.

**The Eyes.**—Errors of refraction are exceedingly common, and if not corrected may be the cause of headache, nervousness, reflex pains, and a great variety of symptoms. They are also a great handicap to the mental and physical development of the child. The vision of all children should be tested annually, and at least once for color-blindness. It is believed that the unnatural strain of accommodating the eyes to close work (for which they were not intended) leads to myopia in a large proportion of growing children. Thus the percentage of myopia increases markedly from the primary classes through the grammar grades, and is highest in the high-schools. The eyes should therefore be tested and errors of refraction corrected at least once a year. There are certain children who show normal vision by the ordinary tests (Snel-

len test type), yet whose eyes should be examined by an expert if they habitually hold the head too near the book (less than 12 to 14 inches); or if they frequently complain of headache, especially in the latter portion of school hours; or if one eye deviates even temporarily from the normal position. The following symptoms also indicate trouble with the eyes, viz., scowling and wrinkling of the forehead when reading or writing, watery eyes, reddened or granular lids, twitching of the face, inattention, and slowness in book studies in a child otherwise bright.

The conditions which are especially hard upon the eyes are dim light, improper angle of vision, small print, and prolonged focusing at close range. Type for books should not be smaller than the following:

	Type	Width of Leading
First year.....	2.6 mm.	4.5 mm.
Second and third years.....	2.0 mm.	4.0 mm.
Fourth year.....	1.8 mm.	3.6 mm.
Above this grade.....	1.6 mm.	3.0 mm.

In addition to the size the characters should be simple, the ink black, and printed upon paper with unreflecting surface that is free from gloss. Paper of a grayish tone is to be avoided and the paper should be thick enough or of such quality that the print does not show through from the back. Pupils should be taught that it is advisable while reading or during other close focusing of the eyes occasionally to look away and accommodate for distance to relieve the tension and counteract the tendency to myopia. See Ocular Hygiene, page 916.

**The Ears.**—It has been found that approximately 15 per cent. of school children possess some defect of hearing either in one or both ears. Defective hearing is frequently mistaken for inattention upon the part of the pupil, for which he may be unjustly punished. Practical tests to determine the acuteness of hearing should be made separately with each ear by the use of a watch or by the whisper voice. Discharges from the ears, known as abscesses in the ears, or earache should at once be reported to the proper medical attendant.

**Oral Prophylaxis.**—The essential features of oral prophylaxis are (1) normal mucous membranes and associated structures, and (2) cleanliness. The health of the mucous membranes of the mouth and throat, including the closely associated glands and lymphoid tissues and the teeth, depends upon the general health of the body. Cleanliness helps avoid the immediate causes of caries and inflammation.

The *teeth* are living sensitive structures, lying in sockets which resemble a bony joint. The teeth almost always decay from without, as a result of acid formed by bacterial fermentation. Strong teeth in

a healthy body have a much greater power of resisting caries than otherwise. The teeth can even sparkle with the glow of good health. Teeth need exercise by eating the right kind of food in the proper way. A diet of soft, pulpy food weakens the teeth and invites trouble. On the other hand, the public must be taught to have a respect for the teeth, and should know that it is hazardous to use them to take the place of nut crackers or gas pliers.

Caries of the teeth is a disease of civilization. Savages in vigorous health and with nutritious diet do not have decayed teeth, even though they do not use a tooth brush or practice oral prophylaxis. Tooth decay is often an expression of general malnutrition and is frequently associated with enlarged tonsils, adenoids, and other signs of disease or degeneration. In the same sense, "rheumatism" of the joints may not be due to trouble in and about the teeth, for it is often due to the same cause that affects the teeth.

Caries is a decalcification. The common explanation is that the calcium is dissolved by the lactic acid formed by the fermenting food in contact with the teeth. This, however, is not the whole story. It is probable that sound, vigorous teeth have a definite power of resistance and it is now believed that structural changes within the tooth render it susceptible to outside influences. It is quite clear that calcification, as well as decalcification of the tooth, is mainly dependent upon the general nutrition of the body. The ductless glands also influence calcium metabolism. Children need about five times as much calcium in their diet as adults. It would therefore appear that a well balanced diet, rich in vitamins, including whole grains, fresh dairy products and green vegetables, is one of the best preventives against tooth decay. Unbalanced diets, deficient in vitamins, also give rise to conditions of the teeth and gums resembling pyorrhea. "Pyorrhea" may not always be primarily a local infection, but rather the expression of a general condition of malnutrition. One of the early symptoms of scurvy is swelling of the gums, loosening of the teeth and gradual absorption of the cement membrane of the alveolar sockets; in fact, the teeth are among the parts first affected in scurvy.

Some of the accessory causes of dental decay are: low resistance of the teeth because of developmental defects, both antenatal and post-natal; faulty diet both of mother during pregnancy and of the child; neglect of dental attention through ignorance of parents; cost of dental service; lack of dental facilities, especially in rural sections; failure of the child to call attention to the condition of the teeth, either because it is too young or because of fear.

Dental defects influence growth, resistance to communicable infections, preservation of facial symmetry, and degenerative diseases.

From the standpoint of bacteria, the mouth is one of the "filthiest"

parts of the body, and can be kept clean only by special means. For the cleanliness of the teeth, we can well content ourselves with a tooth brush, some silk floss and clean water. In young children, silk floss is not advisable if the space between the teeth is filled with soft tissue. In using silk floss, a rubber band or metal strip, care must be taken not to injure the gums. The teeth can also be polished with a piece of gauze or rubber wrapped about the forefinger. A little soap or some dental powder, free of grittiness, helps to clean the surface of the teeth, and will to some extent help to prevent the accumulation of tartar. Children should be taught the necessity of cleansing all the surfaces of the teeth, and the importance of keeping the tooth brush itself clean by occasional boiling and sunning. A mucin film collects on the teeth which may be precipitated by eating acid fruits. Alkaline mouth washes containing a little bicarbonat  of soda, lime water, or magnesium oxid help correct acid mouths and check the development of "acid spots," discoloration and tartar formation.

Flushing and rinsing the mouth with pure warm water helps mechanically to cleanse the surfaces. Antiseptic mouth washes are a snare and a delusion. It is not possible to add any known germicidal substance to the mouth rinse that will sterilize or disinfect the buccal cavity. The germs are so protected that no disinfectant can reach them, even when applied directly to the infected mucous membrane or gums. Furthermore, any known disinfectant sufficiently powerful to kill bacteria would injure or destroy the delicate tissues and thereby do more harm than good. Many of the mouth washes on the market vary but slightly in their composition from those described in either the Pharmacopoeia or the National Formulary.

The teeth should be examined and cleansed by a competent dentist at least once, and preferably twice, a year. In the light of our present knowledge it is an outrage to allow caries of the teeth to develop into toothache before children are taken to a dentist. Irregularities of the teeth, especially those which make it impossible to close the mouth properly, lead to faulty digestion, to mouth breathing, and other defects. The first permanent molars (6-year molars) are perhaps the most important teeth in the mouth, and are the most frequently neglected because they are so often mistaken for temporary teeth. It should be known that decay of the teeth is favored by the fermentation of starchy foods and sugars, so that an important factor in preventing dental caries is the removal of food particles by frequent brushing and the use of the silk floss. Children should be discouraged from eating crackers and candy between meals and the teeth should be cleaned after each meal.

To provide expert dental attention for all carious teeth, including the temporary set, would overtax the facilities of any community.

Dental hygienists can do much of the cleansing and simpler mechanical work. Dental clinics should be provided in which caries of the temporary teeth should have at least temporary treatment. It should be remembered that one infected tooth is like a rotten apple in a barrel in that it is apt to involve the others.

Streptococcal infections are common about the roots of teeth, especially those that are devitalized or injured. Perhaps the most important structures to maintain the vitality and immunity of the teeth are the pulp cavity and the pericemental membrane. It is also important not to injure the margin of the gums where they join the teeth. Streptococcal inflammations and abscesses frequently form about the roots of such teeth, and sometimes give rise to secondary foci, causing neuralgia, stiff neck, rheumatic inflammation of the joints, sciatica, endocarditis, appendicitis, inflammation of the gall bladder, and other serious complications. These blind abscesses about the teeth should be sought for by radiography and corrected before secondary complications ensue.

All ulcerated, inflamed or diseased conditions in the mouth, including the tonsils, throat, and nose, should be treated without delay and measures taken to prevent their recurrence. Healthy mucous membranes, sound teeth, and normal tissues are our best protection against infection.

**Nose and Throat.**—The noses and throats of all pupils should be examined for any cause of obstruction to respiration, particularly adenoids, polypi, deviation of the septum, etc. Nosebleed should always be reported and inquiry should be made as to mouth-breathing during sleep. In all cases of acute illness the throat and mouth should be examined for indications of scarlet fever or measles and for the signs of tonsillitis or diphtheria, and a culture should be taken in any suspected case of diphtheria. The presence of a discharge from the nose should be noted, and if it is thick and creamy a culture should always be taken. If the discharge from the nose is only from one nostril a foreign body or local cause should be looked for. Adenoids may be inferred from mouth-breathing, snoring, chronic post-nasal catarrh, or recurring ear trouble. Pupils with obviously large tonsils, recurring tonsillitis, and enlargement of the glands of the neck should be referred to a physician for treatment.

**Personal hygiene** deals with much more than the prevention of the communicable diseases. Personal habits may protect the individual against infection, but the problem of preventing the spread of infectious and contagious diseases is largely one of public hygiene. *Personal prophylaxis* is discussed in detail under each communicable disease in other parts of this book.

The chief object of personal hygiene is to live efficiently. The student of preventive medicine is more interested in living well than in



living long. The physical and mental handicaps of life should be corrected; if they are not amenable to treatment, the individual must learn to adjust his activities within the power of his physical machine. This is a problem of compensation. To drive at high speed a machine that is built to go thirty miles an hour invites disaster. This is a problem of personal hygiene—it is individual. It depends first upon a diagnosis of the defect, its nature, its course and its effects; then, an intelligent adjustment to make life satisfactory within the limitations of the body.

Those who are endowed with a robust frame, sturdy physique, sound functions and good constitution must also learn the limits to which the human machine may be driven without permanent harm. One of the important lessons of personal hygiene is to develop good inhibitions, which are fundamental for a temperate, normal life. This is a problem which each person must learn for himself.

Personal hygiene with reference to clothing and exercise will be found in the section on Military Hygiene. Other topics dealing with the subject of personal hygiene are scattered throughout the volume. See Index.

**Diseases of the Skin.**—Apart from the exanthemata the diseases of the skin of school children which are of importance because communicable are: scabies, pediculosis, ringworm, and impetigo.

*Scabies.*—All children who are scratching or have an irritation on the skin should be examined for scabies (the itchmite). It is important that all infected members of the family be treated until cured, else the disease is passed back and forth from one to another. It is also important that all clothing, bedding, towels, etc., and similar things that come in contact with the body be boiled each time they are washed. All cases of scabies should be excluded from school until cured. Sulphur ointment is usually efficacious.

*Pediculi Capitis.*—*Pediculi capitis* (head lice) are extremely common among children, and are communicated directly and also by wearing each other's hats or hanging them on each other's pegs, or from combs and brushes. Every child should have its own brush and comb. These should be cleaned by immersion in boiling water. No person should be blamed for having lice, only for keeping them. The condition may be suspected by the teacher in children who show indications of irritation of the scalp, and the condition is easily detected by looking for the eggs (nits), which are small white objects adhering to the hair. Head lice are best treated by killing the living parasites with crude petroleum and then getting rid of the nits. With boys this is easy; a close haircut is all that is needed. With girls a fine-tooth comb wet in alcohol or vinegar, which dissolves the attachment of the eggs to the hair, may be used. All combs and brushes used should be carefully washed and disinfected.

Children with pediculi should be excluded from school until their heads are clean. See also page 362.

*Ringworm*.—Ringworm of the skin yields readily to treatment, but upon the scalp is usually chronic. When the disease attacks the scalp the hair falls off or breaks off near the scalp, leaving areas the size of a dime or dollar nearly bald. The scalp in these areas is usually dry and somewhat scaly, but may be swollen and crusted. The disease spreads at the circumference of the area and new areas arise from scratching, etc. The diagnosis is made by looking for the fungus.

*Favus*.—Favus is a disease somewhat allied to ringworm, more common in Europe than in America. In this disease quite abundant crusts of a yellowish color are present when the process is active. The roots of the hair are killed by the *Achorion schönleini*, so that loss of hair from this disease is permanent, a scar remaining when the condition is cured.

Children with ringworm or favus should not be allowed to attend school unless the lesions are properly dressed and covered with collodion. Children should be taught to use their own brushes and combs and not to wear each other's hats, caps, etc. In some districts special schools are maintained for favus and for ringworm of the scalp, where the pupils receive treatment.

*Impetigo*.—Impetigo is a disease characterized by pustules which appear on the face, neck, and hands, less often upon the body and scalp. The size of the pustules varies very much and they often run together to form on the face large superficial sores covered with thick, dirty, yellowish, or brownish crusts. The disease is contagious and spreads by scratching as well as by using common towels and other things. Children having impetigo should not be allowed to attend school until all the sores are healed and the skin smooth.

**Nervous Diseases and Mental Defects.**—A sharp lookout for indications of diseases of the nerves and of mental defects should be kept and especial notice taken of suggestive symptoms in a child who did not formerly show them. The teacher should be taught to report instances of restlessness or inability to stand or sit quietly in a previously quiet child, especially if to this are added irritability of temper and loss of self-control, such as crying for trifles or inability to keep the attention fixed.

*Chorea*.—Twitching of the muscles, the result of disease, may cause the child to drop things, render his work awkward, or interfere with writing or drawing. Such children are too often scolded for being inattentive or careless. The indications of chorea (St. Vitus's dance) should not be confounded with habit-spasms such as blinking of the eyelids or the slower twitching movements of the face or shoulders or other parts of the body, which may be due to defects of vision, adenoid

growths, or other reflex causes. Cases of chorea should be removed from school at once, both for the child's safety and to prevent an epidemic of imitative movements such as sometimes occurs. Children with habit-spasms need not be withdrawn from school work, although these conditions often require treatment.

*Epilepsy.*—Mild epileptic attacks (*petit mal*) are frequently overlooked or misunderstood by the teacher. They may be mistaken for fainting. Usually these attacks are only momentary, in which the child stares fixedly and does not reply to questions or in which he suddenly stops speaking or whatever he is doing and is unaware of what is going on about him. The lapse of consciousness is one of the characteristic features of epilepsy. The attack may be accompanied by rolling up of the eyes, drooling, or unusual movements of the lips; an epileptic fit often appears like a choking attack. Teachers very frequently misunderstand epileptic attacks and cannot be expected to distinguish them from hysterical convulsions and other diseases. It does not necessarily follow that cases of epilepsy should be withdrawn from the school, but medical advice should always be had.

*Neurasthenia.*—Neurasthenia or nerve fatigue may be shown by irritability or sleeplessness and other indications threatening a nervous breakdown. This may be due to irregular habits, want of proper sleep, lack of suitable food, poor hygienic conditions, or simply from the child being pushed in school beyond his physical or mental capacity. Excessive fear or morbid ideas, bashfulness, undue sensitiveness, causeless fits of crying, morbid introspection, and self-consciousness may also be symptoms of a neurasthenic condition, and call for investigation and for the teacher's sympathy and winning of the child's confidence to prevent developments of a more serious nature. Excitability is often the first stage of fatigue and is frequently mistaken for brightness and therefore encouraged.

The teacher should know that forgetfulness, loss of interest in work and play, desire for solitude, untidiness in dress or person, and like changes of character are sometimes incidental to the period of puberty.

*Defectives.*—Mentally defective children in the public schools exhibit certain common characteristics which soon become evident. The typical incorrigible child of the primary grades often is a mentally defective child of the excitable type. They are destructive, cruel to smaller children, and often precocious sexually. Certain cases show marked moral deficiency. Mentally defective children must be distinguished from those who are only temporarily backward as a result of some removable cause such as defective vision, impaired hearing, adenoid growths, or as a result of unhappy home conditions, irregular habits, want of proper sleep, lack of suitable food, bad hygienic conditions, etc. Teachers should refer to the medical inspectors for examination children

who, without obvious cause, such as absence or ill health, show themselves unable to keep up in their school work, who are unable to fix their attention, or are incorrigible.

A careful lookout should be kept for children showing sexual perversion, for one sexual pervert may demoralize a whole school.

**Vaccination.**—Vaccination should be required of all children before they are permitted to attend school. The evidence of a successful vaccination usually accepted is a physician's certificate or a characteristic scar. For the indices of a successful take see page 12. School children should be vaccinated before entering school and again before entering high school.

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## SECTION XIV

### DISINFECTION

#### CHAPTER I

##### GENERAL CONSIDERATIONS

**Disinfection.**—Disinfection means the *destruction of the agents causing infection*. An object is said to be infected when contaminated with pathogenic microorganisms. It is disinfected by destroying these organisms, whether they are in the substance or on the surface of that object. Disinfection, then, deals only with destroying the vitality of those minute forms of life which cause disease. It does not mean the destruction of all the lower forms of animal and vegetable life that may be in or upon an object—this is sterilization. See Concurrent and Terminal Disinfection, page 1357.

Disinfecting procedures properly applied have an important part in the prevention of communicable diseases. Their efficiency decreases as the distance between the place of origin of the infection (the patient) and the point of their application is increased.

**Sterilization.**—*Sterilization means the destruction of all microbial life on or in an object.* A sterile object is a lifeless object. All processes which sterilize necessarily disinfect, but all disinfecting processes by no means sterilize. The distinction between disinfection and sterilization arises principally from the fact that spores have a much greater resistance to all influences which destroy the vegetative cells. Fortunately, none of the pestilential diseases of man which occur in widespread epidemics, so far as known, are caused by microorganisms with resistant spores; therefore the usual processes of disinfection may be thoroughly efficient, yet leave many harmless and hardy forms of microscopic life alive. In other words, sterilization is rarely necessary in public health work, except in the case of anthrax, tetanus and other spore-bearing infections such as malignant edema and the gas bacillus group.

**Antiseptics.**—Antiseptic substances *prevent decomposition and decay*. Such substances retard or prevent the growth and activity of microorganisms, but do not necessarily destroy them; that is, antiseptics delay or prevent fermentation and putrefaction without destroying the micro-

organisms which cause the processes. There is a great difference between the antiseptic and the disinfecting power of most substances. For instance, a solution of formalin will restrain the development of most bacteria in the proportion of 1 to 50,000, but it requires a 3 to 10 per cent. solution of this liquid to kill the bacteria in a reasonably short time. As weak a solution of bichlorid of mercury as 1 to 300,000 will sometimes prevent the germination of anthrax spores, whereas it requires a 1 to 1,000 solution to destroy them. Saturated solutions of salt or sugar will preserve meat, vegetables, and other organic substances; that is, they are antiseptic in their action but not germicidal, as they have small powers of destroying microorganisms. Cold is also antiseptic or preservative in action, not germicidal.

**Asepsis.**—Asepsis means *freedom from or absence of living pathogenic microorganisms*. Surgical asepsis may be achieved through physical cleanliness without the use of active germicidal substances.

**Germicide.**—A germicide is *a substance or agent which destroys germs*. Germicides and disinfectants are interchangeable terms, as both are used to indicate the destruction of microorganisms. Many germicides used in public health work are potent enough to sterilize objects with which they come in contact.

**Deodorant.**—A deodorant is *a substance which has the power to destroy or to neutralize unpleasant odors*, such as those arising from organic matter undergoing fermentation or putrefaction. Such substances must be distinguished carefully from disinfectants. Deodorants destroy smells; disinfectants destroy germs. Many of the disinfecting agents are also deodorants, but all deodorizing substances are by no means disinfectants. For example, charcoal will absorb the malodorous gases arising from putrefying and fermenting materials, but it is inert so far as its power to destroy the cause of these processes is concerned. Formalin and ozone, on the other hand, are true deodorants and disinfectants, as they combine with the organic matter to form new compounds which are both odorless and sterile. Bichlorid of mercury, while a very potent germicide, has practically no immediate effect upon odors. The volatile oils and other substances having a pungent odor are not deodorants, they simply cover up one smell with another.

**Fumigation.**—Fumigation consists in *liberating fumes or gases with the object of destroying germs, vermin, insects, rats, mice and other small animals acting as carriers of infection*. The chief fumigants used in public health work are formaldehyd and sulphur dioxid; to a less extent carbon monoxid, funnel gases, hydrocyanic acid, pyrethrum, carbon bisulphid, chlorin, etc. Most of these are very poisonous to higher forms of life, but have little or no germicidal power—excepting formaldehyd which is a good germicide, but feeble insecticide. Fumigation cannot take the place of disinfection; gases at best have but the merest surface

action. As they lack the power of penetration they cannot be depended upon to disinfect even thin fabrics, or surfaces soiled with sputum or similar discharges in which the virus is protected against the fumigating gas.

Fumigation is chiefly useful in preventing the spread of insect-borne diseases.

The terms fumigation and disinfection have been much confused. Because *fumigation* is not necessary or ineffective after some of the communicable diseases—the word has gone forth that *disinfection* is unnecessary and useless. No mistake could be greater. Fumigation has its place and its limitations in public health work—so also disinfection.

**Nature's Disinfecting Agencies.**—In nature many forces are constantly at work to destroy infection and thereby limit the spread of the communicable diseases. It is the duty of the sanitarian to encourage the use of these natural disinfecting processes: they are dilution, sunlight, dryness, time and antibiosis. Sunlight is a great destroyer of germ life. Few microbes, especially the pathogenic ones, can live in the direct bright sunlight many hours. Dryness is another natural condition that is destructive to many of the minute forms of life with which we have to contend. The combination of dryness and sunlight is quite as good, if not better, than the ordinary fumigating processes which are commonly used in practical disinfection against surface contamination. Dryness, sunlight, and cleanliness are the keynotes of sanitation in the modern acceptance of the term.

We now know that most of the pathogenic microorganisms do not grow and multiply in our environment. For the most part they soon die when wafted into the air, deposited on surfaces, conveyed in water or placed in the soil. It is only occasionally that some of them find conditions favorable for development in foods such as milk and meat, and exceptionally in water. Further, it is to be noted that ordinarily it requires a certain number of microorganisms to produce infection. It is quite likely that a single typhoid bacillus or a single tetanus spore may "kindle a conflagration," but experimental evidence with the infections upon laboratory animals teaches the lesson that ordinarily an animal is capable of taking care of minute amounts of infection, particularly if attenuated. It requires at least ten tubercle bacilli to cause tuberculosis in a guinea-pig. Dilution, attenuation, and the conditions of our environment, unfavorable to most germs harmful to man, therefore protect us in no small measure against the communicable diseases. This is one reason why so many of the communicable infections are contracted largely through close personal association.

**Cleanliness.**—Cleanliness is a very important adjunct to the work of disinfection. In fact, cleanliness lies at the base of all our sanitary measures. The mere act of cleaning removes some of the adherent microbes

from the surface and the ordinary scrubbing and washing result in the final destruction of many more. Dry dusting and sweeping serve only to stir up dust and infection, which settle down again upon the same or other surfaces. Cleanliness serves another important purpose, so far as infection is concerned; it removes the organic matter on which and in which bacteria may find favorable conditions for prolonging life and virulence. The modern conception of cleanliness has expanded with the growth of the sanitary sciences. We now aim at biological cleanliness as well as esthetic cleanliness. This includes not only the removal of organic matter, but the destruction of insects and vermin, and their feeding and breeding places (see page 1006). So far as personal cleanliness is concerned, the two important acts to prevent infection are: (1) Washing the hands before eating, before handling food and after leaving the toilet; and (2) keeping the fingers away from the mouth and nose.

The surfaces frequently used or handled by the public, such as wood-work, seats, floors, desks, door handles and the like in schools, stores, factories, shops and public conveyances and assembly places should, when practicable, be frequently scrubbed with hot soap-suds and strong soda solution. This also includes the seats of water-closets and privies, wash-basins, and other objects used in common.

In the wholesale disinfection which must be practiced to check widespread epidemic diseases due to bacterial infection we are largely limited to the use of the agents which nature has constantly at work to destroy such infection. Against a single case of communicable disease or against a limited infected area we may employ aggressive measures such as steam and strong chemicals; but when a disease, due to bacterial infection, has spread over an extensive district these methods must be supplemented by all the resources of nature. The people must be educated so as individually to employ intelligent measures to avoid the infection. Cleanliness must be more scrupulously practiced than ever, sunlight and dryness must be given their fullest opportunity to operate even at the expense of a few faded carpets or colors.

**Antibiosis and Symbiosis.**—Many pathogenic microorganisms are destroyed in the process of putrefaction and fermentation. They die in the fierce struggle for existence going on in the process of decomposition. For the most part the hardier saprophytic forms of life overpower and kill the disease-producing microorganisms which have comparatively feeble powers of resistance. The fact that infected carcasses, sewage, and putrid organic matter generally purify themselves by the very processes that destroy them is a fortunate provision of nature.

Ordinarily, only one major infection is active in the same individual at one time. Symbiosis is noted in the case of tetanus, which is favored by other microorganisms. Influenza and measles invite infection with



the pneumococcus and predispose to tuberculosis. On the other hand, there are curious instances of antibiosis, thus sarcoma may disappear after erysipelas.

**When and Where to Disinfect.**—It naturally suggests itself that it is much better to prevent infection than to be compelled to destroy it after it has become disseminated through ignorance, carelessness, or negligence. It is the duty of the disinfecter to destroy infection wherever it is found; it is the ideal of the sanitarian to prevent the spread of infection so as to render broadcast disinfection unnecessary.

The best place to apply disinfection is at the seat of origin of the infection. Man is the fountain-head of most of the infections to which he is heir; hence the *most effective place to practice disinfection is at the bedside*. The excretions, especially those from the mouth, nose, and bowels, as well as discharges from eruptions and wounds most frequently need attention. When proper precautionary measures have been taken at the bedside with a case of cholera, typhoid fever, or diphtheria there is little need of subsequently disinfecting the sickroom, but when a diffusion of the infection results then a general disinfection becomes necessary.

**Qualifications of the Disinfecter.**—The disinfection of any given place is a complex operation, and should not be attempted by anyone not familiar with the peculiarities of the particular infection with which he has to deal and a thorough knowledge of the disinfecting agents employed. In other words, it is quite as important to know *what* to disinfect as *how* to disinfect and *when* to disinfect. A thorough understanding of the causes and modes of transmission of the communicable diseases is the most useful weapon the disinfecter has in his fight against the spread of infection.

The success of the disinfecter lies in personal attention to minute details. Germs are little things, and it is little things that count in this kind of work. The disinfecter who is satisfied to leave the process in the hands of an inexperienced person with a few words of instruction cannot expect to obtain trustworthy results. The disinfecter must give personal surveillance to the whole process—the materials, the strength of solutions, modes of application—and must be present to guide and direct every step of the operation with the same conscientiousness and thoroughness with which the surgeon assures himself of every detail of asepsis in his operating clinic.

Much of the routine disinfection done by departments of health is probably ineffective, although the procedure is faithfully carried out as a routine. The average fumigating squad does not understand the effect of temperature, humidity, outside winds, porosity of walls, shape and size of enclosures, and the rate of application and other factors of the gases employed.

**Controls.**—Disinfecting processes should be controlled by exposing cultures upon paper slips or threads as a guide and check to the thoroughness of the process. To control gaseous disinfection, saturate threads with an active culture of *B. prodigiosus*. These threads are attached to little slips of paper which are then exposed in various portions of the room to be treated. After the completion of the operation the threads are inoculated into Dunham's peptone medium. If the *B. prodigiosus* has survived the characteristic red color appears in the culture medium. Suitable control exposures should also be used from time to time with steam disinfectors and other apparatus.

**Disinfection Must Be in Excess of Requirements.**—The disinfection of rooms, bedding, ships, and objects that have been exposed to infection must of necessity be greatly in excess of the actual requirements. This is one of the difficulties met with in attacking an invisible foe. A sick-room might readily be disinfected and rendered safe by applying a few gills of one of the germicidal solutions to a small spot or a limited area. But, as we cannot see the germs, it is necessary to apply our disinfecting agents to every inch of surface of the room and all its contents in order not to miss that particular spot. At first disinfection was directed by a shotgun process in a general sort of blunderbuss way against everything, but now that we know more about the habits and habitat of each one of the particular microorganisms we can concentrate our efforts with some exactness upon the particular objects liable to transmit infection, and with greater assurance of eradicating danger.

**Specificity of Germicides.**—There are few universal poisons and few if any general germicides. Most disinfecting substances are more or less specific in action. Germicidal agents often show marked selective action towards bacteria, spirochetes, protozoa, algae or the "ultra microscopic" viruses. Thus, phenol and the cresols have comparatively feeble action against the virus of smallpox, vaccinia, and other filterable viruses. Copper sulphate is a specific poison against algae. Sodium oleate favors the growth of gram negative cocci of the *Micrococcus catarrhalis* group and of staphylococci, while pneumococci and streptococci of the hemolytic and *S. viridans* variety fail to develop.<sup>1</sup> Fuchsin (Endo's medium) suppresses *B. coli*, but does not inhibit *B. typhosus*. Glycerin kills non-spore-bearing bacteria, but preserves filterable viruses. Gentian violet and other para-rosanilin dyes kill gram positive, but not gram negative microorganisms. Bile salts dissolve pneumococci and restrain the growth of staphylococci and streptococci, but favor the growth of typhoid and colon bacilli. Ethylhydrocuprein is specific for the pneumococcus. Acridin with mercuric chlorid has remarkable properties of penetrating tissues. There are many other examples of selective action. Hence, the killing of *B. typhosus* or any other test organism is not a proof of gen-

<sup>1</sup>J. A. M. A., Dec. 21, 1918, Vol. LXXI, p. 1050.

eral disinfecting power. There is a tendency towards the development of specific germicidal agents.

**Chemotherapy.**—Most cells of the body are more easily killed than bacteria. All the ordinary germicides used in public health work are quite destructive, even corrosive to the tissues of the body. Since Ehrlich found that "606" (salvarsan) will kill spirochetes without serious injury to the body, the search has been to find specific substances that will kill the parasites without harming the host.

**The Ideal Disinfectant.**—The ideal disinfectant must first and foremost possess a high germicidal power. It must not be rendered ineffective by the presence of organic matter; it must be reasonably stable, so as not to deteriorate under ordinary conditions; it must be soluble or readily miscible in water; if it forms an emulsion the emulsion should be permanent; it should be harmless to man and the higher animals; it should have the power of penetration; it should not corrode metals, bleach, rot or stain fabrics, and, finally, it should be reasonable in price.

The stress of modern activities demands disinfecting processes that are instantaneous in their action, all-pervading in their effects, cheap, harmless, and free from unpleasant odors that might be offensive to the fastidious. Such perfect disinfectants are not known. It requires money and the expenditure of well-directed and intelligent energy to accomplish satisfactory disinfection. *No one substance is applicable to all diseases or to all substances, or even to the same disease or the same substance under different conditions.*

**Concurrent disinfection** signifies the immediate disinfection and disposal of all infected material during the course of the illness. It implies the prompt disinfection or destruction of all infected discharges and of all articles soiled by them. Furthermore, it includes the purification and cleanliness of the immediate environment of the patient so as to check the spread of infection.

**Terminal disinfection** signifies the precautions taken to destroy or purify infectious material after the removal of the patient or the termination of isolation or quarantine, the object being to destroy infection or to kill the insects or animal carriers of disease. *Terminal fumigation* finds its chief usefulness in fighting the insect-borne diseases.

*The distinction between fumigation and disinfection* must be kept clearly in mind (page 1352). Terminal fumigation for measles and certain frail and short-lived viruses is not necessary. Furthermore, gases such as formaldehyd are uncertain in practice, and have the merest surface action. Both concurrent and terminal disinfection of discharges and objects likely to convey infection will always remain an important measure of prevention.

*Terminal fumigation* during recent years has been disparaged as a public health measure because it has little effect upon the control of the

communicable diseases and the cost of such "disinfection" appears to be disproportionately large to the benefits. The evident limitations of terminal fumigation have cast doubt in the minds of some health officers upon the value of disinfection in general. This is an unfortunate attitude. No one can question the great value of disinfection properly applied. It is, of course, much more important to destroy the infective discharges throughout the course of a case of typhoid fever than to trust to one final disinfection of the sick-room and its contents. The same holds with about equal force for most of the communicable diseases. We now know that fomites play a comparatively minor rôle in the transmission of disease. The disinfection of rooms and objects does not now, therefore, hold the importance in the minds of sanitarians that it once did. However, if terminal disinfection prevents the occurrence of only a small number of cases it would still seem to be worth while. Moreover, what health officer would willingly allow his child to occupy the bed or handle the objects in a room soon after a case of typhoid, scarlet fever, tuberculosis, or diphtheria without first applying some effective method of purification? The greater the care and cleanliness exercised during the progress of the disease the less the need of terminal disinfection. A good cleansing of surfaces with soap and water, followed by an application of bichlorid, carbolic acid, or one of the cresol preparations is a more effective method of disinfection than formaldehyd gas, which is the best of the gaseous agents. Cleansing, renovating, airing and sunning of the room should always be the final process.

The principal *objects that need disinfection* are the discharges from the body; towels, bedding, handkerchiefs and fabrics; food, tableware and other objects that have been mouthed, and finally the hands of the nurse, physician and others who come in contact with the infection.

**Penetration.**—In practical disinfection a certain amount of penetration is almost always called for. Most germicides penetrate poorly and slowly. As a rule, substances in solution penetrate better than substances in emulsion. Gaseous substances cannot be depended upon to penetrate at all. They have only the merest surface action. Feces and sputum are not only the most difficult to penetrate, but also the most important because so apt to contain virulent pathogenic microorganisms throughout their mass. No germicidal agent can be depended upon to permeate a fecal mass under ordinary conditions in a reasonable time. It is, therefore, most important that such substances be thoroughly disintegrated and the germicide incorporated through the mass. Bacteria in nature are usually imbedded in various substances which differ greatly in consistency and composition, and therefore practical disinfection calls for stronger solutions and longer time than indicated by laboratory tests upon the naked germ cells. In certain instances, where penetration is required, trust should only be placed in steam, dry heat, or

boiling. Dry heat has poor powers of penetration compared with steam. The penetration of steam and of gases is facilitated by a prior vacuum. None of the ordinary chemicals can be trusted to penetrate upholstered furniture, mattresses, pillows, thick blankets and the like.

**Organic Matter.**—Organic matter seriously interferes with the efficiency of almost all germicidal agents. Chlorinated lime, ozone, hydrogen peroxid, potassium permanganate, and other active oxidizing agents attack organic matter with avidity and are thus soon used up. The metallic salts coagulate organic matter, thus automatically impeding further ingress. Formaldehyd and phenol show less reduction of power in the presence of organic matter than perhaps any of the other germicides.

In nature, bacteria are usually imbedded in organic matter. The way in which organic matter handicaps germicidal action has been shown by many investigators. Behring found, for example, that anthrax bacilli suspended in water are killed in a few minutes with bichlorid of mercury 1-500,000; in bouillon it required 1-40,000; while in blood serum 1-2,000 was not always effective.

**Time.**—Time is an essential factor too frequently disregarded in disinfecting with liquids—suspension or solution. Very few chemical disinfectants act instantly, even in strong solutions, and under favorable conditions. The microorganisms are so often in clusters or are surrounded by mucoid films or are so imbedded in organic matter that a considerable time is required for the disinfecting solution to penetrate to the germ. If the microbes are dry it takes a certain time to wet them before the chemical can act. These and other factors must be added to the time actually necessary for the substance to destroy the life of the germ after it comes in direct contact with it.

It is well-known that some germicides, particularly the metallic salts, if given sufficient time, will eventually kill in exceedingly weak dilutions. Mercuric chlorid, according to Chick and Martin, will act as a germicide in a dilution of 1 to 1,000,000 if given sufficient time. The action of copper sulphate in exceedingly weak dilutions on algae is also of interest in this connection. Some disinfectants, on the other hand, exert their most useful action promptly, and are then rapidly used up by being oxidized or neutralized and thus lose their power.

Chick found a logarithmic ratio between concentration of disinfectant and the time taken to disinfect. She found, furthermore, that the phenol coefficient of mercuric chlorid with *B. typhosus* varies greatly with the prolongation of exposure. Thus:

Phenol coefficient of HgCl <sub>2</sub>	2.5 minutes exposure =	13.5 coefficient.
" " " " 10	" " =	175 "
" " " " 30	" " =	550 "

This is an interesting side light on the Rideal-Walker technic which, until recently, permitted a latitude of time of comparison varying from

2½ to 15 minutes. This wide variation of the coefficient, however, is found mainly in the case of the metallic salts.

Time is an exceedingly important element in disinfection. It is not sufficient simply to dip the hands in and out of a bichlorid solution, to rinse fabrics in carbolic acid solution, or to pour formalin over feces. It takes time to penetrate and then to kill. Further, the speed of the reaction varies with each substance, and depends upon the concentration and also the temperature.

**Speed of Disinfection and Stability of Disinfectants.**—A knowledge of the speed with which a disinfectant acts is essential to an understanding of the conditions under which it may be used to best advantage. The speed of disinfection is an important factor, for it varies enormously with different types of substances. Germicides of the chlorin group and iodine are among the most rapid, while dyes and some metallic salts are relatively slow. As a general rule, germicides that act promptly are quickly decomposed or neutralized. Stable germicides act slowly, unstable germicides act quickly. A list of germicides with reference to these factors follows:

#### INORGANIC DISINFECTANTS

Hydrogen peroxid and some of its derivatives.	Unstable, easily decomposed during disinfection.
Chlorin.	Unstable, easily decomposed during disinfection.
Hypochlorous acid and its salts.	Unstable, easily decomposed during disinfection.
Bromine and iodine.	Less unstable than chlorin.
Boric acid and its salts	Stable.
Mercury salts.	Often inactivated by precipitation or otherwise.
Bismuth salts.	Often inactivated by precipitation or otherwise.
Zinc salts.	Often inactivated by precipitation or otherwise.

#### ORGANIC DISINFECTANTS

Alcohol, ether, etc.	Stable.
Iodoform	Fairly stable.
Formaldehyd	Unstable.
Hexamethylenetetramine and its derivatives.	Mostly stable.
Aromatic chloramines.	Unstable, easily decomposed during disinfection.
Phenols, naphthols and derivatives.	Mostly stable.
Dyes, such as malachite green, acriflavine, etc.	Mostly stable, though sometimes reduced to leuco-forms and often adsorbed by tissues.

**Temperature.**—There is a complete analogy existing between a chemical reaction and disinfection, one reagent being represented by the disinfectant and the other by the protoplasm of the bacterium. Chick states

that the velocity of disinfection increases with the rise in temperature in a manner similar to that of a chemical reaction. In fact, the temperature so greatly influences the disinfecting power of liquids that it is strongly recommended always to use warm solutions in actual practice. Even slight changes of temperature may make a great difference. Feeble antiseptic solutions become strong germicides when warmed. Phelps claims that as the temperature increases arithmetically, the velocity of reaction increases geometrically. This is not a general rule applicable for all disinfectants, for Chick showed that the germicidal power of the metallic salts increases 2 to 4 fold for each rise of  $10^{\circ}$  C., while phenol usually rises 7 to 8 fold for each similar change in temperature.

A good instance of the effect of temperature is given by Heiden, who found that anthrax spores which survived the effects of a 5 per cent. carbolic solution for 36 days at room temperature were destroyed in half an hour in the same solution at  $55^{\circ}$  C. At  $75^{\circ}$  C. it took only 3 minutes to kill them. A 3 per cent. carbolic acid solution killed the same spores at this temperature in 15 minutes and a 1 per cent. solution in from 2 to  $2\frac{1}{2}$  hours.

It is important to remember that *the temperature registered by the thermometer of the apparatus is rarely a true index of the temperature of the things to be disinfected*. This is a common source of error in the use of autoclaves and sterilizers where large objects or masses are heated, such as cans of food, bundles of bandage, bales of fabric, or quantities of clothing. The temperature recorded on the thermometer of the sterilizer is usually higher than the actual temperature within the apparatus. Good sterilizing technic is essential and a factor of safety desirable. The time necessary for penetration must be taken into account.

The critical temperature in the center of bales, bags, cans, etc., can be determined with the thermo-couple or special recording thermometers. In the use of steam under pressure, the temperature is a more reliable guide than the pressure.

**Emulsions and Solutions.**—As a rule an emulsion has greater germicidal power than a solution. Thus soapy and resinous emulsions of the phenols may accentuate the germicidal power of these substances. Chick and Martin have observed that the particles of an emulsion or soapy preparation of the coal-tar acids exhibit active Brownian motion. The bacteria are considerably larger than the mean diameter of the emulsified particles. The bacteria may plainly be seen to be bombarded by these particles. In this way the bacteria are frequently brought into intimate contact with the undiluted particles of pure coal-tar acids. The maximum effect may therefore be obtained and the death of the bacteria is inevitable. Such concentration about the bacteria is not likely to occur with substances in solution. The coal-tar acids in suspension act

upon the bacteria first through adsorption, and then through chemical combination. The bacteria rapidly become surrounded by the disinfectant in a much greater concentration than actually exists within the liquid. Other particular matters present have the same power of adsorption, and their presence therefore interferes with the germicidal value of substances in emulsion. Thus the value of phenol in solution is barely impaired by the presence of organic matter while emulsified disinfectants are reduced to one-third or one-half their original value. That germicidal substances in emulsion fail to penetrate may be demonstrated by pouring one of the coal-tar emulsions upon a fecal mass; a layer of the coal-tar creosotes soon collects upon the surface, plainly visible as a film.

**Dilution.**—There must be a sufficient amount of the substance used so that it shall be present throughout the whole mass in the proportion required. Thus an agent that is effective in a 2 per cent. solution cannot be used in that strength to disinfect an equal volume of an infected liquid, since the mixture would then contain but 1 per cent. This is particularly important in the disinfection of urine, feces, sputum, vomitus and the like.

**Reaction.**—Some germicides are acid, others alkaline; the substances to be disinfected also vary in reaction. Thus lime is an alkali, and if used to disinfect an acid substance enough must first be added to neutralize the medium and then an additional amount of lime must be added necessary to accomplish the disinfection. In the same way, if mercuric chlorid is added to solutions containing sulphids, caustic alkalies, or certain metallic salts, sufficient must be added in order to first precipitate these substances and then enough more added to exert its disinfecting action. Likewise, the greater the number of germs to be destroyed the greater the amount of the disinfectant required to accomplish the purpose.

**The Mechanism of Bactericidal Action.**—Chemical substances and physical agents act in a great variety of ways to bring about the destruction of bacteria. Just how the microbes are poisoned is, in many instances, an unsolved problem in toxicology. It must be self-evident that disinfectants act in different ways, especially when we consider such widely diverse substances as acids, metallic salts, phenols, ozone, bleaching powder, and chloroform.

Kronig and Paul,<sup>2</sup> as early as 1897, established the important known facts in a classic contribution. They showed that the toxicity of the metallic salts depends upon:

- (1) The concentration of the metallic salt.
- (2) The specific property of the salt.

<sup>2</sup> *Zeitschr. f. Hyg.*, 25, p. 1, 1897.



- (3) The type of solvent.
- (4) The degree of dissociation of the salt.
- (5) The effect of the cation.
- (6) The effect of the anion.
- (7) The effect of the undissociated salt.

With regard to the acids, the toxicity depends upon:

(8) The electrolytic dissociation, that is, the concentration of hydrogen ions in solution. In a few instances, the anions have a specific toxic effect.

The toxicity of the bases is in accordance with:

(9) Their dissociation power, that is, with the concentration of hydrogen ions in solution.

The disinfecting power of the halogens:

- (10) Increase with their atomic weight.

The oxidizing chemicals are toxic:

- (11) In proportion to their oxidizing power.

With regard to negative and positive catalysis, they found that:

(12) Anything that will increase the dissociation will increase the toxicity.

(13) The alcohols are positive catalyzers when acting on the metallic salts, and negative catalyzers when in solution of phenol and formaldehyd.

(14) Bouillon, gelatine and the body fluids are negative catalyzers in metallic salt solutions.

Krönig and Paul recognized the probability of the existence of certain general arbitrary laws between the concentration and toxicity of the metallic salts.

In 1908, Chick,<sup>3</sup> using the figures obtained by Krönig and Paul in 1897, and those later obtained by Madsen and Nyman<sup>4</sup> in 1907, and supplementing these results with a number of her own obtained with anthrax spores, was able to show a close similarity between the process of killing and the equation for a unimolecular reaction embodying Guldberg and Waage's law. Her experiments with *B. paratyphosus* showed a departure from this simple law which she explained as due to permanent differences in resistance to disinfectants among individual organisms.

In 1918, Brooks,<sup>5</sup> using the rate of hemolysis of blood cells, con-

<sup>3</sup>*Journ. of Hyg.*, 8, p. 92, 1908; also 10, p. 238, 1910.

<sup>4</sup>*Zeitschr. f. Hyg.*, 57, p. 388, 1907.

<sup>5</sup>*Journ. Gen. Physiology*, Sept. 20, 1918. I, No. 1, p. 61.

cluded that disinfectants do not follow the unimolecular law. He believes that the fundamental reaction may be either a simple process or the expression of a complex series of changes, whose rate is at all times governed by that of the slowest of the series.

The conception that disinfection resembles a chemical reaction, the disinfectant representing one reagent and the bacterium the other, is of great importance since the *cardinal points of efficient disinfection*, namely, *adequate active mass*, or concentration of the germicide, *time of action*, and *perfect contact* are thereby experimentally established.

**The Choice of Germicide.**—The choice of the germicide depends somewhat on the nature of the substance to be disinfected, as well as upon the resistance of the virus. Ordinarily germicidal solutions, such as bichlorid of mercury, 1-1,000, or carbolic acid, 2½ per cent., cannot be trusted to kill tetanus spores; emulsions are not serviceable for the disinfection of feces; a weak chlorinated lime will disinfect water, but a strong solution is necessary to disinfect fabrics, but the strong solution bleaches and rots the fiber. Certain chemicals have a selective action and appear to be specific poisons for some organisms as, for example, copper sulphate for algae. On the other hand, carbolic acid is particularly ineffective against the virus of smallpox. Taken altogether, therefore, the choice of the chemical, its strength, and time of application, the temperature of the solution, and its method of employment, are all problems which must be solved for each particular class of infection, and each particular group of substances.

## THE STANDARDIZATION OF DISINFECTANTS

There is no accurate standard by which the power of disinfecting agents may be measured. There are conditions influencing the life of the bacterial cell which we are unable to control. It is for this reason that the strengths of solutions necessary to disinfect are variously stated by different authorities, and the time of exposure is for the same reason not always definitely decided. The difficulty in this connection is to determine the minimum conditions which will furnish trustworthy results and still provide a coefficient of safety necessary for general practice. Of still greater importance is the fact that our laboratory tests do not imitate the natural conditions under which bacteria are commonly found in nature. The requirements of practical disinfection are therefore usually much more severe than the conditions of our laboratory tests.

While the results of scientific work in the laboratory must be our guide as to the value and efficiency of any disinfecting process we cannot ignore the results of experience gained in actual practice in combating the communicable diseases. This is especially true of disinfectants

used against a disease the cause of which is only surmised or the mode of transmission not definitely known. We have had a lesson on this point in the case of sulphur. This substance had long been used as a disinfectant for yellow fever, and practical experience had justified the confidence placed in sulphur fumigation to check the spread of this disease, but when the scientific tests made in the laboratory showed that sulphur dioxid is a very poor germicide, discredit was thrown upon it; now that we know that sulphur dioxid is one of the best insecticides, confidence has been restored both as to the scientific and practical value of this substance.

On the other hand, laboratory experiments have established with great accuracy the value and reliability of certain disinfectants which otherwise would have been overlooked. Thus the value of corrosive sublimate, chlorinated lime and formaldehyd was established, while on the other hand some substances, such as zinc chlorid and sulphate of iron, have been robbed of the high place in which they were formerly held, and placed near the bottom of the list of disinfectants. Even carbo-lic acid has been shown to have less germicidal power than was formerly supposed.

**Methods of Standardizing Disinfectants.**—Pringle<sup>6</sup> as early as 1750 attempted to standardize the then known antiseptics by determining their power to preserve (i. e., prevent decomposition in) a mixture consisting of 2 grains of meat and 60 grains of sea salt in 2 ounces of water. Following Pringle's work little was accomplished for over 100 years in standardizing disinfectants until Koch started a new era by the use of pure cultures and the "thread method."

*The Thread Method.*—Koch<sup>7</sup> in 1881 used pure cultures of *B. prodigiosus*, *B. pyocyaneus*, and *B. anthracis*, both with and without spores. He soaked threads in a culture of the test organism and afterward dried them for various periods and then exposed these infected threads to the action of the disinfectant to be tested. The threads were then washed and laid on the surface of a solid nutrient medium and incubated for growth. This method, although characterized by greater scientific accuracy than the methods previously used, lacked perhaps those broader features of the older, rougher experiments; that is, the method did not approximate the conditions met with in practical disinfection closely enough. Koch's reports, so favorable to bichlorid of mercury, gave a great impetus to its use. Geppert,<sup>8</sup> however, soon made it plain that Koch's high regard for bichlorid of mercury was partly due to an overestimate of its destroying power, inasmuch as the thread may

<sup>6</sup> *Phil. Trans. of the Roy. Soc. of London*, XLVI, 525.

<sup>7</sup> *Berl. klin. Wehnschr.*, 1889, XXVI, 789; also *Deutsch. med. Wehnschr.*, 1891, XVII, 797.

<sup>8</sup> "Mitteilungen aus dem kaiserlichen Gesundheitsamte," I, 1881, p. 324, abstracted by Whitelegge, in "Recent Essays," New Sydenham Society, London, 1886, CXV, p. 493.

carry over a sufficient amount of the chemical to inhibit growth. Gelpert used ammonium sulphid to precipitate the mercury and thereby demonstrated a lower figure as to its germicidal power.

*Sternberg's Method.*<sup>9</sup>—As early as 1881 Sternberg described a method that is evidently the precursor of the "carbolic coefficient" and its various modifications. He mixed 5 c. c. of a young culture with equal quantities of a solution of the germicidal agent. Thus 5 c. c. of a 1 to 200 solution of carbolic acid would be added to 5 c. c. of a recent culture of typhoid, and after stated intervals 1 or 2 loopfuls would be transferred to a nutrient medium.

*The Garnet Method.*—The Garnet method proposed by Krönig and Paul<sup>10</sup> in 1897 was an attempt at a more precise method. Small garnets of uniform size are coated with an emulsion containing sporulating anthrax bacilli. These are dried and then dropped into the disinfecting solution. After exposure for stated intervals the garnets are removed, rinsed, and the organisms washed off in sterile water, plated, and counted. Krönig and Paul emphasized the necessity of the disinfectant reaching each organism, the subsequent washing of the disinfectant from each organism, and the performance of the test with a constant number of organisms, since the time required for disinfection is dependent upon the number of microorganisms present. This method, along with the thread method of Koch, has been supplanted by the "carbolic coefficient" of Rideal and Walker and modifications thereof.

**Carbolic Coefficient.**—Rideal and Walker<sup>11</sup> in 1903 introduced a method by which they proposed to determine and state in definite numerical terms the value of any disinfectant. This they called the "carbolic coefficient," for the reason that carbolic acid is taken as the unit of measurement against which the germicidal power of all other substances is compared. It is often spoken of as the "Rideal-Walker" method or the "drop" method, because one drop of the culture of *B. typhosus* was used for each c. c. of disinfectant tested.

Rideal and Walker opened a new era in the standardization of disinfectants. They prepared a number of standard conditions for the test, without which comparable results are not possible. The most important conditions are temperature, media, nature and age of the test microorganisms, time of exposure, degree of dilution, etc. The Lancet Commission<sup>12</sup> in 1908 recommended several modifications of the Rideal-

<sup>9</sup> *Bull. of Natl. Bd. of Health, U. S. A.*, 1879, I, 219, 227, 237 and 265, and 1881, III, 23. Sternberg's "Manual of Bacteriology," N. Y., 1873, p. 186.

<sup>10</sup> "Die chemischen Grundlagen der Lehre von der Giftwirkung und Disinfection," *Zeit. f. Hyg.*, Leipzig, 1897, XXV, 1.

<sup>11</sup> "The Standardization of Disinfectants," *Jour. of Roy. San. Inst.*, 1903, XXIV, 424; also *Jour. of Infect. Dis.*, 1912, X, 254, and *Am. Jour. Pub. Health*, 913, III, 575.

<sup>12</sup> "The Standardization of Disinfectants," *Lancet*, 1909, II, 1454, 1516, and 1612.

Walker technic and this method was further modified by Anderson and McClintic<sup>13</sup> who, in 1911, proposed certain changes in technic, and a different method of calculating the coefficient, which they termed the "phenol coefficient." Stimson<sup>14</sup> described a machine by which the testing may be facilitated.

Kendall and Edwards<sup>15</sup> in 1911 described an infected agar plug, designed to test the penetrating power of a disinfectant.

*Physical-Chemical Methods.*—It remains to cite the admirable work of Chick and Martin<sup>16</sup> upon the laws of disinfection. They proposed in 1908 that the time element be established arbitrarily and with this called for two other constants, namely, the number of bacteria initially present, and the temperature. They believed that the killing of bacteria simulates a monomolecular reaction in which the bacteria take the place of one of the reacting substances. Phelps<sup>17</sup> in 1911 made the interesting proposal to determine the germicidal value of a disinfectant at any temperature and concentration by a mathematical formula which would use the findings of a single experiment of comparatively easy technic.

**Carbolic Coefficient Method.**—This test, sometimes known as the Rideal-Walker method of standardizing disinfectants, has been variously modified and improved.<sup>18</sup> As modified it is at present the best method we have for comparing the strengths of germicidal substances in solution or suspension. The method, however, has distinct limitations, as it only gives information concerning the relative value of germicides upon the naked germ cells under comparatively favorable conditions of action.

In order to obtain results that may have comparative value and to avoid discrepancies it is of the greatest importance to keep all the factors of the test uniform and to give attention to every detail. The following are the more important factors and principles upon which this test is based:

*Time.*—The time is taken as the constant and the strength of the disinfectant as the variant. It is easy to demonstrate that, if reversed, totally erroneous results will be obtained.

<sup>13</sup> *Hyg. Lab. Bull.*, P. H. & M. H. S., No. 82.

<sup>14</sup> Reprint No. 462, U. S. Pub. Health Rpts., Apr. 12, 1918.

<sup>15</sup> *Jour. of Infect. Dis.*, 1911, VIII, 250.

<sup>16</sup> Chick, Harriet: *Jour. of Hyg.*, 1911, VIII, 132; also Chick and Martin, *Jour. of Hyg.*, 1908, VIII, 644, 698.

<sup>17</sup> *Jour. of Infect. Dis.*, 1911, VIII, 27.

<sup>18</sup> Rideal, S., and Walker, J. S. A.: *Jour. Roy. San. Inst.*, London, 1903, Vol. XXIV, p. 424. "The Standardization of Disinfectants," The Lancet Commission, Vol. CLXXVII, Nos. 4498, 4499, 4500. Anderson and McClintic: *Jour. Infect. Dis.*, Vol. VIII, No. 1, Jan., 1911, pp. 1-26. *Hygienic Laboratory Bulletin* No. 82. Public Health Reports, April 12, 1918 and October 17, 1919.

The carbolic coefficient above described is not the Rideal-Walker Technic but modified in part from the Hygienic Laboratory Phenol Coefficient, and in part from the Lancet Commission Method.

*Test Organism.*—The coefficient will vary with different microorganisms. The culture recommended is a 24-hour-old *B. typhosus* grown in bouillon. It is important always to use the same strain of typhoid, as

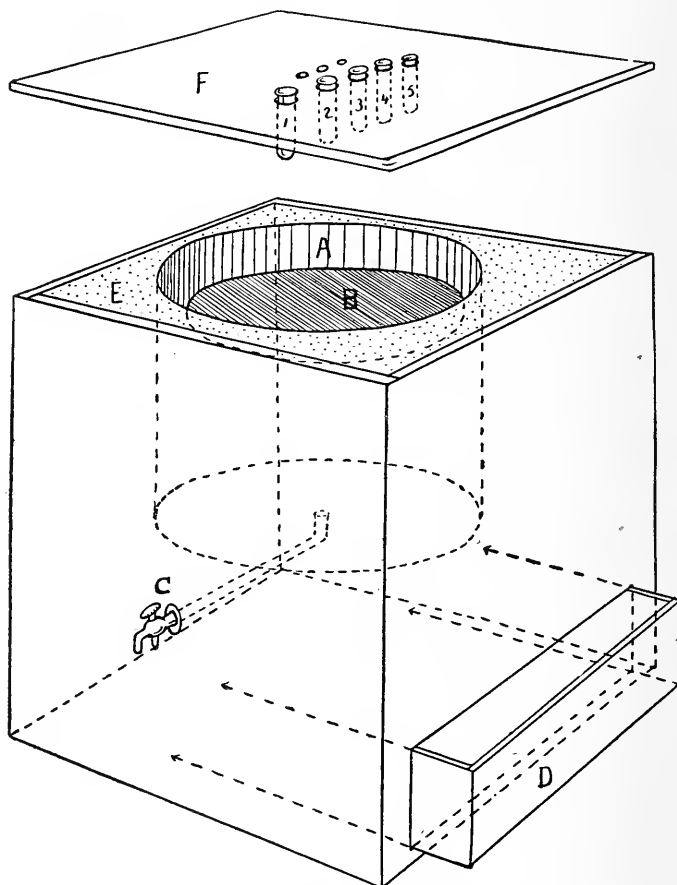


FIG. 164.—DEVICE FOR DETERMINING CARBOLIC COEFFICIENTS.

Consists of a wooden box 14" long by 14" wide by 15" high, containing a metal pail (A) 10" in diameter, and 8¼" deep. A shelf made of wire mesh (B) is inserted 2" from the top of the pail, which is filled with water. A pipe with a faucet (C) from the bottom of the pail will be found very convenient to draw off the water and regulate its temperature. Asbestos packing (E) completely surrounds the pail in order to insulate it. The lid of the box (F), which is raised in the drawing, contains openings for the five test-tubes, and three other openings for cultures and thermometer. When the lid is in place the test-tubes rest upon the shelf (B). A drawer (D) in the bottom of the box is convenient to keep test-tubes, inoculating needles, thermometer, and other parts of the apparatus.

different races vary in resistance. Further, the culture should be carried over every twenty-four hours on at least three, preferably seven successive days before using it in a test. It is advisable to filter the culture

through filter-paper in order to remove clumps just before beginning a test. The culture should always be grown under the same conditions, upon the same medium, so as to insure uniformity.

*Medium.*—The standard beef-extract broth (reaction  $+1.0$ ) recommended by the Committee on Standards of the American Public Health Association for Water Analysis, is used both to grow the test typhoid organism and also for the sub-cultures made after exposure to the disinfectant. Ten c. c. of this broth are placed in each test-tube for the sub-cultures, as this amount is sufficient to avoid any antiseptic activity of the disinfectant carried over.<sup>19</sup>

*Phenol*, first proposed by Rideal and Walker, and now adopted by common consent, is the standard of comparison. Phenol may readily be obtained chemically pure, and exact solutions may be prepared by titration with bromin. A 5 per cent. stock solution is usually made and this is diluted for the purpose of the test. Another advantage of phenol is that it is relatively unaffected by the presence of organic matter. Only formalin perhaps is superior to it in this regard.

*Temperature of Exposure.*—This is one of the most important factors. The germicidal activity of substances increases with the temperature. In this respect germicidal reactions resemble chemical reactions. It is therefore of the utmost importance that the solutions tested should be always at the same temperature, and for this purpose 20° C. has been selected as most convenient. The solutions to be tested and the typhoid culture itself must be brought to this temperature before they are mixed, and then maintained at this temperature in a water-bath.

*Proportion of Culture to Disinfectant.*—Rideal and Walker first proposed to use one drop of the typhoid culture to each cubic centimeter of germicidal solution. It is more accurate to use a measured amount, say 0.1 c. c. of the 24-hour-old bouillon culture of typhoid to 5 c. c. of solution. These are convenient amounts easily and accurately measured with standardized delivery pipets. It should be kept in mind that the addition of the bouillon culture dilutes the germicidal solutions, but as this is a constant factor it does not affect the comparative values as expressed by the carbolic coefficient, but may be taken into consideration in judging the germicidal values for practical work.

*Inoculation Loops.*—Precisely the same quantity of fluid from the mixture should be removed each time for the transplants. This is done most readily with platinum loops made of 23 U. S. standard gauge wire and a loop 4 millimeters in diameter inside measurement. This may be made over a No. 14 wire U. S. gauge. Several of these loops should be on hand. They are sterilized and placed upon a rack. As one is used it is flamed and returned to the rack, so that it will be cool when taken in its turn.

<sup>19</sup> See Modification of Media. U. S. Pub. Health Rpts., Oct. 17, 1919, p. 2297.

**Dilutions.**—A standard series of dilutions should be made of the phenol standard and also of the germicide to be tested—in accordance with the tables in Hygienic Laboratory Bulletin No. 82.

**Technic.**—The following method is the one used in my laboratory for carrying out the carbolic coefficient:

A solution of 5 per cent. phenol c. p. is made and standardized chemically.<sup>20</sup> The usual dilutions of 1 to 90, 1 to 100, and 1 to 110, etc., are made from this stock solution as desired.

The solutions of the germicidal substances to be tested must be made accurately, according to volumetric or gravimetric methods.

The tests are carried out in test-tubes one inch in diameter and three inches long. These are placed in a row in a water-bath. The test-tubes

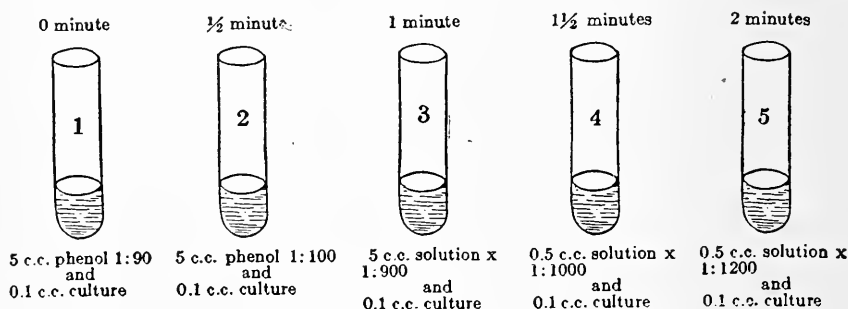


FIG. 165.—ARRANGEMENT OF TUBES IN WATER-BATH AND THEIR CONTENTS.

rest upon a bed of sand and are held in place by a wire rack or simply by a board perforated with holes of suitable size. If the water-bath is sufficiently large and the water brought to just 20° C. it may be maintained at this temperature with but slight attention.

Each test-tube receives 5 c. c. of the solution to be tested. Time is allowed for the solutions to reach the temperature of 20° C., then the culture which has previously been brought to 20° C. is added and mixed with the solution in each test tube in turn. The culture is added to each tube at intervals of just 30 seconds. With a row of five tubes this will make a 2½-minute interval for each tube as the subsequent sub-inoculations are made.

Two and one-half minutes after the phenol and the culture have been mixed together in tube No. 1 a loopful of the mixture is removed and planted in broth; 30 seconds later a loopful of the mixture is taken from tube No. 2, and so on throughout the series at intervals of 30 seconds. The entire procedure of removing the loopful of mixture and planting it into one of the test-tubes containing 10 c. c. of broth requires only about 15 seconds, allowing plenty of time to flame the loop, replace it in the rack, and pick up another loop which had previously been flamed

<sup>20</sup> By bromin titration. (See description in Sutton's "Volumetric Analysis.")



and has cooled sufficiently for the next operation. The test-tubes holding the mixture of germicidal solution and culture need not be removed from the water-bath, and it is not necessary to keep them plugged with cotton. The loop should always be plunged to the bottom and care taken not to touch the sides of the test-tube and always to carry away a loopful of the fluid to be transplanted. The test-tubes holding the medium for the transplants are conveniently placed in wooden racks and are incubated at 37° C. for forty-eight hours, when the readings as to growth (+) or no growth (—) are tabulated.

An example of a carbolic coefficient test follows:

		2½ Minutes	5 Minutes	7½ Minutes	10 Minutes	12½ Minutes
Phenol	1 : 90 .....	—	—	—	—	—
Phenol	1 : 100 .....	+	—	—	—	—
Solution X	1 : 900 .....	—	—	—	—	—
Solution X	1 : 1,000 .....	+	—	—	—	—
Solution X	1 : 1,200 .....	+	+	+	+	+

The carbolic coefficient of solution X is therefore  $\frac{1000}{100} = 10$ .

The carbolic coefficient is determined by comparing the strengths of the unknown disinfectant with phenol that "show life" in 2½ minutes—or practically the strengths that kill in 5 minutes. Previously it was permissible to compute the coefficient upon any of the periods of the test up to 30 minutes. However, it was found possible in this way, either by chance or intent, to obtain an extravagantly high coefficient. Thus Chick and Martin showed that the phenol coefficient of certain metallic salts varies from 13.8 to 550, depending on whether the period of comparison is 2½ or 30 minutes.

Anderson and McClintic<sup>21</sup> have modified the procedure employed by the Lancet Commission to determine the coefficient to be the mean between the strength and the time coefficient; that is, the figure representing the degree of dilution of the weakest strength of the disinfectant that kills within 2½ minutes is divided by the figure representing the degree of dilution of the weakest strength of the phenol control that kills within the same time. The same calculation is done for the weakest strength that kills in 15 minutes. The mean of the two is the coefficient.

An example of the "phenol coefficient" as determined by the Hygienic Laboratory method is given on the next page.

Kendall and Edwards<sup>22</sup> have devised an ingenious method to determine the penetrating power of germicides in the presence of organic matter. The method consists essentially of cylindrical molds of agar

<sup>21</sup> *Hygienic Laboratory Bulletin*, U. S. P. H. and M. H. S., No. 82, 1912.

<sup>22</sup> *Jour. Infect. Dis.*, Vol. VIII, No. 2, March, 1911, pp. 250-257.

## PHENOL COEFFICIENT: HYGIENIC LABORATORY METHOD

Sample	Dilution	Time Culture Exposed to Action of Disinfectant for Minutes						Phenol Coefficient	
		2½	5	7½	10	10	15		
Phenol .....	1:80	—	—	—	..	..	..	375	650
	1:90	+	—	—	—	..	..	—	+
	1:100	+	+	+	—	—	—	80	110
	1:110	+	+	+	+	+	—	—	—
								2	
Disinfectant "A"....	1:350	—	—	—	..	..	..	4.69	+ 5.91
	1:375	—	—	—	..	..	..	—	—
	1:400	+	—	—	—	..	..	2	
	1:425	+	+	—	—	—	—		
	1:450	+	+	—	—	—	—	= 5.30	
	1:500	+	+	—	—	—	—		
	1:550	+	+	+	—	—	—		
	1:600	+	+	+	+	—	—		
	1:650	+	+	+	+	+	—		
	1:700	+	+	+	+	+	+		
	1:750	+	+	+	+	+	+		

Temperature of medication, 20° C.

Culture used, *B. typhosus*, 24-hour, extract broth filtered.

Proportion of culture and disinfectant, 0.1 c. c. + 5 c. c.

impregnated with the test organism. Sections of these cylindrical molds or "artificial feces" are exposed to the germicide solutions and plants made after proper intervals of time from a core taken from the center of the cylinder.

*The carbolic coefficient of any substance should be based upon the average of a large number of tests.*

**Interpretation of Results.**—A low carbolic coefficient usually means a useless disinfectant. Formalin has a low coefficient, although formaldehyd is one of our potent and serviceable germicides. The reason for this discrepancy consists in the fact that the coefficient is based upon formalin which contains only 40 per cent. or less of formaldehyd. On the other hand it should be remembered that because a germicide has a high coefficient is no true indication that it is a favorable agent in practical work. There are many factors still to be considered. Thus a useful disinfectant should not be very poisonous to higher animals; should not corrode metals or rot fabrics; should not stain or bleach; should not have an unpleasant smell; should be reasonably cheap; should be readily miscible with water and not deposit from solution or suspension; should be reasonably stable; should act both in alkaline and acid media; should not be greatly influenced by the presence of organic matter, and should possess a fair power of penetration. Further, it should not be specific, but be a general poison for all microscopic plant and animal life. It must at once be evident that no one test can determine all

THE PHENOL COEFFICIENT OF SOME COMMERCIAL GERMICIDES  
Determined by Thomas B. McClintic \*

	Without Organic Matter	With Organic Matter
Bacterol .....	1.58	1.34
Benetol .....	1.23	0.92
Cabot's Sulphonaphthol .....	3.87	2.33
Carbolene .....	1.36	0.65
Carbolozone .....	1.48	0.48
Car-Sul .....	2.00	1.75
Chloro-Naphtholeum .....	6.06	3.21
Cremoline .....	1.26	0.69
Creo-Carboline .....	4.03	2.26
Creolin-Pearson .....	3.25	2.52
Cresoleum .....	2.90	1.75
Crude Carbolic Acid .....	2.75	2.63
Dusenberry's Liquid Creoleum .....	1.00	0.40
Germol .....	2.12	1.79
Hycol .....	12.30	9.37
Hygeno A .....	3.56	1.81
Kreosota .....	1.26	0.65
Kreotas .....	1.10	0.30
Kreso .....	3.92	2.32
Kresolig .....	2.18	1.48
Lincoln Disinfectant .....	1.48	1.10
Liquor cresolis compositus (U. S. P.) .....	3.00	1.87
Lysol .....	2.12	1.57
"Naphthalene Disinfectant" .....	2.50	1.36
Phenoco .....	15.00	9.86
Phenol liquid (U. S. P., 1890) .....	1.77	1.76
Phenosote .....	3.43	2.31
Phinotas .....	1.37	0.53
R. R. Rogers Disinfectant .....	3.03	2.05
Rudisch's Creolol .....	1.24	0.75
Saponified Cresol .....	1.03	0.57
Tarola .....	3.12	1.93
Trikresol .....	2.62	2.50
Zenoleum .....	2.25	1.64
Zodone .....	1.62	0.51
Zonol .....	2.37	1.57
Antozone † .....	nil	....
Creola Disinfectant .....	0.52	....
Dioxygen .....	weak	....
Electrozone .....	0.90	....
Formacone Liquid .....	weak	....
Killitol .....	weak	....
Kretol .....	0.92	....
Listerine .....	weak	....
Phenol Disinfectant and Cleansing Liquid .....	0.61	....
Phenol Sodique .....	weak	....
Pino-lyptol .....	0.27	....
Platt's Chlorides .....	weak	....
Public Health Liquid Disinfectant .....	0.48	....
Sanitas .....	0.30	....
The Twentieth Century Disinfectant .....	0.13	....
Veroform Germicide .....	0.43	....
Worrell's Insect Exterminator and Disinfectant ...	weak	....
Zodane No. 3 .....	weak	....

\* Hyg. Lab. Bull. No. 82, U. S. P. H. &amp; M. H. S.

† The following disinfectants have a coefficient of less than 1. Most of them are so weak that it was impracticable to determine the coefficient.

of these factors, so that a thorough and comprehensive study of the substance to be used should be made upon many different parasites under many different conditions before we can have a satisfactory knowledge of its power and limitations. This is one of the reasons that makes us conservative about taking up new germicidal substances until thoroughly tested under different conditions, *and inclines us to adhere to well-known chemicals such as bichlorid of mercury, carbolic acid, the coal-tar creosotes, lime, the hypochlorites, and formalin, the advantages and limitations of which have been thoroughly established.*

## CHAPTER II

### PHYSICAL AGENTS OF DISINFECTION

**Sunlight.**—Sunlight is an active germicide. It destroys spores as well as bacteria. Unfortunately, the sunlight is so uncertain and the force of the sun's rays so variable and their disinfecting powers so superficial that it cannot be depended upon as an aggressive measure in attacking infection. In rooms, ships, and confined spaces sunshine comes more under the purview of the sanitarian than under that of the disinfecter, but the latter can always use it to advantage in supplementing his other methods. Rooms and objects should always be sunned and aired after disinfection.

The different rays of light have very different effect upon germ life. The blue-violet and ultraviolets, that is, the more refrangible chemical rays of short wave length, are the only ones possessing germicidal power. The red and yellow rays are practically inert in this regard. The source of light seems to have little influence upon the result; it is more a question of intensity and nature of the rays. Even diffused light retards growth and development of bacteria, and if strong enough will finally kill them. Electric light containing the proper rays is efficient. The Röntgen rays have no bactericidal properties. The sun is the natural generator of ultraviolet rays.

The time required for sunlight to destroy bacteria varies with its brightness and with conditions such as moisture, temperature, transparency, and composition of the media, which aid or hinder the effect of the rays. The time also varies with the different microorganisms; plague bacilli and cholera vibrio usually die more quickly than tubercle bacilli. Spores are much more resistant to the influence of the chemical rays than the bacterial cells themselves. Thus it usually requires about thirty hours' sunning to kill an anthrax spore, while the anthrax bacillus is killed in one or two hours when subjected to the same conditions.

**Ultraviolet Rays.**—Ultraviolet rays are invisible rays which lie beyond the violet end of the spectrum. In general it may be said that they include those rays of short wave lengths between 2,900 and 2,250 Angstrom.<sup>1</sup>

The wave lengths of the visible spectrum are from about 7,610 Ang-

<sup>1</sup> One Angstrom unit is 1/10,000,000 of a centimeter.

strom units (red) to about 3,970 (violet). According to Nogier<sup>2</sup> the ordinary ultraviolet rays extend from 3,920, to 3,000 units, the average rays from 3,000 to 2,200, and the extreme ultraviolet rays from 2,200 to 1,000 units. He states that rays from 3,920 to 3,000 are not bactericidal to any extent but produce sunburn after long exposure. Rays between 3,000 to 2,200 have a strong action on bacteria while those from 2,200 to 1,000 are still more powerful but are of little value since they are easily absorbed by air and other substances.

Ultraviolet rays from the Cooper Hewitt lamp, produced by an electric discharge through mercury vapor contained in a quartz lamp in vacuo, have an exceedingly powerful germicidal action, killing spores as well as bacterial cells. Glass is opaque to these rays of short wave lengths and it is therefore necessary to use quartz globes.

Cernovodeanu and Henri<sup>3</sup> have shown that the action of ultraviolet light is greater near the lamp and decreases as the square of the distance from the source of the rays. Ultraviolet rays act just as well at 0° C. as at 55° C. They also act equally quickly in the presence or absence of oxygen. Pure cultures of non-spore-bearing microorganisms are killed in from 5 to 60 seconds. Molds, however, are only partially destroyed.

Ultraviolet light does not act indirectly through production of hydrogen peroxid or ozone, but kills bacteria by some direct action upon the protein which it seems to coagulate and decompose.

On the whole, very satisfactory results have been obtained in disinfecting clear water with ultraviolet rays, and in several cities in France and elsewhere the municipal water supply is treated by this process. See pages 916 and 1144. Proteins and other bodies of high molecular weight interfere with the action of the rays. Turbidity, both organic and inorganic, has a similar action. Color, within certain limits, seems to have no influence whatsoever.

Ultraviolet rays cannot be used successfully to pasteurize milk for the reason that milk is opaque, and furthermore the rays act upon the protein, causing unpleasant odors and tastes to develop. Attempts to kill the bacteria in turbid water, beer, wine, and vinegar have been only partially successful, because the organic matter interferes with the penetration of the rays.

Ultraviolet light possesses no therapeutic value so far as direct destruction of bacteria within any of the tissues of the body is concerned. Verhoeff<sup>4</sup> has shown that ultraviolet light will not destroy bacteria

<sup>2</sup>Nogier, T.: "Les Rayons ultraviolets et leur application à la stérilisation des liquides," *Rev. d'Hyg. et de Police Sanit.*, T. 32, 1910, pp. 421-431.

<sup>3</sup>Cernovodeanu, P., et Henri, Victor: "Étude de l'action des rayons ultraviolets sur les microbes," *Compt. rend. hebd. de Séanc. d. l'Acad. des Scienc.*, T. 150, 1910, pp. 52-54; also *Zeitschr. f. Hyg.*, Feb., 1916.

<sup>4</sup>Verhoeff, F. H.: "Ultraviolet Light as a Germicidal Agent," *J. A. M. A.*, March 7, 1914, LXII, 10, p. 762.

within the cornea, even when the latter is perfectly transparent, without at the same time severely injuring the corneal tissues. See also page 918.

**Electricity.**—It appears that electric currents have little germicidal action in themselves and that the apparent effects noted by some investigators are due either to the heat generated by the current or to electrolytic action. Electricity has very little use in practice as a disinfectant. Hermite used the products of electrolysis for the sterilization of sewage. He added sea-water to the sewage and the electrolytic action caused the formation of hypochlorite, which has well-known germicidal action. The effect of electrical currents upon bacteria seems to be a purely chemical one in the case of germicidal substances being formed by electrolytic decomposition; or a thermal one in the case of the production of heat, which so frequently attends the discharge of electric currents.

**Pressure.**—Hite<sup>5</sup> finds that a pressure of 100,000 pounds per square inch, at room temperature, destroys most non-spore-bearing bacteria. Under these conditions, milk containing from 30 to 40 million per c. c. may be reduced to a few hundred by the application of 100,000 pounds for 10 minutes. The pressure does not affect the enzymes. Forty-five thousand pounds pressure is sufficient to kill *B. typhosus* in beef broth in 10 minutes. *B. diphtheriae* in beef broth are killed at 40,000 pounds pressure in 10 minutes.

Larson, Hartzell and Diehl<sup>6</sup> found that a direct pressure of 6,000 atmospheres kills non-spore-forming bacteria in 14 hours. A pressure of about 12,000 atmospheres for the same length of time is required to kill spores. Non-spore-bearing bacteria are killed by CO<sub>2</sub> of 50 atmospheres pressure in about 1½ hours. Yeast cells withstand the action of CO<sub>2</sub> for more than 24 hours, probably because of their ability to transmit the CO<sub>2</sub> molecule through the membrane promptly. Nitrogen under a pressure of 120 atmospheres has no effect on bacteria.

**Burning.**—Fire is the great purifier. Burning has, however, a very limited range of usefulness in practical disinfection. The disinfectors is seldom justified in burning an article against the wish of its owner, for we now possess methods by which any object may be rendered safe so far as its power of conveying disease is concerned. In actual practice, however, the disinfectors often comes across a great amount of rubbish and articles of little value that he will find easier and cheaper to burn than to disinfect. The burning of garbage and refuse is the safest means of disposing of such organic substances from a sanitary standpoint, especially in districts where pestilential disease prevails. From the same standpoint the cremation of all bodies dead of a communicable

<sup>5</sup> *Bull. 146*, W. Va. Agricul. Exp. Sta., October, 1914.

<sup>6</sup> *Journ. Infect. Dis.*, March, 1918, p. 271.

disease is the safest method of preventing possible spread of infection from this source. Burning is the most satisfactory method of disinfecting and disposing of small amounts of sputum and other infected discharges. Burning of the surface of the ground by means of gasoline torches and petroleum is sometimes used to destroy animal parasites and other infections which find lodgment on the soil. The gasoline torch is also used to fight insect pests of trees and plants.

**Dry Heat.**—A temperature of 150° C. continued for one hour will destroy all forms of life, even the most resistant spores. It is easy to maintain this temperature in an apparatus of special construction known as a hot-air or dry-wall sterilizer. Dry heat penetrates slowly, especially through fabrics. Air is also a poor conductor. It must therefore be remembered that the temperature as registered on the thermometer does not necessarily indicate the temperature at the critical place within the sterilizer. A liberal factor of safety is therefore necessary, especially in large scale operations. In the sterilization of glassware and other objects in laboratories making biologic products, it is customary to expose them for at least two hours to not less than 170° C. to insure penetration and heating of all surfaces. Glassware and many other objects will stand this degree of heat and are sterilized in an oven of this kind in bacteriological laboratories and in surgical clinics.

Dry heat is not as satisfactory a disinfectant as moist heat, as it lacks the power of penetration and is injurious to fabrics. Most materials will bear a temperature of 110° C. without much injury, but when this temperature is exceeded signs of damage soon begin to show.

Scorching occurs sooner with woolen materials, such as flannels and blankets, than with cotton and linen. Over-drying renders most fabrics very brittle, but this injury may be lessened by allowing the materials which have been subjected to dry heat to remain in the air long enough to regain their natural degree of moisture and pliability before manipulating them.

The ordinary household cooking oven is as good as any specially contrived apparatus for the disinfection of small objects by dry heat. In the absence of a thermometer it is usual to heat the oven to a point necessary to brown cotton and expose the objects no less than one hour.

**Boiling.**—Boiling is such a commonplace, every-day procedure that it is often neglected in practical disinfection despite the fact that it is one of the readiest and most effective methods of destroying infections of all kinds. An exposure to boiling water at 100° C. continued for an hour will destroy the living principles of practically all the infectious diseases with which we have to deal in public health work. To be sure, there are a few spores that have shown a remarkable resistance to boiling water and streaming steam in laboratory experiments. Boiling, there-



fore, cannot be entirely depended upon where tetanus, anthrax, or resisting spores are in question. As a matter of fact, a degree of moist heat much lower than the boiling point of water is effective against the great majority of the known viruses. Thus a temperature of 60° C. for 20 minutes will destroy the microorganisms of cholera, typhoid, dysentery, diphtheria, plague, tuberculosis, pneumonia, erysipelas, and practically all non-spore-bearing bacteria. Boiling kills them at once.

Boiling is especially applicable to the disinfection of bedding, body linen, towels, and fabrics of many kinds; also kitchen and tableware, cuspidors, urinals, and a great variety of objects. Surfaces, such as floors, walls, beds, metal works, etc., may be effectively disinfected by mechanically cleansing them with boiling water. The efficacy of boiling water, especially when used in such circumstances, is greatly increased by the addition of corrosive sublimate, carbolic acid, or one of the alkaline coal-tar creosotes. The addition of lye, borax, or a strong alkaline soap also increases the penetrating and detergent power of boiling water when applied to surfaces soiled with organic or oily matters.

Boiling in 3 to 5 per cent. phenol or some similar disinfectant will kill tetanus and other spores. This method is applicable to rubber goods and other articles.

In using boiling water for the disinfection of bright steel objects or cutting instruments the addition of 1 per cent. of an alkaline substance such as carbonate of soda will prevent rusting and injury to the cutting edge. The method advocated by Rebula<sup>7</sup> is as follows: Two and one-half grams of sodium hydroxid (NaOH) should be added to 1,000 grams of water. The sodium hydroxid should be allowed two minutes in which to dissolve and to combine with the CO<sub>2</sub> of the water before the instruments are put in the solution and boiled.

**Steam.**—Steam is one of the most satisfactory disinfecting agents we possess. It is reliable, quick, and may be depended upon to penetrate deeply. Further, it does more than disinfect; it sterilizes. Vegetating bacteria are killed instantly and most spores in a short time. It may therefore be used to destroy the infection of any of the communicable diseases.

Either streaming steam or steam under pressure is used in practical disinfection.

Streaming steam has the same disinfecting power as boiling water, and an exposure of half an hour to an hour is sufficient. Steam under pressure is a more powerful germicide than streaming steam. At a pressure of 15 pounds<sup>8</sup> to the square inch steam has a temperature of approx-

<sup>7</sup> *Centralblatt f. Chirurgie*, Oct. 16, 1920, 47, No. 42, p. 1297.

<sup>8</sup> That is, 15 pounds above atmospheric pressure. Barometric pressure is zero. Throughout this book, "pounds pressure" means "gauge pressure."

imately 120° C. and may be depended upon to sterilize in 20 minutes. At 20 pounds pressure it has a temperature of approximately 125° C. and will sterilize in 15 minutes. The following table gives the temperature at various pressures and vice versa.

Temperature		Pressure		
Degrees C.	Degrees F.	Mm. of Mercury	Pounds per Square Inch	Gauge Pressure *
100	212	760.00	14.70	0.0
105	221	906.41	17.53	2.83
110	230	1075.37	20.80	6.10
115	239	1269.41	24.55	9.85
120	248	1491.28	28.85	14.15
125	257	1743.88	33.72	19.02

\* That is, pounds per square inch above atmospheric pressure.

The *temperature* is a much more reliable guide than the *pressure*. The temperature of the *object* to be disinfected, rather than the temperature of the *apparatus* is the critical factor. Many failures are due to neglect of this simple point in physics.

Penetration may be greatly facilitated by a partial vacuum before introducing the steam.

Steam is applicable to the disinfection of bedding, clothing, fabrics of all kinds, and a great variety of other objects, provided certain precautions are taken to prevent shrinking, staining, running of colors, etc. Steam shrinks woollens and injures silk fabrics; it ruins leather, fur, skins of all kinds, rubber shoes, oilcloth, and articles made of impure rubber or containing glue, varnish, or wood.

Food of all kinds is sterilized by steam in the process of canning.

It is important in disinfecting with steam, whether with streaming steam or steam under pressure, to *expel the air from the apparatus*. The air, being a poor conductor of heat, forms dead spaces and prevents the steam coming in direct contact with the articles to be disinfected, thereby defeating the object to be attained. As steam is lighter than air the latter can best be expelled from the apparatus by admitting the steam from above, in which case the descending column of steam forces the air out at the bottom. If the steam is admitted at the bottom it swirls up, making a nearly uniform mixture with the air, and while the temperature quickly rises in the apparatus the air escapes mixed with the steam, so that it takes a long time and an unnecessary waste of steam to drive out the contained air.

Disinfection with streaming steam may be accomplished in many ways without the use of special apparatus. For rough and ready work on the railroad the objects to be disinfected may be hung in a freight-

car and the steam brought from the locomotive. On board a vessel one of the compartments above the water-line may be filled with steam from the boiler. Objects may be steamed in any rough structure wherever a boiler is found to furnish the steam. Such a structure need not be tight, for the streaming steam escaping from the cracks produces a circulation and favors penetration.

In the laboratory small objects are disinfected in streaming steam in the Arnold steam sterilizer or the Koch steamer.

On account of the great certainty with which steam under pressure acts it is the favorite method in practical disinfection, especially where sterilization is required, and devices for applying this process on a large scale have reached a high degree of perfection. The smaller forms of steam sterilizers under pressure are known as digestors or autoclaves and the larger ones as steam disinfecting chambers.

**The Autoclave.**—The autoclave, digester, or steam sterilizer consists of a closed kettle usually made of copper and sufficiently strong to withstand the pressure. Water is placed in the kettle and the heat is applied to the bottom, usually by means of several Bunsen gas jets. The apparatus is surrounded as high as the shoulder, where the lid is attached, with a metal jacket which serves the purpose of bringing the heat of the flame in contact with the entire surface of the kettle. The lid is made to fit tightly by means of screw bolts and a rubber gasket. A thermometer, pressure gauge, safety valve and a small opening with a stopcock for the purpose of allowing the escape of the air are provided. If all the air is not expelled from the apparatus the dead spaces will have a much lower temperature than that registered on the thermometer. For instance, the steam itself may register a temperature of  $130^{\circ}$  C., while test fluids exposed may only reach  $70^{\circ}$  to  $80^{\circ}$  C. Therefore, in using this form of sterilizer it is customary to allow the steam to escape in full force for several minutes before permitting the pressure to rise.

In the sterilization of liquids, for which this apparatus is frequently used, it is important, at the conclusion of the process, not to take off

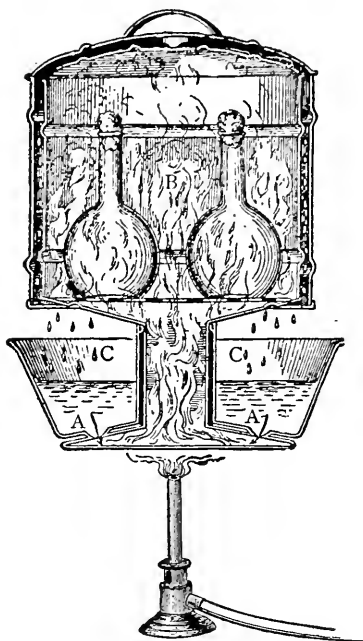


FIG. 166.—SECTION THROUGH ARNOLD STEAM STERILIZER.

the lid or open the valves, or in any other way release the pressure until the apparatus has cooled; otherwise the condensed steam causes a diminished pressure, in which the heated liquids will boil energetically, resulting in a bubbling over, a blowing out of stoppers, or a bursting of the flasks. It is therefore necessary to wait until the pressure is zero, as registered on the gauge; or, better, until the condensing steam produces a partial vacuum and the air is automatically sucked in through the vacuum valve, which is sometimes fitted in the lid of the apparatus for this very purpose.

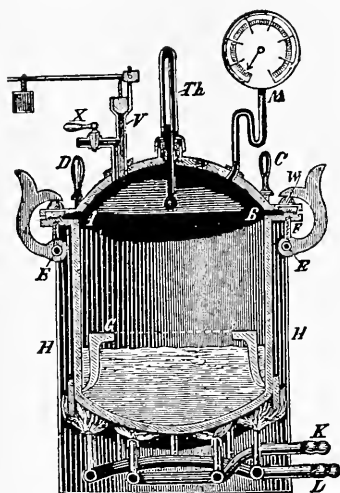


FIG. 167.—SECTION THROUGH AUTOCLAVE.

water when put in the autoclave. This is for the purpose of insuring that steam will be in contact with all surfaces.

**The Steam Chamber.**—The steam disinfecting chamber has reached a high degree of usefulness through the gradual perfection of the details of its working parts. These chambers are somewhat complicated and their mechanical construction must be mastered in order to insure reliable results. Steam disinfecting chambers may be used with streaming steam or with steam under pressure; with formaldehyd gas alone, or with this gas in combination with dry heat; and, finally, with various combinations of these methods with or without a vacuum.

The disinfecting chamber itself may be rectangular or cylindrical in shape, the former giving more effective space, the latter being a stronger and cheaper method of construction. The chamber is built of an inner and outer shell forming a steam jacket, as shown in Figs. 169

and 170. The federal regulations<sup>9</sup> require 121° C. (15 pounds) for 30 minutes for steam sterilization of glassware and rubber tubing. Glassware and rubber tubing must be moistened immediately before steam sterilization and each flask or hollow apparatus should contain one-eighth of its volume of

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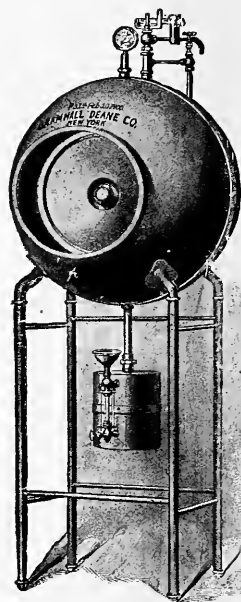


FIG. 168.—BRAMHALL-DEANE STEAM STERILIZER.

<sup>9</sup> Regulations U S. Public Health Service, October 1, 1919.

and 170. The steam jacket serves several purposes. By heating the contents of the disinfecting cylinder before the steam is turned in it avoids condensation. During the process of disinfection it helps keep the steam in the chamber "live," thereby preventing the wetting of the objects exposed. After the disinfection is finished and the chamber opened the heat from the steam in the jacket may be used to dry the objects which have just been steamed. Therefore, in using this apparatus

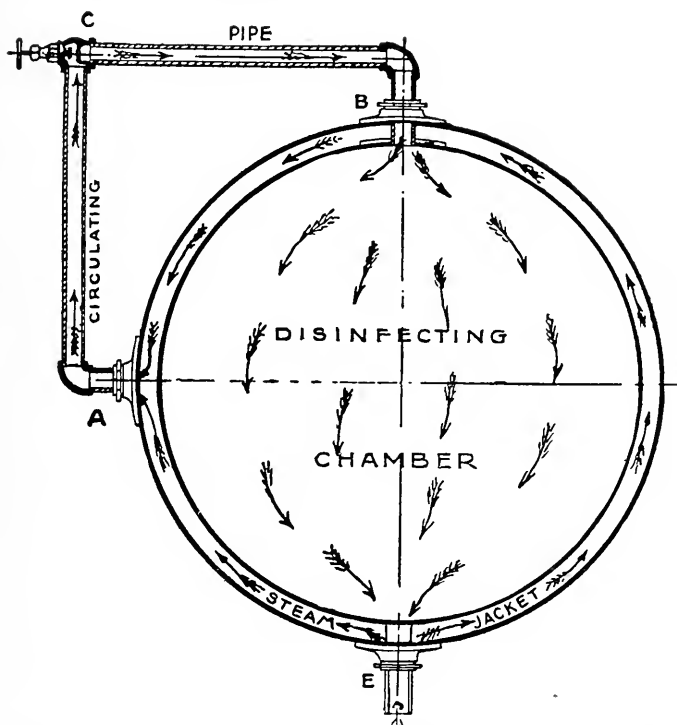


FIG. 169.—CROSS SECTION THROUGH STEAM DISINFECTING CHAMBER.

for disinfecting with steam, either with or without pressure, the steam is kept circulating in the jacket from the beginning to the end of the process.

In the jacket the steam has a perfectly free circulation, so that the entire disinfecting cylinder, with the exception of the doors, is surrounded by live steam. The outer shell of the jacket is insulated with a covering of sectional magnesia, asbestos, or some other non-conducting substance.

The steam from the boiler passes through the main steam pipe A (Fig. 171) to the pressure-reducing valve (2), and thence to the bottom of the jacket at B, B.

Into the disinfecting chamber itself the steam can be admitted

only from the jacket, through the circulating pipes, A, C, B (Fig. 169), and after circulating through the disinfecting chamber in the direction as shown by the arrows is allowed to pass out with the drip through the drain D (Fig. 170). Upon the completion of the process

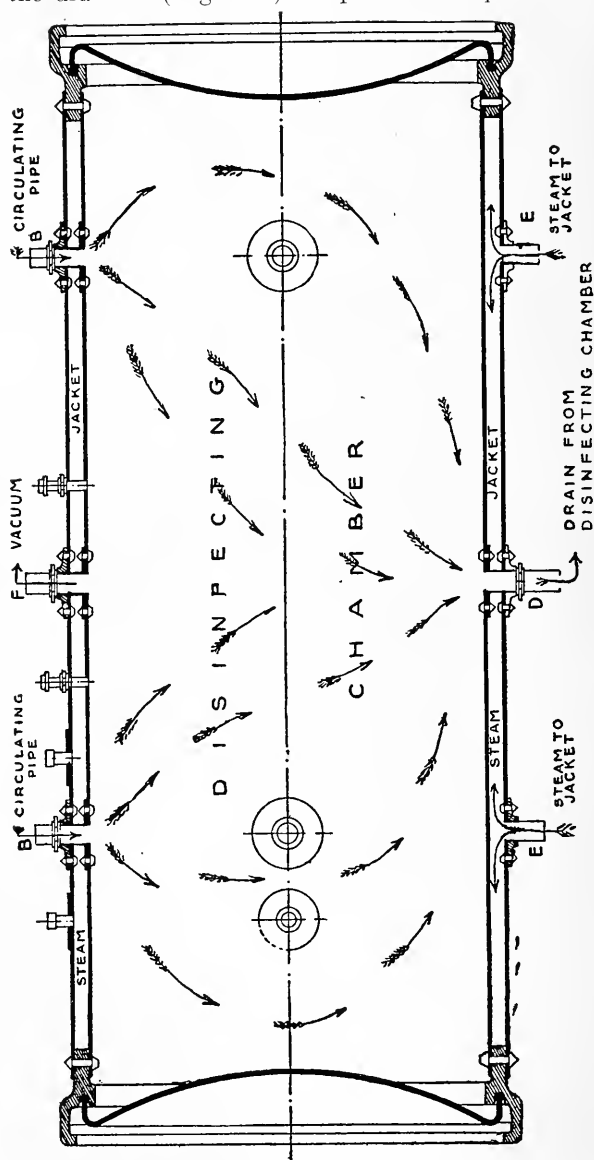


FIG. 170.—LONGITUDINAL SECTION THROUGH STEAM DISINFECTING CHAMBER.

the steam may be blown off through the vacuum pipe F, but this outlet should not be used during the steaming because the desired circulation would not be obtained.

It will be noticed that the steam is admitted at the *bottom* of the

*jacket*, and at the *top* of the disinfecting chamber, as shown in Fig. 169. The object of admitting the steam at the top of the disinfecting chamber is to favor the expulsion of the air through its outlet at the bottom by means of the descending column of steam. Therefore, in order to expel

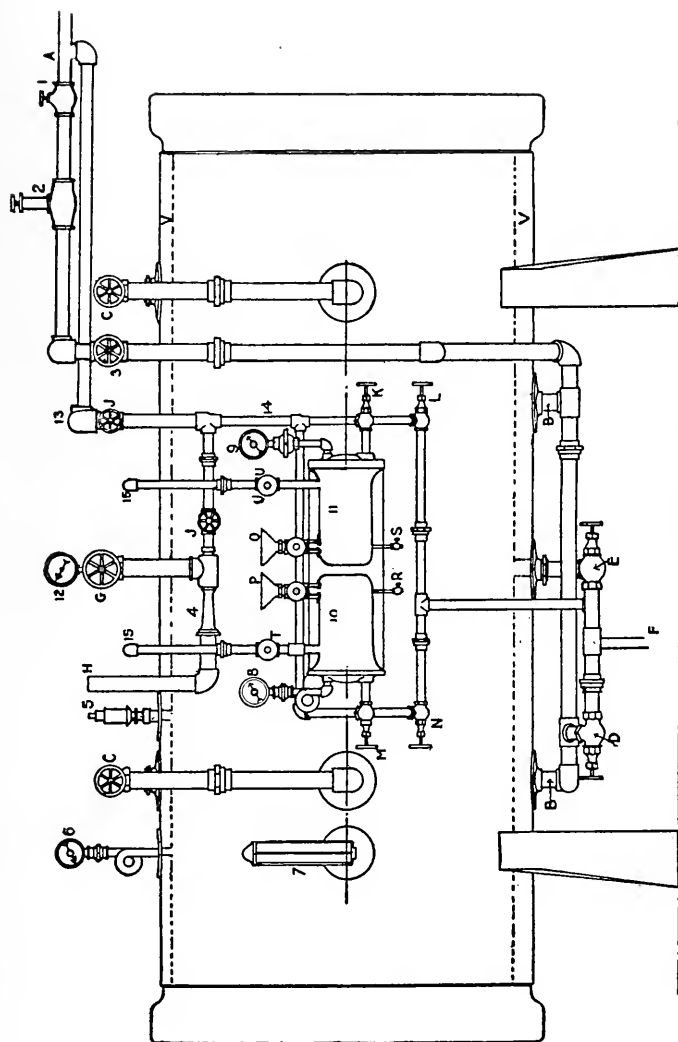


FIG. 171.—KINYOUN-FRANCIS STEAM DISINFECTING CHAMBER.

all the air and fill the chamber with steam it is essential to open the drain D (Fig. 170) while the steam is entering through B, B, and this outlet D should not be closed until steam escapes freely. In using the vacuum attachment to expel the air contained in the apparatus the *modus operandi* is somewhat different.

To determine whether all the air has been expelled, lead a pipe

from the exhaust to a bucket of water. Air reveals itself as bubbles; steam gives the well known hammer effect.

A partial vacuum may be obtained in steam chambers of this type with the ejector (4, Fig. 171). The object of the vacuum is to facilitate the penetration of the steam, which rushes into all the interstices of fabrics and inaccessible places, to take the place of the air which has been withdrawn. The ejector works upon the familiar principle of the water vacuum pump, the air being drawn or sucked along with the current. With a pressure of 80 pounds in the boiler and the valve J (Fig. 171) wide open, the ejector will produce a partial vacuum of 15 inches in one of the largest sized chambers in one minute, which is very much quicker than can be accomplished with the ordinary forms of piston pumps.

Any steam disinfecting chamber may have attached to it an apparatus for generating formaldehyd gas, so that objects that are injured by exposure to steam may be disinfected with formaldehyd, plus dry heat. Before the formaldehyd is admitted into the chamber a partial vacuum may be established by means of the ejector. In this way the penetration of the gas is very much facilitated.

In the best patterns the steam disinfecting cylinders are open at both ends, so that the infected objects may be introduced from one end and taken out from the other, which diminishes the risk of reinfesting them. The joint between the door and the chamber is made tight by means of a heavy rubber gasket. The door should not be pressed against this gasket more firmly than is found necessary to retain the steam, otherwise the rubber will soon be rendered useless. When not in use the door should be kept open; otherwise, on cooling, the metal will adhere to the rubber gasket. This may be prevented to a certain extent by keeping the rubber gasket covered with graphite.

In addition to the above-mentioned attachments the disinfecting chambers are also supplied with a thermometer (7, Fig. 171). The thermometer, however, may be so close to the jacket that it is influenced by the heat in the jacket, which is usually higher than the temperature of the interior of the chamber. The thermometer should be in the door, or arranged to give trustworthy results. In disinfecting with steam under pressure the temperature is a more reliable guide than the pressure. There are forms of mercurial and metallic thermometers that make an electric contact when a certain temperature is reached, and which may be connected to ring a bell. They have a decided advantage in that they may be placed anywhere within the chamber, even in the center of bundles, etc., and are more trustworthy than any form of mercurial instrument fastened through the heavy metallic walls of the apparatus.

An ingenious form of thermometer, made to register when the temperature reaches 100° C., has been designed by Merk, and is shown in the accompanying illustration (Fig. 172). A small stick of the me-



tallic substance which is supplied with the instrument and which melts at exactly  $100^{\circ}$  C., fastened at A, keeps the electrodes at B and C apart. The entire thermometer D is then placed in the box E for protection, and this is placed in the chamber or in the inside of bundles to be disinfected. The insulated wires from F and G are connected with a battery and bell. As soon as the temperature reaches  $100^{\circ}$  C. the little metal stick melts, the contact is made between B and C, and the bell rings. This form of thermometer is more accurate than the pyrometers, which depend upon the contact being made by the unequal expansion of a compound metal bar, for the reason that moisture collects upon the electrodes and an electric contact is sometimes made before the metal parts actually touch, thereby giving false readings.

The most accurate instrument for this purpose is the thermo-couple. Very satisfactory self-recording thermometers based upon the principle of expanding gases are made by the Taylor Instrument Company (page 790).

Steam chambers must always be provided with galvanized or copper hoods to prevent rust-stained drip from soiling the clothing and other objects exposed to the steam; gauges to indicate both vacuum and steam pressure, and a safety valve to prevent over-pressure in the chamber. The amount of pressure from the boiler is regulated by a reducing valve in the main steam pipe.

For convenience in handling the goods cars are provided, of light wrought-iron construction, with movable trays made of galvanized screens; also bronze hooks at the top of the car, permitting the articles to be laid upon the trays or to be hung up on the hooks.

In the accompanying diagram (Fig. 173) the method of installing the steam chambers in the disinfecting shed of a quarantine station is shown. It will be noted that the cylinders are open on both ends, and that a dividing wall running across the building separates the receiving end, where the infected objects arrive and are prepared for disinfection, from the discharging end, where the contents of the chamber are aired, dried, and repacked after disinfection.

This separation is essential where a large amount of disinfection is done for a variety of diseases, as, for example, in a municipal disinfecting establishment or at the quarantine station of a busy port. It is true that the virus of certain diseases is not apt to contaminate the surroundings, and in such cases there would be little risk in taking the disinfected articles out of the same end of the chamber from which they are put in, especially if the exposed surfaces are mopped with a disin-

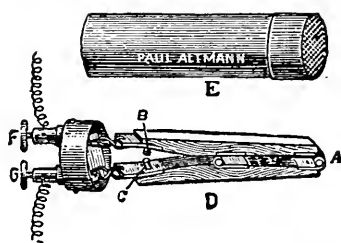


FIG. 172.—AUTOMATIC THERMOMETER.

fectant in the interim. But this is a risk that need not be taken; in fact, all well-regulated disinfecting plants maintain a rigid separa-

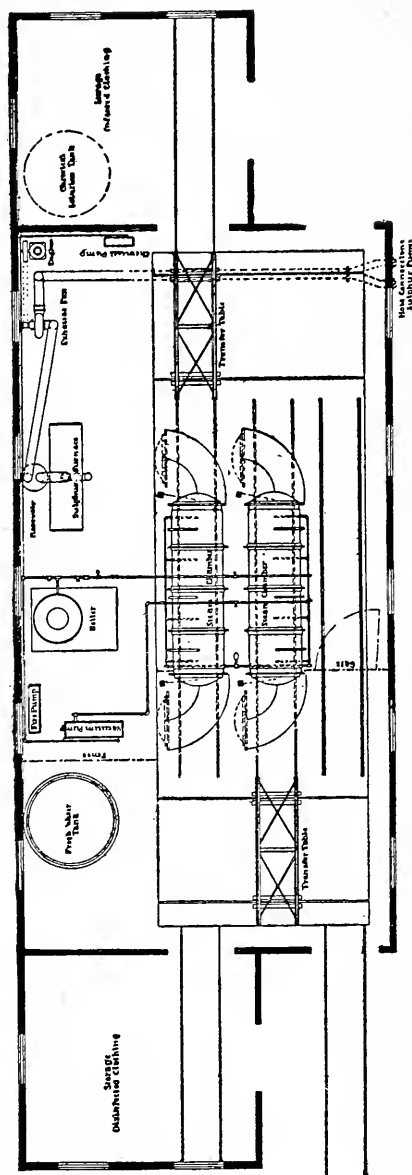


FIG. 173.—PLAN SHOWING THE METHOD OF INSTALLING THE DOUBLE-ENDED STEAM CHAMBERS AT A NATIONAL QUARANTINE STATION.

tion between the two sides, never allowing both doors of the chamber to be open at the same time, and providing two sets of workmen, one for the "infected" and one for the "disinfected" side.

The chambers must be loaded with care in order to obtain reliable

results and to avoid injuring the articles exposed to the process. The packages must not be too large or crowded too closely, for, although the vacuum facilitates the penetration of the steam, there is a limit in this regard; it takes so much longer for disinfecting agents to penetrate dense packages and bundles that there is little saving of time and a distinct loss in trustworthiness. Steam cannot penetrate compressed bundles of rags, bales of cotton, feathers, hair, or other packages of merchandise which are often presented for disinfection, except by aid of the vacuum.

## CHAPTER III

### CHEMICAL AGENTS OF DISINFECTION

#### GASEOUS DISINFECTANTS—FUMIGATION

A germicidal gas would be an ideal weapon for destroying such invisible foes as we have to deal with in public health work, especially for terminal disinfection. By reaching all portions of a room or confined space a gas lessens the risk of overlooking any surface upon which the infective agent may be lodged, but an efficient gas for this purpose is still to be discovered.

There is practically only one gas suitable for general application, viz., formaldehyd. It is not poisonous, does not injure fabrics, colors, metals, or objects of art and value. Formaldehyd, however, has distinct limitations, which are dealt with more in detail under the description of the gas.

Sulphur dioxid is too destructive for fabrics, colors, and metals for general use. It is a better insecticide than germicide. It is very poisonous to all forms of animal life, which makes it valuable in fumigating against insect and animal-borne diseases. It is used for the fumigation of the holds of ships, cellars, sewers, stables, and other rough structures infested with vermin.

Hydrocyanic acid gas is too poisonous to use in the household, and is limited in practice to the destruction of infection and vermin on board ships, in warehouses, greenhouses, granaries, railroad cars, and other uninhabited or isolated structures.

The very poisonous and destructive nature of chlorin gas contracts its usefulness to narrow limits.

*None of the gaseous agents can be depended upon for more than a surface disinfection. They all lack the power of penetration.* Practically all the gaseous agents are not disinfectants but fumigants. See page 266.

**Preparation of the Room.**—The preparation of a room or space to be fumigated with a gas is a matter of some importance. A larger amount of gas than is thought possible is lost through leaks, by diffusion, by absorption and in other ways; therefore the room should be made tight, all cracks and crevices should be well closed by pasting paper over them or by caulking with suitable material of some kind. Do not forget to close the registers, flues, hearths, and ventilators, and look carefully for

openings in out-of-the-way places. Then expose the objects in the room so that the gas may have ready access to all the surfaces. Move bureaus, beds, and furniture away from the walls; open doors of closets, drawers of bureaus, lids of boxes, and the like so that the gas may freely enter and diffuse to all corners. *None of the gases can be depended upon to disinfect clothing, bedding and fabrics.*

While the articles in the room must be arranged so that the gas may freely gain access to all surfaces possible, the mistake must not be made of going to the opposite extreme of disarranging the contents of the room too much, for the same surfaces should be exposed to the gas that were exposed to the infection.

The strength of the gas and time of the exposure necessary to insure disinfection have been determined by exact laboratory experiments, but the conditions found in actual practice are so variable that we must allow for a liberal excess to make up for inevitable wastage. Wind pressure also seriously influences the efficiency of gaseous disinfectants in a confined space. Much more air than is commonly thought possible forces its way through cracks and through the walls themselves. The wind pressure may thus drive the fumigating gas entirely away from one side of the room. It is only necessary to stand upon the leeward side of a structure being disinfected with sulphur dioxid or formaldehyd to realize the great quantity of gas blown from the enclosure. See page 266.

**Formaldehyd Gas.**—Formaldehyd<sup>1</sup> is the most generally useful and one of the best disinfecting gases that we possess. Its superiority depends upon its high value as a germicide, its non-poisonous nature, and upon the fact that it is not destructive. The secret of successful disinfection with this substance is to obtain a large volume of the gas in a short time.

Formaldehyd (HCHO) exists in at least three well-recognized isomeric states:

(1) Formaldehyd (formic aldehyd) is a gas at ordinary temperatures, colorless, and possessing slight odor, but having an extremely irritating effect upon the mucous membranes. At a temperature of about  $-20^{\circ}$  C. the gas polymerizes into paraformaldehyd, known commercially as paraform.

(2) Paraform is a white substance, unctuous to the touch, soluble in both water and alcohol. It consists chemically of two molecules of formaldehyd. It is this substance which is supposed to compose the commercial solutions of formaldehyd known as formalin, formol, etc.

(3) Trioxymethylene is formed by the union of three molecules of formaldehyd. It is a white powder giving off a strong odor of the gas. It is but slightly soluble in alcohol and water.

Formaldehyd gas possesses about the same specific gravity as air;

<sup>1</sup> Formaldehyd is the gas, formalin is the aqueous solution of the gas.

it diffuses slowly, although somewhat better than sulphur dioxid. Formaldehyd combines with nitrogenous organic matter. A few drops added to the white of an egg will prevent its coagulation by heat. The formaldehyd unites with the albumin to form a totally new compound. Combined with gelatin it keeps that substance from liquefying. It is from this property of combining directly with the albumins forming the protoplasm of the microörganisms that formaldehyd is supposed to derive its power as a germicide. It is perfectly plain, therefore, why there must be direct contact between the gas and the germ in order to accomplish disinfection.

Formaldehyd also unites readily with the nitrogenous products of decomposition, forming new chemical compounds which are both odorless and sterile. It is thus a true deodorizer in that it does not mask one odor by another still more powerful, but forms new chemical bodies which possess no odor.

Formaldehyd apparently has no detrimental effects upon silks, wools, cotton and linen. It does not change colors, with the exception possibly of a slight effect upon some of the delicate aniline lavenders. An oil painting is not perceptibly altered after prolonged exposure to the gas. The metals are not attacked. It is this non-destructive property of the gas that renders it generally applicable. It is practically the only gaseous germicide which can be used in the richest apartments, containing objects of art and value, without fear of damage.

The commercial solutions known as formalin are said to contain 40 per cent. of formaldehyd gas. They are not always up to standard (average 36 per cent.), and, being volatile, there is a certain loss if not well kept. In winter there is a decided deterioration, owing to the polymerization and precipitation of trioxymethylene. This substance is often found in abundance at the bottom of the bottle or carboy as a white precipitate. For these reasons it is well to use an excess of the liquid in practical work if the exact strength of the formalin has not recently been determined.

Formalin solutions of commerce are almost all acid in reaction, due in part to formic acid. Some of the commercial solutions also contain a certain amount of wood alcohol (about 10 per cent.) which is added to increase their solubility and stability.

A certain amount of heat and moisture is necessary to obtain successful disinfection with formaldehyd gas. The exact amount of moisture necessary depends somewhat upon the temperature. As a general working rule it may be stated that *if the temperature is below 65° F. or if the relative humidity is below 60 per cent. the results become irregular; much below these figures the results are unreliable, especially if the space is both cold and dry.* Formaldehyd polymerizes at low temperatures, therefore in cold weather it may be necessary artificially to warm

the room to be disinfected. In dry weather moisture should be added to the room.

Formaldehyd gas cannot be depended upon to accomplish more than a surface disinfection. Under ordinary circumstances it possesses small powers of penetration. The gas polymerizes in the meshes of the fabric and is deposited as paraform upon surfaces. Large quantities of formaldehyd are lost by uniting chemically with the organic matter of fabrics, especially woollens, which further hinders its penetration. Therefore, formaldehyd gas cannot be relied upon to disinfect fabrics, especially quilted goods and materials requiring deep penetration.

Formaldehyd gas has the power of killing spores, although not with sufficient certainty to render it a trustworthy agent for infections such as anthrax and tetanus. It has the great advantage of killing dry microorganisms, although not quite so readily as when they are moist.

Bacteria exposed directly to the action of a concentrated volume of formaldehyd gas are killed almost instantly, but in practical work it is necessary to prolong the time of exposure to 6 or 12 hours, as it takes considerable time for the gas to permeate to all the corners and dead spaces of a room. Bacteria are not always directly exposed upon the surface of objects, as they are in laboratory experiments, and, furthermore, they are frequently imbedded in albuminous matter or in dust, both of which retard the action of the gas.

Formaldehyd gas is not very toxic to the higher forms of animal life, although it stands at the head of the list of germicides. Long exposure to weak atmospheres of the gas sufficient to kill germs has but slight effect upon animals. Guinea-pigs, rats, mice, and rabbits exposed to concentrated atmospheres are not killed after half an hour's exposure. The only effect produced is a violent irritation of the mucous membranes of the respiratory tract, from which the animals may subsequently die. Microorganisms exposed to this same concentration of the gas are killed almost instantly.

Formaldehyd is rapidly absorbed from all parts of the gastro-intestinal tract and lungs, and may be excreted again by them. It is rapidly oxidized in the body to formic acid and carbonates. There is also a small amount of a dialyzable compound formed in the blood which is most probably hexamethylenamin since the latter is found in the urine. Small amounts of formaldehyd may pass through the body without causing apparent inflammation, while large amounts always cause some.

Formaldehyd is not an insecticide. In the strongest concentrations of the gas obtainable it seems to have practically no effect upon roaches, bedbugs, and insects having strong chitinous coverings. It may kill the frailer insects, but its action is uncertain; thus mosquitoes may live in a weak atmosphere of the gas over night.

Upon the completion of the time required to disinfect a room it is

best to open all the doors and windows and let the gas blow away. This may be a troublesome procedure. If the windows can be reached from the outside it is easy enough, but if the room must be entered it is advisable for the operator to cover his mouth and nose with a moist towel and act quickly. It was formerly the custom to neutralize the gas with ammonia, but this is little practiced now. The ammonia neutralizes the formaldehyd by the production of hexamethylenetetramin.

Formaldehyd may be released from its watery solution by any actively oxidizing agent. Potassium permanganate is the best, for it liberates the largest volume of gas, and in the shortest time; but, on account of the high cost of this chemical during the war, the following may be

substituted: bleaching powder, unslacked lime, sodium dichromate, barium oxid. Permanganate liberates about 60 per cent. of the gas; dichromate, about 30 per cent., and bleaching powder about 25 per cent. In the case of bleaching powder only about 3 per cent. of the total gas set free is chlorin.

*The Permanganate - Formalin Method.*—Use 500 c. c. of formalin and 250 grams of potassium permanganate for each thousand cubic feet of air space. The permanganate is first placed in a bucket or basin and the formalin poured upon it. An active effervescence takes place and considerable heat is evolved; therefore a pail of sufficient capacity, and especially of sufficient height, should be

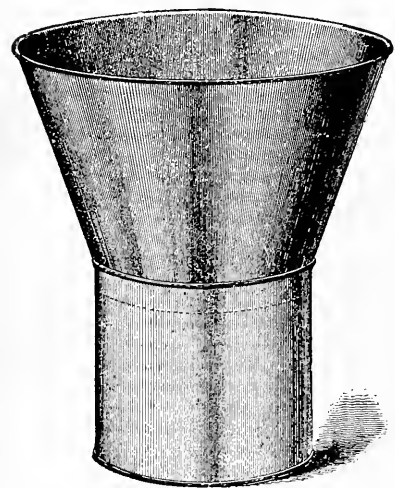


FIG. 174.—FLARING TOP TIN BUCKET FOR GENERATING FORMALDEHYD BY THE PERMANGANATE METHOD. Height 15 inches, diameter 10 inches at base, 15 inches at top of flare.

used to prevent splashing or boiling over. In Board of Health work it is advisable to have galvanized iron pails made for this purpose with a flaring top. The floor should be protected against the heat by placing the bucket upon a brick, board, or other suitable device.

When the permanganate of potassium and formalin are brought in contact very active oxidation takes place, with the production of formic acid and heat. It is the heat that liberates the formaldehyd gas. Chemically, therefore, the method is a wasteful one, but practically a very serviceable one. It was first described by Johnson of Sioux City, Iowa, in 1904. In the same year Evans and Russell of Augusta, Maine, used the method.<sup>2</sup>

<sup>2</sup> 14th Ann. Rep., State Board of Health of Maine, 1906.



The formula recommended by the Pennsylvania Department of Health is:

Sodium dichromate .....	10	ounces
Formalin .....	16	"
Commercial sulphuric acid .....	1½	"

The sulphuric acid can be added to the formalin and the mixture kept on hand for use; polymerization in cold weather can be avoided by the addition of glycerin, 1½ ounces. The acid formalin is poured on the crystals of sodium dichromate and formaldehyd gas is at once liberated.

*The Formalin-Lime and Aluminium-Sulphate Method.* — This method was first described by Walker of the Department of Health, Brooklyn, N. Y. It is somewhat slower than the potassium permanganate method, but otherwise appears to be just as efficient.

The proportions for each 1,000 cubic feet are as follows:

<i>Sol. A.</i> —Aluminium sulphate .....	150	grams
Dissolved in hot water .....	300	c. c.
<i>Sol. B.</i> —Formalin (40 per cent. CHO <sub>2</sub> H) .....	600	c. c.
<i>Lime.</i> —Unslaked lime .....	2,000	grams
Mix solutions A and B and pour upon the lime.		

In practical work 20 to 25 pounds of the commercial aluminium sulphate is dissolved in 5 gallons of hot water. This is sufficient to mix with 15 gallons of a 40 per cent. formaldehyd solution and then used in the proportions as stated above. The lime should be freshly burned, broken into small particles, and should slake rapidly in cold water. The lime is placed in a large bucket. The formalin and aluminium sulphate solutions should be mixed and poured over the lime. In a few minutes the lime begins to slake and the heat evolved drives off the formaldehyd gas.

*The barium-formalin method* was developed by Candall,<sup>3</sup> and consists of one pint of formalin (solution of formaldehyd U. S. P.) and one and one-half pounds barium oxid containing not less than 78 per cent. barium dioxid for each 1,000 cubic feet to be disinfected.

*Bleaching-Powder Method.*—Place in a mixing pan 12 ounces of chlorinated lime, 4 ounces of water; stir to a paste. Then pour 1 pound formalin over the moistened lime. This is sufficient for 1,000 cubic feet.

*The Spraying Method.*—Spraying formalin is a satisfactory and simple method of disinfecting small inclosures, such as wardrobes, closets, and cabinets. It is not practical for larger rooms. If the formalin is sprayed directly upon the objects to be disinfected they enjoy

<sup>3</sup>U. S. Naval Medical Bull., Oct., 1917, p. 519.

the direct germicidal action of the substance in solution and, further, are bathed in the gas which is slowly evolved. The method is particularly serviceable for the disinfection of bureau drawers, closets, valuable books and manuscripts, jewelry, objects of art, etc. When used to disinfect small rooms suspend a bed sheet from a line stretched across the middle of the room. An ordinary bed sheet presenting a surface of about 2 by 2½ yards is required for every 1,000 cubic feet of space of the room. Properly sprinkled this will carry, without dipping, 8 ounces of formalin. The ordinary sprinkling pot used by florists can be used to spray the sheets and a liberal excess should be used. The room should remain closed not less than eight hours.

The other methods for disinfecting with formaldehyd gas are not described because most of them are unreliable, and none of them is as serviceable in practical work as the formalin-permanganate method or the formalin-lime method.

**Sulphur Dioxid.**—Sulphur dioxid ( $\text{SO}_2$ ) is not an efficient germicide, but is exceedingly poisonous to mammalian and insect life. It is this property which makes it of especial value as a fumigant against diseases spread by rats, mice, flies, fleas, mosquitoes, etc.

The action of sulphur dioxid as a germicide depends upon the presence of moisture. The dry gas is practically inert against bacteria. Sulphur dioxid cannot be depended upon where penetration is required. Its action is merely upon the surface. It does not kill spores.

Sulphur dioxid possesses the advantage of being cheap and readily procurable. There is hardly a crossroad store in the country where a reasonable quantity of sulphur, either in the form of flowers or in rolls or sticks under the name of brimstone, cannot be obtained. Sulphur dioxid is especially applicable to the holds of ships, freight-cars, granaries, stables, out-houses, and similar rough structures—particularly if infested with vermin.

The disadvantages of sulphur dioxid as a disinfecting agent are such as to contract its application to rather narrow limits. It bleaches all coloring matter of vegetable origin and many anilin dyes. It attacks almost all metals; it acts upon cotton and linen fabrics so as seriously to weaken their tensile strength, especially if starched.

Sulphur dioxid is a heavy, colorless, irrespirable gas with a peculiar suffocating odor and irritating properties. It has a density of 2.4. On account of the heavy specific gravity as compared with air it diffuses slowly and then settles toward the bottom of the compartment.

Cold water takes up more than 30 times its volume of sulphur dioxid. The solution contains sulphurous acid ( $\text{H}_2\text{SO}_3$ ), and it is in reality this acid that is the disinfecting agent. The dry gas is therefore inert and moisture is essential in order to obtain any germicidal effect. It is also this acid and some sulphuric acid which has such a destructive effect

upon fibers, colors, and metals. The corrosive action of these acids upon fabrics takes place slowly, and the damage may largely be obviated if they are washed at once. Metal work may be protected by coating it with a thin layer of vaselin or heavy-bodied oil.

Sulphur dioxid may readily be condensed into a clear liquid by either cold or pressure or a combination of both. At ordinary atmospheric pressure it condenses if the temperature is reduced to  $-18^{\circ}$  C., which is about the temperature of a mixture of ice and salt. At ordinary temperatures it liquefies if the pressure is raised to about four atmospheres, that is, 60 pounds. This liquid is a stable substance when kept well sealed and protected from the action of the air. It rapidly volatilizes when poured into an open vessel. It is now found in commerce and is one of the methods used for producing the gas for fumigating purposes.

The complete combustion of 1 pound of sulphur in a space of 1,000 cubic feet will theoretically produce 1.115 per cent. of sulphur dioxid, but this amount cannot be obtained in practice because the sulphur of commerce contains impurities such as sulphate of lime and sand, and a portion of the burning sulphur is always oxidized to the formation of ill-defined compounds. Therefore one pound may be considered as producing approximately 1 per cent. of the gas by being burned in 1,000 cubic feet of space, and five pounds will generate approximately 5 per cent., which is the maximum theoretical amount obtainable by burning sulphur in a confined space. Five pounds per 1,000 cubic feet is the amount generally used when a germicidal action is desired. Somewhat less, two to four pounds, is sufficient to destroy insects and rats. See pages 517 and 269.

The amount of moisture necessary to convert sulphur dioxid into sulphurous acid is readily computed. It will be found that one-fifth of one pound of water should be volatilized for each pound of sulphur burned. The water may be added in the form of steam or in the form of a finely divided spray, or it may be vaporized by the heat generated by the combustion of the sulphur itself. The latter method is the one that commends itself in practical use, and is described under the "pot method."

While moisture is essential for the germicidal action of sulphur dioxid, it is not necessary in order to kill insects and small mammals. Dry sulphur dioxid is quite as efficacious against rats, mice, fleas, flies, mosquitoes, bedbugs, roaches, etc., as the moist gas.

In disinfecting with sulphur dioxid it is necessary to seal the compartment tightly. The gas is disengaged so slowly that it may escape through cracks and crevices almost as fast as it is formed. In cold weather the heating of the room to be disinfected will greatly aid in the disinfecting action of the gas.

There are three well-recognized methods of fumigating with sulphur

dioxid, viz., (1) the pot method, (2) liquid sulphur dioxid, (3) sulphur furnace.

*The Pot Method.*—The pot method is at once the easiest, cheapest, and probably most efficient method of using sulphur dioxid. The only materials required are iron pots and some sulphur. The best way to apply the method is by placing the sulphur in large, flat, iron pots known as Dutch ovens. Not more than 30 pounds of sulphur should be placed in each pot. The sulphur is preferably used in the form of flowers of sulphur. If it is in sticks or rolls it should be crushed into a powder, which may conveniently be done by placing the sulphur in a stout box and pounding the lumps with a heavy timber. The pot holding the sulphur should be placed in a tub of water, as shown in Fig. 175. The water not only diminishes the danger from fire and protects the floor, but by its evaporation furnishes the moisture necessary to hydrate the sulphur dioxid, upon which the disinfecting power of the gas depends. Thus the moisture is furnished automatically and does away with the necessity

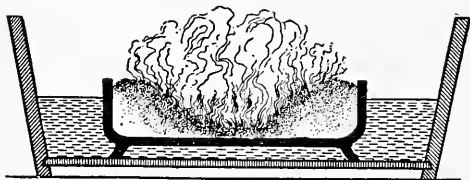


FIG. 175.—THE POT METHOD OF BURNING SULPHUR.

for its introduction by means of steam or a spray. Although the specific gravity of sulphur dioxid is greater than that of air, when hot it rises, aided by the upward current produced by the burning sulphur. Hence the pots should not be on the floor, or at the bottom of the hold in the case of vessels, lest the cold gas settle and the flame, being deprived of oxygen, be extinguished before all the sulphur is burned. The pots may therefore be placed upon a table or box or, in the holds of ships, upon piles of ballast or on the "tween decks."

Roberts and McDermott<sup>4</sup> suggest that the sulphur be burned upon pans arranged upon a rack, as shown in Fig. 176, instead of pots. The advantages of this stack burner are that a large amount of sulphur may be more quickly burned in less time than is possible with the pot method. Further, the intense heat below each pan in the stack burner aids the complete and rapid burning of sulphur in the pans above it. A stack burner will burn sulphur of too poor a quality to give any satisfaction in the pots. The ground sulphur is placed in the pans, the surface of the sulphur is moistened with alcohol, and ignited. Each shelf should be lighted separately to save time. The upper pan or pans may be filled with water to hydrate the sulphur dioxid necessary for its germicidal action.

The sulphur may be lighted by means of hot coals or a wood fire,

<sup>4</sup> *Public Health Reports*, U. S. P. H. and M. H. S., March 31, 1911, Vol. XXVI, 13, p. 403.

but the most reliable way to get it well lighted is by alcohol, turpentine, or kerosene on a pledget of waste. Make a little crater of the sulphur, soak liberally with alcohol, and ignite. The sulphur then burns in the center, and as it melts runs down from the sides and forms a little lake at the bottom of the crater. If the sulphur is heaped up in a mound in the pot the flame is liable to go out.

Upon the principle of not putting all our eggs in one basket, it is best to have a number of pots when a large compartment is to be fumigated. A pot should contain not more than 30 pounds of sulphur, and the pots should be well distributed in various portions of the place to be disinfected.

Use 5 pounds per 1,000 cubic feet where a germicidal action is

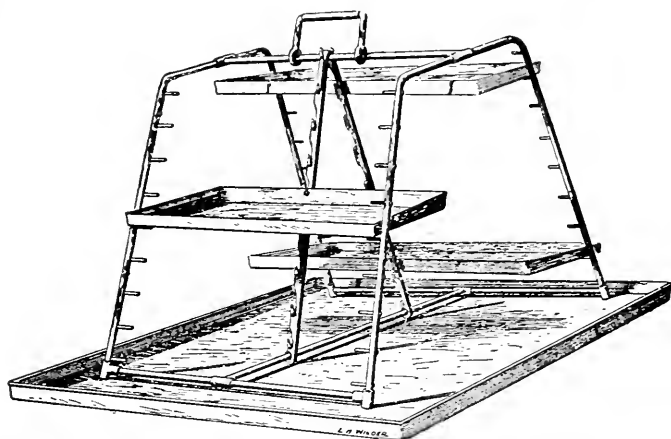


FIG. 176.—LARGE STACK BURNER FOR SULPHUR, WITH 15 OF THE 18 PANS REMOVED TO SHOW CONSTRUCTION.

desired, and at least 2 pounds per 1,000 cubic feet for insecticidal purposes. For the destruction of bacteria an exposure of from 6 to 24 hours is necessary, while for the destruction of vermin from 2 to 12 hours is sufficient, depending upon the size and shape of the compartment to be treated.

*Liquid Sulphur Dioxid.*—Liquid sulphur dioxide, commonly known as sulphurous acid gas, while efficient, is about ten times as expensive as burning sulphur by the pot method. It has the advantage of liberating a large volume of the gas rapidly, thereby facilitating its dispersion. Further, the use of liquefied sulphur dioxide has the advantage of avoiding the danger of accidental fire.

One pound of burning sulphur will produce about 2 pounds of sulphur dioxide:  $S(32) + O_2(32) = SO_2(64)$ . Therefore 2 pounds of the liquid sulphur dioxide is necessary to produce the same volume of sulphur dioxide as is generated from one pound of the burning sulphur.

The method of using the liquid sulphur dioxid is very simple. If the substance is bought in small tins it is only necessary to cut the lead pipes in the tops of the necessary number of cans and invert the latter in an ordinary washbowl or iron pot, when volatilization rapidly occurs. All the cans must be cut simultaneously and the operator must act quickly and be prepared immediately to leave the room and shut the door. If the substance is contained in glass or metallic siphons the necessary amount of liquid sulphur dioxid can be projected from the outside through a pipe passed through the keyhole or other aperture. A suitable receptacle should be arranged on the inside to catch the drip and frozen mass which forms as a result of the expansion. In order to obtain the maximum disinfecting power with this method it is necessary to introduce moisture. This may be done by placing open pans of boiling water in the room, by injecting steam, or by a fine spray of water.

*The Sulphur Furnace.*—The sulphur may be burned in an apparatus of special construction known as a sulphur furnace, from which

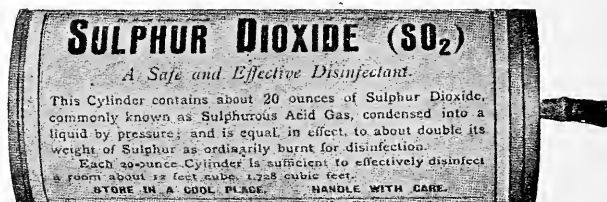


FIG. 177.—LIQUEFIED SULPHUR DIOXID IN TIN CAN.

the resulting fumes are blown through a system of pipes into the room or hold of a vessel to be disinfected. Two forms of sulphur furnace are used: (1) the Kinyoun-Francis furnace, and (2) the Clayton furnace.

This method requires expensive and cumbersome machinery and has little to recommend it over the simpler pot method except that a large percentage of the gas may be blown into a given space. The pot method at best cannot produce an atmosphere containing more than 4 per cent. of sulphur dioxid, whereas it is theoretically possible to charge a confined space with a higher percentage of the gas by means of the furnace. In practice this is not possible without burning a great excess of sulphur and by expending a very long time, for the reason that the fumes first entering mix with the air and as the gas continues to flow into the space it displaces about an equal quantity of this mixture of sulphur dioxid and air, so that, as a matter of fact, in actual practice only about  $2\frac{1}{2}$  to 6 per cent. of the gas is usually obtained in the holds of vessels by the sulphur furnace.

It is advisable in using the sulphur furnace to arrange the pipe admitting the gas into the room as near the floor as possible. In disinfecting the holds of vessels the pipe is usually let down the hatchway until

it is near the bilge. The heavy gas collects at the bottom and gradually ascends, displacing the air, so that it is important to allow an opening of some sort for the exit of the air near the top of the compartment that is being disinfected. This opening should not be closed until the gas escapes freely.

The *Kinyoun-Francis furnace* consists of an iron pan upon which the sulphur is burned. Under this pan is a firebox with ashpit and necessary drafts. The firebox is designed to hold a light fire of wood or shavings and is intended to heat the sulphur pan sufficiently to ignite the sulphur when thrown upon it at the beginning of the operation. This part of the apparatus is unnecessary, as the sulphur may be ignited more simply by means of some alcohol, turpentine, or kerosene on waste, or a few live coals. When once lighted there is no trouble in keeping the sulphur burning.

The air enters at A, Fig. 178, through a valve arranged to regulate the amount of flow. It then passes over the burning sulphur in the direction shown by the course of the arrows to the fan. Fumes are compelled to take a devious course around the baffle plates and angle irons, as shown in the drawing, in order to insure complete combustion and to arrest sparks. From B the fumes are sucked to the fan, which is actuated by a steam engine or electric motor, and which forces the gas through the pipes to the place to be disinfected.

Running the fan at too high a speed may cause overheating of the pipes or the carrying over of sparks of burning sulphur. The proper amount of air should be carefully regulated so as to obtain complete combustion and the maximum amount of sulphur dioxide gas.

The pipe conducting the fumes from the sulphur furnace to the compartment to be disinfected gives a certain amount of trouble. It is apt to become clogged with sulphur which sublimates in the cooler parts. Ordinarily this pipe must be from 6 to 8 inches in diameter and may be made of smooth galvanized iron and the joints made tight with several layers of canvas saturated and coated with some fireproof paint. Rubber hose of this size is very expensive and soon vulcanizes.

No arrangement is made in this form of apparatus for adding water vapor to the sulphur fumes, which is necessary to obtain germicidal action. As a rule the holds of wooden vessels, in which sulphur fumigation is so much used, are usually so damp that the addition of more moisture is not necessary.

The *Clayton furnace* is a more compact apparatus than that just described. The sulphur dioxide is passed through a series of tubes surrounded by water, an arrangement corresponding in all respects to the tubular condenser of a low-pressure steam engine. The Clayton furnace is furnished with a Root blower, and has the advantage that a comparatively large volume of sulphur dioxide may be pumped rapidly through

pipes of small caliber without fear of overheating or fire. These furnaces are being installed upon ships for the purpose of fumigation at port and during the voyage for the destruction of rats, mice, and vermin. It is also an efficient fire extinguisher.

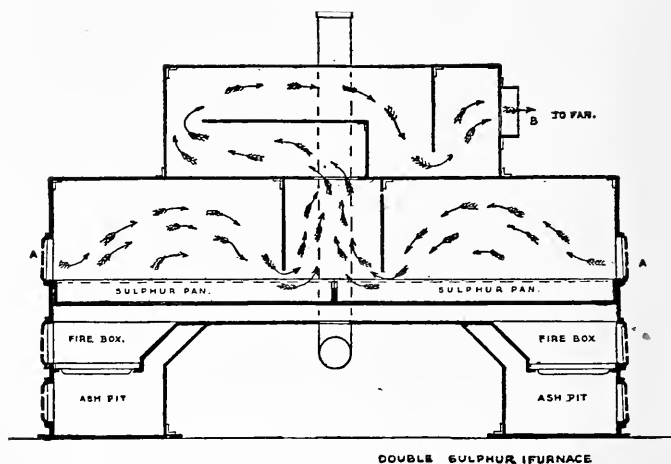


FIG. 178.—SECTION THROUGH DOUBLE SULPHUR FURNACE.

A portable sulphur furnace is a useful apparatus in municipal work, particularly in the fumigation of sewers, warehouses, stables, barns, and similar large, rough structures infested with vermin. This form of furnace was used in the fight against rats in the sewers of San Francisco in the anti-plague campaign. For the practical uses of sulphur in maritime quarantine, see page 514.

**Hydrocyanic Acid Gas.**—Hydrocyanic acid gas has practically no germicidal action, but is a very powerful insecticide. It is exceedingly poisonous to mammals, and will kill rats and mice with certainty. On account of its poisonous nature, it must be used with great care. It is so much easier to use than sulphur dioxide that it is finding favor in maritime quarantine work. Hydrocyanic acid gas is useful in the treatment of stables, granaries, outhouses, compartments of ships, sleeping-cars, day coaches, and similar isolated or uninhabited places for the destruction of vermin.

Creel<sup>5</sup> found that powdered potassium cyanid facilitates the evolution of the gas, which is lighter than air and rises; it, therefore, permeates a space more quickly than  $\text{SO}_2$ . Creel also found that hydrocyanic acid gas does not destroy bacteria. Creel and Faget<sup>6</sup> found that four ounces of potassium cyanid per 1,000 cubic feet is sufficient

<sup>5</sup> Creel, R. H., Public Health Reports, Vol. XXX, No. 49, Dec. 3, 1915, p. 3537.

<sup>6</sup> Creel, R. H., and Faget, F. M., Public Health Reports, Vol. XXXI, No. 23, June 9, 1916, p. 1463.



to kill mosquitoes in 15 minutes; five ounces per 1,000 cubic feet kills bedbugs and roaches in 1 hour, lice in 2 hours; two and one-half ounces per 1,000 c. c. kills fleas in 15 minutes. See pages 273 and 515.

**Chlorin.**—Chlorin is a germicide of considerable but uncertain power. It has little practical usefulness owing to its poisonous and destructive action. Both in its free state and its watery solution it has active deodorizing properties. Moisture is necessary for the disinfecting action of chlorin gas. At best chlorin, like all gases, is but a surface disinfectant.

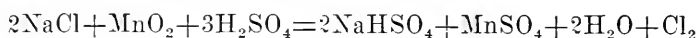
Chlorin is an extremely irritating gas, and great care must be observed in its employment, for the inhalation of very weak proportions of the gas produces serious irritation, resulting in spasm of the larynx, bronchitis, and even in death. Chlorin is heavier than air (sp. gr. 2.47) and tends to fall. Therefore the vessel generating the gas should be placed in an elevated position in order to obtain anything like effective diffusion. Carpets, curtains, and fabrics generally are injured by its action, and the element is a very active bleaching agent.

The germicidal action of chlorin depends upon its great affinity for hydrogen. So strong is this affinity that it combines with the hydrogen of water in the presence of light, liberating the oxygen in its nascent state, thereby enabling the oxygen to exert its power upon organic matter. The value of chlorin as a deodorant depends upon its power of decomposing the offensive gases of decomposition such as sulphurated hydrogen and volatile ammoniacal compounds.

The most convenient method of generating chlorin gas is by decomposing  $11\frac{1}{2}$  pounds of calcium hypochlorite with 6 ounces of strong sulphuric acid. This produces sufficient gas for the disinfection of 1,000 cubic feet of air space, or the gas may be generated from:

Common salt .....	8 ounces	(240 grams)
Manganese dioxid .....	2 "	( 60 " )
Sulphuric acid .....	2 "	( 60 " )
Water .....	2 "	( 60 " )

The following reaction takes place:



Mix the water and the acid together and then pour the mixture over the salt and manganese dioxid in a glazed earthenware basin. The basin should rest on sand or in water.

Fisher and Proskauer have shown that in ordinary dry air 5.38 parts of free chlorin per 1,000 cubic feet of air space appear to be necessary to kill microorganisms. If the air is moist only 0.3 per cent. by volume in each 1,000 cubic feet of air is sufficient, disinfection being completed in 5 to 8 hours.

Free chlorin is much less useful than sulphur dioxid, since it is more difficult to control, more dangerous to manipulate, and more destructive in its effects.

Chlorin gas liberated from a compressed liquid state is used for the disinfection of water. See page 1139.

**Oxygen.**—The disinfecting power of oxygen depends largely upon the physical state in which it exists. For instance, oxygen in the air has comparatively feeble germicidal properties when compared with nascent oxygen or ozone. The germicidal action of oxygen depends upon its very active property of combining chemically with the albuminous matter of the cell protoplasm. The oxidizing properties of this element partly explain the purifying action of fresh air. The germicidal property of oxygen is greatly aided by the actinic rays in sunlight. While most bacteria require the free oxygen of the air for their growth and multiplication, there is a large class of organisms (the anaërobes) to which the oxygen of the air acts like a poison or strong antiseptic.

**Ozone.**—Ozone is an allotropic form of oxygen containing three atoms of that element instead of two. In sufficient concentration it is a powerful germicide and has lately been found of practical use in the sterilization of water on a large scale for the use of cities and towns. It has also been used for the sterilization of bandages and other objects. There is not sufficient ozone in the air normally to exert any appreciable oxidizing or disinfecting properties. It requires at least 13 parts per million in the atmosphere to exert a definite effect upon bacteria; even then the action is not penetrating. Such quantities are harmful to man. See pages 869 and 1129.

Ozone may be used to destroy odors of organic origin due to substances that may be oxidized, such as the odors in dissecting rooms, animal pens, and like places.

The New York State Commission on Ventilation found that ozone failed to remove body odors from the recirculated air of a school-room.

For the use of pyrethrum and other fumigants, see Insecticides, page 266.

## LIQUID DISINFECTANTS

These consist of substances either in solution or suspension. An enormous number of such disinfectants have been exploited, but to be of practical value they must not only be strongly germicidal, but must also meet the many exacting requirements of general practice. Such substances are few in number.

Almost any chemical substance under one condition or another has the power to retard the development or destroy the activity of microbial

life. We need only mention the well-known power of common salt or of sugar, both of which in sufficient concentration prevent the processes of fermentation and putrefaction. In weaker dilutions these same substances, on the contrary, favor growth of almost all the known bacteria.

The undeserved reputation of many chemical substances depends more upon their vile odor or judicious advertising than upon actual efficiency. Only those substances that have proved their worth by scientific tests and shown themselves to be trustworthy in actual practice will be discussed. See page 1374.

**Methods of Using Chemical Solutions.**—There are various ways of applying chemical solutions for disinfecting purposes. No method is trustworthy that does not thoroughly wet the object with the solution, so that there may be direct contact between the germ and the germicide.

As a rule this may best be accomplished by immersing the infected object in the solution. When this is not practicable the solution must be applied to the object. A favorite way of applying disinfecting solutions to surfaces, such as walls, ceilings, the holds of ships and other rough structures, is by means of a hose. The pressure is supplied either by elevating the tank containing the solution or by means of a pressure pump. As bichlorid of mercury is practically the only disinfectant used in this way, the pump should be made of iron and have no copper, brass, or steel parts exposed to the corroding action of the bichlorid of mercury.

In applying the disinfecting solution to the surfaces of a room or the hold of a ship the operator should begin at one corner of the ceiling, wetting that first, and then go over every portion of the walls systematically, from above downward. The floor comes last.

Solutions thus applied remain but a short time in contact with the surfaces to be disinfected. It is therefore an advantage to have the solution hot and strong and to have sufficient pressure, in order to obtain the mechanical cleansing effect produced by a vigorous stream.

Another method of applying disinfecting solutions to surfaces is by means of mops, brooms, and the like.

The pulverizer is very popular in France for the disinfection of walls and other surfaces with liquid disinfectants. The apparatus for this purpose consists of a metal cylinder fitted with a simple force pump which compresses the air in the reservoir. The solution does not come in contact with the pump. The current of air driven through one tube sucks the solution through the other and sprays it from the nozzle in a nebulous cloud, similar in principle to the well-known hand atomizers. It is easy to demonstrate, by using a colored solution upon a white wall or sheet, that a liquid sprayed in this way does not wet the entire surface. The method is therefore an unscientific and unreliable one when used with a non-volatile chemical.

Germicidal solutions are much more potent when used hot.

**Metallic Salts.**—The metallic salts which are used are mainly those of silver, mercury, bismuth, zinc and copper. The germicidal activity of many of these metallic salts when acting upon bacteria suspended in pure water is extraordinarily high, but this powerful action is enormously reduced in the presence of organic matter.

There is good evidence pointing to the belief that the metallic ions in aqueous solutions, owing to electrolytic dissociation, are the chief disinfecting agents.<sup>7</sup>

**Bichlorid of Mercury.**<sup>8</sup>— $\text{HgCl}_2$ , bichlorid of mercury or mercuric chlorid, commonly called corrosive sublimate, is one of our most valuable and potent germicides. It destroys all forms of microbial life in relatively weak solutions. It kills both germs and their spores. It is not a deodorant.

The disadvantages of bichlorid of mercury are that it corrodes metals, forms insoluble and inert compounds with albuminous matter, and is very poisonous. These disadvantages place distinct limitations upon its use.

Bichlorid of mercury will dissolve in 16 parts of cold water and 3 parts of boiling water. As it is not readily soluble in water, it is convenient to keep a saturated alcoholic solution on hand and use this to make the watery solution. A 25 per cent. solution may readily be made in alcohol, and by the addition of hydrochloric acid or ammonium chlorid this solution keeps well without precipitation.

The solution of bichlorid of mercury is rendered more stable by the presence of hydrochloric acid or a chlorid such as ammonium chlorid or common salt. Twice the weight of these substances should be added to the quantity of bichlorid used. If the solution is to be pumped or otherwise come in contact with metals it is better to use the salt than the acid, because the acid solution of bichlorid is very destructive to the metal parts of the pump and to the couplings and nozzle of the hose, particularly if made of copper or brass. Sea-water contains about 4 per cent. of salt, and is well suited for making bichlorid solutions. It is extensively used at seaport quarantine stations for this purpose.

The germicidal action of bichlorid solution seems to depend upon the reaction which takes place between the mercury and the protein of the germ. Geppert has shown that in the reaction which takes place between the bichlorid of mercury and the spores of anthrax the vitality of the latter may seem to be lost, but that the bichlorid may be precipitated from its combination by the action of ammonium sulphid, thus restoring the viability of the spore. The sulphur acts as an antidote.

Bichlorid of mercury is decomposed by lead, tin, copper, and other

<sup>7</sup>*Arch. f. Exp. Path. and Pharm.*, 32, p. 456, 1893.

<sup>8</sup>The use of bichlorid of mercury as a disinfectant dates from Koch's experiments in 1881. *Kaisl. Gesundg.*, Vol. I.

metals, and therefore should not be made or kept in metal receptacles. Lead pipes are rendered brittle and worthless. Care must therefore be exercised in using this solution about water-closets and house plumbing.

Corrosive sublimate is precipitated in alkaline fluids containing albuminous substances. The precipitate consists of insoluble and inert compounds; therefore corrosive sublimate should not be used for the disinfection of media containing much organic matter, particularly when the reaction is alkaline. It is not well suited to the disinfection of sputum and feces, for it forms an albuminate which retards penetration. It also unites chemically with sulphids and the caustic alkalies, so that it should not be employed as a disinfectant when these substances are present in any considerable amount.

To diminish the danger from accidents in households and hospitals bichlorid solutions should be colored with permanganate of potash or indigo or one of the aniline dyes.

Bichlorid of mercury is usually used in the proportion of 1 to 500 or 1 to 1,000. A solution of 1 to 1,000 is ample for the destruction of all the non-spore-bearing bacteria, provided the exposure is continued not less than half an hour and direct contact is assured.<sup>9</sup> To assure this contact a longer time should be allowed in practice. Many bacterial cells are killed almost at once when brought into direct contact with a solution of this strength, and the great majority perish within 15 minutes. The extra time allows for penetration and provides a factor of safety. Warm solutions are much more potent than cold. For spores a solution of 1 to 500 is necessary and an exposure of not less than one hour.

For practical work the solution may be made as follows:

Corrosive sublimate.....	1 dram		1 gram
Water .....	1 gallon		1 liter
Mix and dissolve.			

This is approximately a 1 to 1,000 solution. One ounce of this solution contains very nearly half a grain of corrosive sublimate.

**Silver Salts.**—The germicidal action of most silver salts closely resembles that of the corresponding mercuric compounds. Silver chlorid is insoluble and hence ineffective, but silver nitrate appears to resemble mercuric chlorid fairly closely. Silver cyanids, colloidal silver, and various organic compounds which yield free silver ions on solution in water, all appear to have inferior germicidal properties, although some of them find useful application in medical practice.

<sup>9</sup> The action of mercuric chlorid upon spores has been most carefully studied by Kronig and Paul (*Zeitschr. f. Hyg.*, 25, p. 1, 1897); by Madson and Nyman (*Zeitschr. f. Hyg.*, 57, p. 388, 1907); and by Miss Chick (*Journ. of Hyg.*, 8, p. 92, 1908).

For the prevention of ophthalmia neonatorum, silver nitrate (1 per cent.) is used in Crede's method; also argyrol (25 per cent.), which is a colloidal silver; or protargol (3 per cent.), which is a silver protein.

**Zinc Salts.**—Zinc salts have long been known to have antiseptic properties, and the chlorid especially has been used by Lister and others. Its germicidal action is far inferior to that of most mercury and silver salts. Chlorid of zinc ( $\text{ZnCl}_2$ ) was at one time highly valued as a disinfectant and is still extensively used despite the fact that it stands rather low in the list of germicidal agents. It has even weaker power as a disinfectant than ferrous sulphate. Five per cent. solutions are effective against anthrax spores, but a 2 per cent. solution is effective against most vegetative forms in a reasonably short time when acting in an aqueous medium. This activity is, however, much influenced by the medium in which it acts, since it is very rapidly precipitated by proteins, phosphates, etc., and therefore cannot be recommended as trustworthy. It has some power as a deodorant.

**Ferrous Sulphate.**—Ferrous sulphate has long been valued as a disinfectant on account of its property as a deodorant, and has been used extensively, being a comparatively cheap substance. Its germicidal power has been shown by laboratory tests to be rather feeble, so that it cannot be depended upon as a trustworthy disinfectant.

Ferrous sulphate ( $\text{FeSO}_4$ ), commonly called green vitriol, iron vitriol, or copperas, consists of large bluish-green crystals which slowly effervesce and oxidize in the air. It is soluble in about twice its weight of cold water, forming a greenish solution. It is a much less powerful germicide than the sulphate of copper, and is limited in use to the destruction of odors, and even for this purpose is not always successful. It is still used with lime for the clarification of turbid waters.

**Sulphate of Copper.**—Sulphate of copper ( $\text{CuSO}_4$ ) is about half as strong as bichlorid of mercury. It has a peculiar selective action in that it has a remarkable affinity for many species of algae which are killed in the proportion of 1 to 1,000,000. Algae are the most common cause of unpleasant odors and tastes in drinking water, and sulphate of copper may therefore be used to check or destroy their growth. See page 1143. In these great dilutions sulphate of copper will not kill the typhoid bacillus, so that it is not practical to use it as a disinfectant in water.

## COAL-TAR AND ITS PRODUCTS

**Coal-tar Creosote.**—Creosote is a highly complex refractile liquid obtained from the destructive distillation of wood or coal. Wood-tar creosote for medicinal use is obtained from beechwood; it is a complex mixture of phenoloid bodies, the proportions of which differ according to

the modes of distillation and purification. It contains phenols, cresols, and higher homologues. Coal-tar creosote, sometimes called creosote oil, contains that portion of the distillate from coal-tar intermediate between crude naphtha on the one hand and pitch on the other. Coal-tar creosote contains phenols, cresols, and higher phenoloid bodies, also naphthalene and other solid hydrocarbons, as well as pyridin and other bodies of basic character. Creosotes vary in composition, and owe their germicidal properties to the phenol and cresols which they contain. They are seldom used as such, but form bases of many commercial disinfectants after purification or the addition of alkalies or soaps. It is the creosote from coal-tar, and not wood-tar, that is used as a germicide in public health work.

Hale<sup>10</sup> has shown that the coal-tar disinfectants of the phenoloid group are considerably less toxic than either phenol or the cresols, but they are not harmless, nonpoisonous substances as sometimes indicated by the commercial labels. On an average the disinfectants of the phenoloid group have a toxicity equal to about 15 or 20 per cent. of that of phenol.

There appears to be an intimate relation between the germicidal powers of phenol and its derivatives and their protein precipitating capacity. Many of the various halogen derivatives of phenol are highly germicidal against bacteria suspended in water, but are not particularly active in the presence of blood serum or other protein matter.

**Carbolic Acid.**—Carbolic acid is a very useful disinfecting substance with a wide range of application. It should not be depended upon to kill spores. As it does not coagulate albuminous matter as actively as corrosive sublimate it may be used for the disinfection of soiled clothing and bedding, as well as for excreta and sputum.

Carbolic acid is a popular term for an ill-defined mixture consisting largely of phenol and phenolic bodies. Crude carbolic acid was discovered by Runge (1834) in coal-tar. It is a nearly colorless, or reddish to reddish-brown liquid, turning darker on exposure to air and light. It has a strong creosote-like odor, with benumbing, blanching, and caustic effects upon the skin and mucous membrane. Crude carbolic acid is a mixture of phenols and cresols, with coloring matter and impurities. Carbolic acid is often used as a synonym for phenol; in fact, the British Pharmacopeia recognizes the name "Acidum carbolicum," but uses "phenol" as the English name for this substance. In America the term "carbolic acid" should be restricted to the crude mixture of phenols and cresols; whereas phenol is a definite chemical substance  $C_6H_5OH$ . See Phenol.

Crude carbolic acid is soluble in 15 parts of water at 15° C., making about a 6 per cent. solution. The undissolved portion should not ex-

<sup>10</sup> *Hyg. Lab. Bull.* No. 88.—U. S. P. H. S., 1913.

ceed 10 per cent. of the volume of the carbolic acid.\* Carbolic acid is a very useful disinfecting substance with a wide range of applicability. The cresols contained in carbolic acid have a higher germicidal value than pure phenol itself. The commercial carbolic acid also contains hydrocarbons, and other impurities of tar oil which are totally lacking in bactericidal properties.

Crude carbolic acid dissolves in water with some difficulty and should therefore be thoroughly mixed. It is used in solutions of 2.5 to 5 per cent., in which strength it may be used for the destruction of non-spore-bearing bacteria. A 5 per cent. solution is not dependable against spores. Warm or hot solutions are much more effective than cold. It should be remembered that crude carbolic acid (coefficient 2.75) has a higher germicidal potency than pure phenol (coefficient 1.0). Crude carbolic acid is commonly used for rough disinfecting purposes, such as floors, stables, barns, outhouses, animal pens, etc.

**Phenol.**—Phenol,  $C_6H_5OH$ , has the chemical structure of an alcohol, and is the chief constituent of carbolic acid. Pure phenol crystallizes in long colorless needles; commercial phenol forms a crystalline mass which turns reddish in time, and in contact with moist air deliquesces to a brown liquid. It has a penetrating odor and strong burning taste, and is a corrosive poison. It is soluble in 10.6 parts of water at 25° C., very soluble in ether, alcohol, chloroform, benzin, carbon disulphid, glycerin, fixed and volatile oils.

Phenol when dissolved in alcohol or ether loses in germicidal value; the addition of 0.5 per cent. of hydrochloric acid aids its activity.

McClintock and Ferry<sup>11</sup> have shown that the large majority of the coal-tar disinfectants (carbolic acid, cresols, and the like) do not destroy the virulence of vaccine virus in one-half per cent. solutions at five hours' exposure, while with this strength and length of time these disinfectants would destroy practically all non-spore-bearing bacteria. The inference, therefore, is allowable that this class of disinfectants is not safe to use for such diseases as smallpox or any other, the cause of which is not known.

The fact that carbolic acid and phenol do not actively coagulate albuminous matter renders them suitable to the disinfection of excreta and organic matters generally. They are not destructive to fabrics, colors, metals, or wood in the strengths used, and therefore may be employed for the disinfection of a great variety of objects. Crude carbolic acid, although it has a stronger germicidal power than pure phenol, has the disadvantage of having a more pungent and penetrating odor and leaves a deposit of coal-tar oils and other impurities.

<sup>11</sup> McClintock, Chas. T., and Ferry, N. S.: "The Resistance of Smallpox Vaccine to the Coal Tar Disinfectants," *Jour. of the Am. Pub. Health Assn.*, Vol. I, No. 6, June, 1911, pp. 418-420.



There has been much disparagement of phenol because laboratory tests have clearly demonstrated that it cannot always be depended upon to kill spores.<sup>12</sup> This limits but does not destroy its usefulness, especially as the great majority of the epidemic diseases of man are due to non-spore-bearing bacteria.

Spores are killed with certainty by boiling for thirty minutes in three to five per cent. phenol or some similar disinfectant.

The time of exposure to a three or five per cent. solution should be not less than one-half hour. Fabrics are usually immersed for one hour.

The introduction of a halogen atom into the benzol ring greatly increases the germicidal power of the phenols, cresols and naphthols, while at the same time the toxicity of these substances is diminished. Thus Bechhold and Ehrlich<sup>13</sup> have shown that tri-brom- $\beta$ -naphthol and tri-chlor- $\beta$ -naphthol are very powerful germicides, but practically odorless, and not very poisonous.

**The Cresols.**—By far the majority of the disinfectants sold to the public are mixtures of varying quantities of phenolic bodies, especially the cresols, with inert tar oils and an emulsifying agent such as soap or tar, and sometimes rosin, gelatin, or dextrin. These substances all possess a smell distinctive of carbolic acid and are effective germicides. The cresols,  $C_6H_4(CH_3)OH$ , have the advantage over carbolic acid or pure phenol in that they readily form beautiful emulsions, have a higher germicidal value, and are less poisonous. It has already been pointed out that while emulsions may be more potent germicides than solutions, on the other hand they lack the power of penetration.

*Cresol* is prepared from coal-tar by collecting the distillates coming over between  $140^\circ C.$  and  $220^\circ C.$ , and then purifying these distillates by treatment with solution of sodium hydroxid and hydrochloric acid. Cresol is a mixture of the three isomeric cresols obtained from coal-tar and freed from phenol, hydrocarbons, and water. It is also known as cresylic acid.

Cresol<sup>14</sup> consists of a mixture of ortho-, meta-, and para-cresols. Meta-cresol is a liquid; the other two are solid crystalline bodies having a low melting point. These cresols are found in commercial carbolic acid. The cresol group forms the next higher homologue to phenol, one atom of hydrogen being replaced in the latter by the methyl radical,  $CH_3$ . The cresols are very insoluble in water. Their solution may be facilitated by the use of alcohol or glycerin. Cresol is a clear or pink-colored

<sup>12</sup> Anthrax spores are remarkably resistant to phenol solutions, and may be viable after four days' immersion in a five per cent. solution.

<sup>13</sup> Bechhold, H.: *Ztschr. f. Hyg. u. Infektionskrankh.*, 1909, Bd. 64, p. 113. Bechhold, H. and Ehrlich, P.: *Hoppe-Seyler's Ztschr. f. physiol. Chem.*, 1906, Bd. XLVII, Hefte 2 und 3, p. 173.

<sup>14</sup> *Trikresol* is a trade name. It is the same substance as "Cresol" of the U. S. Pharmacopeia.

syrupe liquid. It is soluble to the extent of about  $2\frac{1}{2}$  per cent. in water. It is somewhat less poisonous than carbolic acid; its uses are the same. It is an effective germicide in a 1 per cent. solution, which is as active as 3 per cent. phenol.

**Liquor Cresolis Compositus.**—Liquor cresolis compositus of the U. S. Pharmacopeia is a substitution compound for lysol and consists of cresol, 500 gm.; linseed oil, 350 gm.; potassium hydroxid, 80 gm.; and water sufficient to make 1,000 gm. This official mixture makes a clear solution in water. The solution is intended as a substitute for the many commercial preparations of cresol on the market. It has practically the same uses as lysol.

**Lysol.**—Lysol is a brown, oily-looking, clear liquid with a creosote-like odor. It is made by dissolving a fraction of tar oil which boils between  $190^{\circ}$  and  $200^{\circ}$  C. in fat, and subsequently saponifying by the addition of alkali in the presence of alcohol. It contains 50 per cent. cresols, especially meta- and para-cresols, and 50 per cent. of a strong concentrated potassium soap made with linseed oil. The soap contains 68 per cent. of fatty acids. Lysol is miscible with water, forming a clean saponaceous, frothy liquid. It is more powerful as a germicide than phenol, and is usually used in 1 per cent. solution. It has a carbolic coefficient of 2.12 without organic matter and 1.87 with organic matter.

*Pyxol* is a preparation of cresol and soft soap analogous to lysol.

**Creolin.**—Creolin is a preparation similar to lysol. It is a proprietary preparation patented by Pearson and consists of an emulsion of cresols and certain other products contained in tar oil, with rosin soap. Many other similar preparations are on the market, such as cresolin, cyllin, disinfector, sanator, izal, creosapol, sylphonathol, etc. The tar oil is brought into solution either with rosin soap or by means of concentrated sulphuric acid. Creolin forms a milky emulsion when mixed with water. It is used in 1 or 2 per cent. solution. The phenol coefficient is 3.25 without organic matter and 2.52 with organic matter.

**Aseptol.**—Aseptol is a 33 1-3 per cent. watery solution of orthophenolsulphonic acid,  $C_6H_4(SO_3H)OH$ . It is made by mixing equal parts of phenol and concentrated sulphuric acid in the cold; if warmed, parasulphonic acid is formed, which is a much feeble germicide than orthosulphonic acid. The acidity of the orthophenolsulphonic acid is neutralized with barium carbonate.

Aseptol is a colorless liquid which gradually turns yellowish when exposed to the light, with a weak odor of phenol, and a feeble acid reaction. It is miscible, in all proportions, with water, alcohol and glycerin. Orthophenolsulphonic acid gradually changes to paraphenolsulphuric acid in watery solution. Aseptol is much used in Germany for the disinfection of barns, outhouses, stables, and woodwork, soil, and the purifi-

cation of rough substances generally. It is usually used in 5 per cent. solution. In this strength it will kill anthrax spores in 24 hours.

**Asaprol.**—Asaprol is the calcium salt of  $\beta$ -naphthol sulphonic acid. It is made by warming 10 parts of  $\beta$ -naphthol with 8 parts of concentrated sulphuric acid in a waterbath until a clear solution is obtained. It is then diluted with water, neutralized with calcium carbonate, filtered, and the filtrate dried to a reddish powder. This powder is soluble in  $1\frac{1}{2}$  parts of water and 3 parts of alcohol. It turns blue upon the addition of ferric chlorid.

**Sanatol.**—Sanatol is a dark fluid, readily miscible with water, forming a slight turbidity. It is made from 20 parts of tar oil, containing phenols, and 10 parts of 90 per cent. sulphuric acid, and diluted with water sufficient to make 100 parts.

**Solveol and Solutol.**—Solveol is a solution of sodium cresolate in excess of cresol. Solutol is a solution of cresol in excess of sodium cresolate.

There are a vast number of other commercial disinfectants of similar nature consisting of coal-tar creosotes in combination with alkalies, soaps, resins, etc., such as chloronaphtholeum, sylphonathol, bacillol, saprol, paracresol, and other trade names.

**Naphthols.**—Naphthols are found in coal tar though in small amount. They have a high germicidal value about the equal of phenols. Naphthol,  $C_{10}H_7OH$ , is a hydroxyl derivative of naphthalene;  $\alpha$  and  $\beta$  modifications are known. The latter is of especial interest as a germicide. Naphthol itself is insoluble in water, but may be rendered soluble as a sodium salt, or may be emulsified with soaps or resin. Naphthol is used more as a medicinal germicide than in public health work. Tri-chlor- $\beta$ -naphthol is much more germicidal, but less toxic than phenol.<sup>15</sup>

**Ambrine.**—Ambrine is a mixture used in the treatment of burns. It is a proprietary preparation, and similar to a product made according to the following formula:  $\beta$ -naphthol, 0.25 per cent.; eucalyptus oil, 2 per cent.; olive oil, 5 per cent.; hard paraffin, 25 per cent.; and soft paraffin, 67.75 per cent.

**Naphthalene.**—Naphthalene,  $C_{10}H_8$ , is a hydrocarbon obtained from coal tar and purified by crystallization. It is a white, shining crystalline substance, having a strong characteristic odor resembling coal tar, and a burning aromatic taste. It slowly volatilizes on exposure to air. Naphthalene is insoluble in water, but soluble in alcohol. It burns with a smoky flame.

Naphthalene has antiseptic properties but is much less active than either the cresols or the phenols. It is poisonous to most fungi and probably to most insects. Under the name "tar camphor" it has largely sup-

<sup>15</sup> See "Phenol und seine Derivate als Desinfektionsmittel," by Kurt Laubheimer. Urban and Schwarzenberg, Berlin, 1909.

planted true camphor as a means of preventing the deposition by moths of eggs in woolen clothing.

## FORMALIN

**Formalin.**—Formaldehyd in solution is known as formalin. This is a very valuable disinfectant with a wide range of usefulness in general practice. It is superior to bichlorid of mercury for many purposes, especially as its action is not seriously retarded by the presence of albuminous matter. Formalin is not injurious to most articles, and it is not very poisonous. It is a true deodorant.

Formalin consists of a 40 per cent. solution of the gas formaldehyd ( $\text{HCHO}$ ) dissolved in water. The liquid is a clear solution, giving off an appreciable odor of the gas. It is exceedingly irritating, but not especially toxic. Formalin solutions are rather unstable. There is a constant loss by evaporation if the liquid is not kept well corked, and in cold weather the formaldehyd polymerizes and precipitates in one of its polymeric forms—trioxymethylene. For the description and discussion of formaldehyd see page 1391.

Hot formalin attacks iron and steel, but in the cold has no appreciable effect. It does not attack copper, brass, nickel, zinc, and other metal substances. It causes no diminution in strength of textile fabrics and has no bleaching or other deleterious effects upon colors. Formalin renders leather, furs, and skins brittle as a result of the union that takes place between the formaldehyd and the organic matter of these articles, and they should therefore be disinfected by another process.

A 10 per cent. solution of formalin in water is about the equivalent of a 1 to 500 solution of bichlorid of mercury, or superior to a 5 per cent. solution of carbolic acid. It must be borne in mind that in speaking of a solution of formalin a solution is meant of the liquid containing 40 per cent. formaldehyd; that is, a 1 per cent. solution of formalin would contain that liquid in proportion to 1 to 100, but would contain the substance formaldehyd in the proportion of 1 to 250.

Fecal masses are deodorized almost instantly by a small quantity of formalin, and are disinfected in a short time when intimately and thoroughly mixed with a 10 per cent. solution. It is advisable to continue the contact one hour to insure complete action.

There is some discrepancy as to the percentage of formalin solution necessary to accomplish trustworthy disinfection in general practice. Taking into account the deterioration of the solution with age and allowing an excess as an element of safety, a 10 per cent. solution is recommended. It may be used to disinfect urine, excreta, sputum, and other similar substances.

## OXIDIZING AGENTS

**Potassium Permanganate.**—Potassium permanganate is a germicide of undoubted value, but of very limited application in general practice on account of the readiness with which it is reduced and rendered inert by organic matter. Despite its limitations it ranks high on the list of germicides for certain definite purposes, more particularly in surgical practice. It has been much used in India and other places for the purification of water.

All the permanganates are strong oxidizing agents, but as soon as they are reduced to manganese salts their disinfecting action ceases, so that their maximum germicidal effects are transitory.

Potassium permanganate ( $\text{KMnO}_4$ ) is a dark purple, crystalline substance with a sweet, astringent taste. A few crystals impart to a large quantity of water a rich purple tint which is destroyed by organic matter and deoxidizing agents. It is soluble in 16 parts of cold and 2 parts of boiling water. The stain produced by potassium permanganate may be removed by a solution of oxalic acid, muriatic acid, or simple lemon juice.

Potassium permanganate readily gives up its available oxygen, and it is the free nascent oxygen that is the true disinfecting agent. Sternberg found a solution of 1 to 833 sufficient to kill pus cocci in two hours. Koch found that a 5 per cent. solution killed spores in one day. Loeffler found that the bacillus of glanders is destroyed in two minutes by a 1 per cent. solution.

Water containing organic matter may be purified to a certain extent and rendered palatable by adding, drop by drop, a solution of permanganate until the pink color of the water ceases to be destroyed after the lapse of 24 hours. The clear liquid may then be decanted and used. Permanganate used in this way does not reach sufficient concentration to be a trustworthy germicide.

**Hydrogen Peroxid and Other Peroxids.**—Hydrogen peroxid is a rather feeble germicide, but has certain other qualities which render it useful in surgical practice. Blood, pus and muscle juice contain an enzyme "catalase" which rapidly brings about the decomposition of hydrogen peroxid with the liberation of gaseous oxygen. This action rapidly decomposes all the peroxid and its disinfecting action comes to a speedy end. The mechanical effect of the disengaged gas is often a valuable property, and is made use of in loosening sticky secretions, washing away pus, or loosening adherent dressings.

Other very active oxidizing agents used as germicidal agents are ozone (page 869) and hypochlorites (page 1132).

## LIME

Lime is one of the best and cheapest disinfecting substances we have. It is usually used either as lime or chlorinated lime.

Lime, or quicklime, is a very caustic substance used for the destruction of organic matter as well as germ life. On account of its efficiency and cheapness it is a valuable addition to the list of practical disinfectants. Lime or calcium oxid ( $\text{CaO}$ ) is one of the alkaline earths. It is not so caustic as the alkalis, having less affinity for water. It is obtained by calcining native calcium carbonate ( $\text{CaCO}_3$ ), such as chalk, limestone, or marble, by which the carbon dioxid is driven off and the calcium oxid remains behind. Lime as such requires the addition of water for germicidal purposes.

**Slaked Lime.**—Slaked lime or calcium hydroxid,  $\text{Ca}(\text{OH})_2$ , is prepared by adding one pint of water to two pounds of lime. The lime absorbs about half its weight of water. The mass becomes heated and the air escapes from the pores of the lime with a hissing noise. The result is calcium hydroxid or slaked lime. Upon exposure to the air the slaked lime will absorb still more water and also carbon dioxid, converting it into calcium carbonate, which is inert so far as its disinfecting power is concerned. Freshly slaked lime should therefore always be used.

*Whitewash* is slaked lime mixed with water. It is commonly used for the disinfection, sweetening, and brightening of the walls of cellars, rooms, barracks, barns, stables, poultry-houses, and out-buildings generally. Whitewash is a very satisfactory method of destroying spore-free bacteria that may have lodged upon such surfaces. It improves illumination and is an incentive to keep things clean. A mordant such as glue is usually added to whitewash to make it adhere; also a little bluing.

*Milk of lime* is slaked lime mixed with four to eight times its volume of water to the consistency of a thick cream. It is useful for the disinfection of excreta and privy vaults. Air-slaked lime containing the inert carbonate must not be used in the preparation of whitewash or milk of lime, freshly slaked lime containing calcium hydroxid being necessary to accomplish disinfection. Calcium hydrate is mostly insoluble and settles to the bottom; the milk of lime must therefore be agitated to restore its homogeneous character before it is used. Milk of lime is most powerful when freshly prepared. It soon changes to the inert carbonate, and therefore should not be used if more than a few days old unless carefully protected from contact with the air.

Almost all laboratory experiments, while differing somewhat in certain unimportant particulars, confirm the conclusions of the early investigators as to the great practical value of lime as a germicide. A 1 per cent. watery solution of the hydroxid kills non-spore-bearing bac-

teria within a few hours. A 3 per cent. solution kills typhoid bacilli in one hour. A 20 per cent. solution added to equal parts of feces or other filth and mixed with them will disinfect them within one hour.

Lime is particularly valuable in the disinfection of excreta. The lime in one form or another must be well incorporated with the mass and enough must always be added in order to make the reaction of the mixture distinctly alkaline. Sternberg recommends that freshly prepared milk of lime should contain about one part by weight of hydrate of lime to eight parts of water. This should be used freshly prepared and added in quantity equal in amount to the material to be disinfected. The mixture should be allowed to stand at least two hours before final disposal. Fortunately, this valuable disinfecting agent is very cheap, so that it can be used with a liberal hand in excess of the amount which scientific tests find necessary. See page 1432.

Lime has been used since very early times in connection with the disposal of the dead. The method is an admirable one for the burial and disinfection of bodies dead from a communicable disease. The body should be placed in a tight coffin with twice its weight of fresh, unslaked lime, without the addition of water or moisture in any form.

**The Chlorin Group.**—The chlorin group of disinfectants includes a number of important substances such as chlorin itself, hypochlorous acid and its sodium and calcium salts, and organic "chloramins," that is, substances containing chlorin attached to nitrogen in the form of NCl groups. They are all characterized by marked instability, since in disinfection they react not only with the cell constituents of microorganisms, but also with most other substances which are apt to accompany bacteria. In so reacting, the active chlorin of the antiseptic is eventually converted either into inert chlorids or into inert organic substances in which the chlorin has become united to carbon. Thus, in using the chlorin germicides, as with hydrogen peroxid, the process of disinfection will only go on so long as some of the active substance remains undecomposed. The action is rapid and transitory.

**Bromin and Iodin.**—Bromin and iodine are very potent germicides. They have about the same value as chlorin, both in their gaseous state and in solution. The tincture of iodine is now much used in surgery for the disinfection of the skin. The use of iodine as a skin disinfectant introduced by Stretton,<sup>16</sup> in 1909, has great value for this purpose. A 2½ per cent. solution is usually strong enough and alcohol is the best solvent. Seventy per cent. alcohol is preferable to stronger spirit, and it is important to use pure alcohol, as otherwise iodo-acetone and other products are apt to be formed, which are very irritating.

**Chlorinated Lime** (Chlorid of Lime).—Chlorinated lime was used as a disinfectant and deodorant long before bacteriology was a

<sup>16</sup> *Brit. Med. Journ.*, Aug. 14, 1909; also May 22, 1915.

science. The early work of Sternberg demonstrated that the confidence placed in this substance from an empiric standpoint is justified by scientific tests. Chlorinated lime under certain circumstances, in fact, is one of the most powerful germicides we possess, and has been used particularly for the disinfection of water and sewage. See page 1209.

Chlorinated lime, popularly miscalled chlorid of lime, is a soft, white, friable substance, and is known also as bleaching powder. It has a peculiar chemical composition and is somewhat unstable. It is made by passing chlorin gas through lime. Owing to its affinity for moisture, which it slowly absorbs from the air, it soon becomes pasty and loses some of its chlorin; the hypochlorites are reduced to chlorids, which are inert as germicides. Freshly prepared chlorinated lime should have a very slight odor of free chlorin. A strong odor of this gas indicates that deterioration of the substance is taking place. It should therefore be kept in air-tight receptacles.

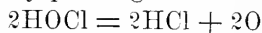
Chlorinated lime is made by passing nascent chlorin gas over very slightly moist calcium hydroxid. Concerning its exact chemical composition there is some disagreement. It is represented by the formula  $\text{CaOCl}_2$  or  $\text{ClCaOCl}$  or  $\text{Ca}(\text{ClO})\text{Cl}$ . The dry powder contains calcium oxychlorid ( $\text{CaOCl}_2$ ), which is at once converted into calcium hypochlorite ( $\text{Ca}(\text{OCl})_2$ ) and calcium chlorid ( $\text{CaCl}_2$ ) in watery solution; thus:  $2\text{CaOCl}_2 = \text{Ca}(\text{OCl})_2 + \text{CaCl}_2$ .

According to the U. S. Pharmacopeia it should contain not less than 35 per cent. of available chlorin. The British standard is 33 per cent. and the German 25 per cent. Chlorinated soda has almost the same germicidal value as chlorinated lime. Chlorinated soda is sold in solution, and is prepared by mixing a solution of chlorinated lime and sodium carbonate.

Chlorinated lime is only partially soluble in water or in alcohol. A solution in water of 0.5 to 1 per cent. will kill most bacteria in from one to five minutes. A 5 per cent. solution usually destroys spores within an hour.

The action of bleaching powder depends upon at least three factors:

(1) *Nascent oxygen*, which is formed by the breaking down of hypochlorous acid, is a very potent germicide:



This is perhaps one of the chief effects, and therefore the action of bleaching powder is not so much a process of chlorination as one of oxidation.

(2) *Chlorin gas*, which is a very powerful germicide. Some of it exists free in the bleaching powder and some of it is formed by the decomposition of hypochlorous acid and also of hypochlorites in acid solution: thus,  $2\text{HOCl} = \text{H}_2\text{O} + \text{Cl} + \text{O}$ .



(3) *Chloramins* contain the radical  $\text{NCl}$ , and are formed by the union of chlorin and its compounds with ammonia and amino-acids. Most chloramins are strong germicides; some of them have extraordinary activity. See page 1134.

In addition, the hypochlorites themselves are probably directly poisonous to bacteria without intermediate chemical action.

Chlorinated lime not only bleaches but is destructive to fabrics. If the solution is employed for the disinfection of body linen and washable clothing these articles must, after a not too long immersion, be thoroughly washed in plenty of fresh water.

It should be remembered that the hypochlorites are decomposed and practically rendered inert by organic matter. They should therefore be used largely in excess. Thus a preparation containing 10 per cent. of available chlorin has the high carbolic coefficient of 21.0, but on mixing an equal amount of this preparation with urine and allowing the mixture to stand one hour the coefficient falls to 0.8 per cent. (Klein<sup>17</sup>). Gruber points out that the efficiency of chlorinated lime, when used to disinfect cattle wagons, is greatly increased by first thoroughly washing away the organic matter.

Chlorinated lime may be used either as a dry powder or in solution. As a dry powder it is very generally used by strewing it into damp corners of cellars, privies, and similar places, where it acts as a deodorant and desiccant and retards the growth of mold. The dry substance may also be used to disinfect excreta. For this purpose enough of the chlorinated lime must be added and well incorporated with the mass and sufficient water added to make a 4 or 5 per cent. solution. Much more chlorinated lime is necessary to disinfect feces in a bed-pan than for sewage.

In the U. S. Army a 4 per cent. strength of chlorinated lime in solution is officially prescribed for use in the disinfection of the excreta of the sick, it being specifically stated that the chlorinated lime so used shall be of good quality and not have undergone decomposition. A solution known as the "American standard," containing 6 ounces of the powder to the gallon, is largely used for the disinfection of discharges and for the scrubbing of floors and other surfaces.

In recent years chlorinated lime or chlorinated soda has come into special prominence on account of its use for the disinfection of drinking water. A surprisingly minute amount will disinfect a large volume of water. The amount required depends upon the quantity of organic matter contained in the water. A clean water may be rendered safe by the addition of 0.1 of a part of chlorinated lime (estimated as available chlorin) to 1,000,000 parts of water. For waters containing organic

<sup>17</sup> *Public Health*, Oct., 1906. Confirmed by Rideal, Sommerville, Moore, and others.

matter as much as 1 to 5 parts per 1,000,000 may be required. See page 1132.

Chlorinated lime may also be used to advantage to disinfect the bath water in cases of typhoid fever, dysentery, cholera, or other communicable diseases. It may also be used for the disinfection of springs, wells, cisterns, tanks, and many other purposes. See page 1138.

For campers and travelers a convenient method for using chlorinated lime to disinfect drinking water is to add 1 gram of chlorinated lime containing approximately 30 per cent. of available chlorin to 1 liter of water. This should be mixed thoroughly and enough of the mixture added to the water in question to make 1 part of chlorinated lime to 200,000 parts of water, and then allowed to stand at least 20 minutes after having been thoroughly shaken. The water may then be regarded as safe, so far as typhoid, cholera, and similar infections are concerned. A solution may be prepared by adding half a teaspoonful of chlorinated lime to a pint of water. Use a teaspoonful of this to 10 gallons; 36 drops to 1 gallon; or 9 drops to 1 quart. Let stand at least 15 minutes. Halozone tablets may be used (if fresh). See page 1134.

Javelle water consists of chlorinated potash, 65 grams; chlorinated lime, 90 grams; water sufficient to make 1,000 grams. It is used as a medicinal wash.

*Labarraque's Solution.*—Labarraque's solution is an aqueous solution of several chlorin compounds, chiefly sodium hypochlorite ( $\text{NaClO}$ ) and sodium chlorid ( $\text{NaCl}$ ), and should contain at least 2.6 per cent. by weight of available chlorin as determined by titration with thiosulphate. The solution is clear and colorless when pure. If prepared with an excess of chlorin it is yellowish in color. It has a feeble odor of chlorin and bleaches indigo, litmus, and vegetable dyes. In practice this solution diluted with water 1 to 4 is mainly used for the disinfection of the person, and in surgery, but as it is more expensive and somewhat less efficient than chlorinated lime it has no advantages over that substance.

*Dakin's Solution.*—Dakin's solution came to notice during the World War in the Carrell method of treating wounds. It may be looked upon as an improved Labarraque's solution. The active ingredient of Dakin's solution is sodium hypochlorite. It must be freshly prepared; must have an entire absence of caustic alkali; the concentration must be exactly between 0.4 and 0.5 per cent. Below 0.4 per cent. of hypochlorite, the solution is not sufficiently active, and above 0.5 per cent. it becomes irritating.

Dakin's solution is made from chlorinated lime, anhydrous sodium carbonate and sodium bicarbonate. The method of preparation and testing is given by Dakin and Dunham,<sup>18</sup> and also by Carrell.<sup>19</sup>

<sup>18</sup> "Handbook of Antiseptics," Dakin and Dunham.

<sup>19</sup> *J. A. M. A.*, LXVII, 24, Dec. 9, 1916, p. 1777.

For *dichloramin-T*, *halazone* and other chlorin compounds, see page 1134.

**Antiformin.**—Antiformin is the patented name of a disinfectant which was introduced in 1900 by Victor Tornell and Axel Sjöo of Stockholm as a cleansing material for fermenting vats in breweries, but it is only since the investigations of Uhlenhuth and Nylander<sup>29</sup> in 1908 that it has come into prominence in bacteriological and sanitary work.

Antiformin consists of equal parts of liquor sodae chlorinatae of the British Pharmacopeia and a 15 per cent. solution of caustic soda. The formula for the liquor sodae chlorinatae is as follows:

Sodium carbonate .....	600
Chlorinated lime .....	400
Distilled water .....	4,000

Dissolve the sodium carbonate in 1,000 c. c. of the distilled water; triturate thoroughly the chlorinated lime in the remainder of the water; filter; mix the two and filter again.

Antiformin has a strong germicidal action in weak solutions (2 to 5 per cent.), killing ordinary cocci and some bacilli rapidly, five minutes at most being sufficient. In this respect antiformin acts more rapidly and surely than either of its component parts used alone. It has, however, very slight action upon the tubercle bacillus, the smegma bacillus, and other organisms belonging to the acid-fast group.

Antiformin is an almost colorless liquid, with a strong odor of chlorin, and is strongly alkaline. It keeps fairly well without particular precautions being taken. It has deep powers of penetration, owing to its ability to dissolve and render homogeneous the various substances in which bacteria are often found, such as sputum, feces, pus, urinary sediment, and even small pieces of tissue.

The germicidal action of antiformin is doubtless due to the energetic oxidizing properties of the chlorinated lime. The fact that it does not kill the tubercle bacillus and other acid-fast organisms seems to be due to the biochemical nature of these bacilli. The fatty or waxy capsule which is present and which gives them their acid-fast property acts as an impervious coat, resisting the dissolving action of the antiformin, and so protects the protoplasm of the bacilli from its germicidal action. The tubercle bacillus may be isolated in pure culture by exposing tuberculous sputum to a 20 per cent. solution of antiformin for 24 hours at room temperature or 4 to 6 hours at incubator temperature. The bacilli may then be thrown down by centrifugalization, washed free of alkali, and then planted upon solidified egg or other suitable culture medium, or injected into susceptible animals.

<sup>29</sup> *Berl. klin. Wochenschr.*, LXV, No. 29, July 20, 1908.

While antiformin is therefore a very active germicide for the ordinary bacteria it cannot be depended upon for the acid-fast group.<sup>21</sup>

**Dyestuffs.**—A large number of dyestuffs possess germicidal properties, although until recently they have been employed for the destruction of blood parasites, such as trypanosomes, rather than bacteria. Many germicidal dyes are selective or specific in action.

Malachite green, used in conjunction with mercuric chlorid, is used extensively, especially in naval service. Certain other dyes chemically related to malachite green (triphenylmethanes) possess definite bactericidal action, as hexamethyl violet—also known as crystal violet—hexethyl violet and brilliant green.

*Acriflavine, trypaflavine, or flavine*, was first prepared by Benda<sup>22</sup> at Ehrlich's instigation in 1911, and was found to have marked germicidal action on trypanosomes. Acriflavine has been claimed by Brown-ing and his associates<sup>23</sup> to be a most powerful germicide. It is used in surgery and has also been employed in the disinfection of the nasopharynx of carriers of the meningococcus. Dakin and Dunham<sup>24</sup> regard acriflavine as distinctly more active under most conditions than either malachite green or brilliant green, though its rate of disinfection is decidedly slow. One of the most remarkable properties of acriflavine is that its germicidal action is apparently enhanced by admixture with serum, though greatly diminished by pus.

## ACIDS

Acids in sufficient concentration are very effective germicides. An amount of acid which equals 4 per cent. of normal hydrochloric acid is sufficient to prevent the growth of all kinds of bacteria and to kill many.

The germicidal power of an acid depends upon the free hydrogen ion in solution. The disinfecting power of an acid is therefore proportional to the hydrogen ion concentration, and this in turn is proportional to the dissociation of the acid. Thus, when we speak of a strong acid, we mean one that is highly dissociated, and, conversely, a weak acid one which is slightly dissociated. The mineral acids are more corrosive and also more germicidal than the organic acids because they have higher hydrogen ion concentrations. A 1 to 500 solution of sulphuric acid kills typhoid bacilli within one hour. Hydrochloric acid is about one-third weaker, and acetic acid weaker still. Citric, tartaric, malic, formic, and salicylic acids are about equal to acetic acid. Boric acid

<sup>21</sup> Paterson, R. C.: "A Report on the Use of 'Antiformin' for the Detection of Tubercle Bacilli in Sputum, etc.," *Jour. of Med. Research*, Vol. XXII, No. 2, April, 1910, p. 315.

<sup>22</sup> *Berl. Deutsch. Chem. Gesell.*, 45, p. 1787, 1912.

<sup>23</sup> *Brit. Med. Journ.*, Jan. 20, 1917, p. 73.

<sup>24</sup> "Handbook of Antiseptics," p. 64.

is very feeble; it destroys the less resistant bacteria in 2 per cent. solution and inhibits the others.

## ALCOHOL

Alcohol has both antiseptic and germicidal properties. In solutions of 1-1.000 the growth of some bacteria is somewhat delayed. Many microorganisms grow abundantly in 40 per cent. alcohol and some in stronger solutions. Dry bacteria may be exposed to absolute alcohol for 24 hours without losing their vitality, while 60 to 70 per cent. alcohol has definite germicidal power to both dry and moist microorganisms. The explanation of this curious phenomenon seems to be that alcohol fails to penetrate the microbe unless in the presence of water. Under 40 per cent. the germicidal action is very slow so that the limits of alcohol as a disinfectant may be placed between 50 and 70 per cent. In this strength it is equivalent to about 3 per cent. carbolic acid provided there is little or no albuminous matter present.

Dakin and Dunham found that most vegetative forms of bacteria may be killed fairly readily by 50 per cent. alcohol, but that much higher or lower strengths are less effective, while most spores are unaffected by alcohol of any strength.

Alcohol precipitates protein which therefore seriously interferes with its germicidal property. Many germicidal substances which are potent when dissolved in water, have comparatively little effect when dissolved in strong alcohol.

Krönig and Paul found that phenol dissolved in 98 per cent. alcohol was devoid of bactericidal action when tested against spores. It is therefore clear that alcohol is not a desirable solvent for phenolic disinfectants.

## BORATES, PERBORATES AND BORIC ACID

These substances possess almost negligible germicidal properties, and are used as mild disinfectants in medicinal washes, and as antiseptics for preserving foods.

## ETHER AND CHLOROFORM

The vapors of both ether and chloroform possess slight but definite action. An exposure to ether vapors of one to forty-eight hours was necessary to sterilize agar slants on which pyogenic organisms were growing.<sup>25</sup> Ether is irregular in its action, for good contact with the organisms is difficult to secure. Chloroform is sometimes used as an antiseptic to preserve antitoxic serums.

<sup>25</sup> Topley, *Brit. Med. Journ.*, Feb. 6, 1915.

## SOAPS

Ordinary soaps have but limited disinfecting power. According to Behring the germicidal power of soaps depends upon their alkalinity, but Serafini more correctly points out that the free alkali present, even in concentrated soap solutions, is so small in amount that it can exert no disinfecting action whatever, and that neither the alkali nor the fatty acid, nor the combination of the two is the effective agent.

Unfortunately, the disinfecting power of soap solutions is not marked enough to make them trustworthy disinfectants despite their great value as detergents. The common commercial soaps, especially the colored soaps, are frequently of very poor quality, containing rosin instead of fat, and are not to be depended upon. The soft soaps should also be avoided on account of the presence of all the impurities of the fat and alkali from which they are made. There are other conditions which render the use of soaps uncertain, the chief of which is the hardness of the water.

The action of soap solutions is much influenced by the temperature, which is easy to understand when we recall the powerful germicidal action of hot water alone. It has been shown that soap, even in strong solution and with prolonged exposure, cannot be trusted to destroy the infection of typhoid, cholera, or the micrococci of suppuration. Therefore soaps alone cannot be depended upon for the disinfection of objects and clothing, but in conjunction with certain compatible chemicals, and also with the mechanical cleansing which always accompanies their application, soaps have a wide and varied usefulness in sanitation.

Soap solutions should always be made with soft water. The addition of one of the caustic alkalies, as lye, increases their germicidal and detergent value. The solution should be strong, containing not less than 10 per cent. of soap, and the water should be as hot as possible and applied with mops or brushes.

Medicated soaps are for the most part a snare and delusion so far as any increased germicidal action is concerned. In fact, the addition of carbolic acid, bichlorid of mercury, and other substances which have the property of combining chemically with the soap seems actually to diminish the disinfecting value of the substance. As a rule a very small quantity of the disinfecting substance is added to the soap, and when we call to mind what an exceedingly small quantity of soap is generally used for the ordinary washing of the skin and the further dilution of this small amount by the water used it is easy to understand that medicated soaps as ordinarily applied cannot have an energetic disinfecting action.

An exception seems to be the soap devised by McClintock, in which a mercury salt exists unchanged and active. He found that double iodid of mercury answers this purpose in the proportion of 0.05 to 2 per cent. A solution containing 1 per cent. of the soap was found by him to be fatal to pus cocci, cholera, diphtheria, and typhoid bacilli in one minute. This soap does not attack nickel, silver, aluminium, steel instruments, or lead pipes, and does not coagulate albumin.

The value of soap consists in the removal rather than the milling of germs; that is, the cleansing properties are more important than the germicidal action. In hand washing, all the bacteria are not removed by soap and water. Therefore, an active germicide must be used in addition in order to render infected hands safe.

**Comparative Germicidal Values.**—The following is a table of comparative germicidal values taken from Park:

TABLES OF GERMICIDAL VALUES

Alum .....	1 : 222	Mercuric chlorid.....	1 : 14,300
Aluminium acetate.....	1 : 6,000	Mercuric iodid.....	1 : 40,000
Ammonium chlorid.....	1 : 9	Potassium bromid.....	1 : 10
Boric acid.....	1 : 143	Potassium iodid.....	1 : 10
Calcium chlorid.....	1 : 25	Potassium permanganate....	1 : 300
Calcium hypochlorite.....	1 : 1,000	Pure formaldehyd.....	1 : 25,000
Carbolic acid.....	1 : 333	Quinin sulphate.....	1 : 800
Chloral hydrate.....	1 : 107	Silver nitrate.....	1 : 12,500
Cupric sulphate.....	1 : 2,000	Sodium borate.....	1 : 14
Ferrous sulphate.....	1 : 200	Sodium chlorid.....	1 : 6
Formaldehyd (40%).....	1 : 10,000	Zinc chlorid.....	1 : 500
Hydrogen peroxid.....	1 : 20,000	Zinc sulphate.....	1 : 20

# CONVENIENT FORMULAE FOR DISINFECTING SOLUTIONS

## Bichlorid of Mercury—Corrosive Sublimate.

Bichlorid of mercury.....	1 dram		1 gram
Water .....	1 gallon		1 liter

Mix and dissolve. Label "*Poison!*" This is approximately a 1 to 1,000 solution. One ounce of this solution contains very nearly half a grain of corrosive sublimate. Useful for disinfecting clothing, the hands, the surfaces of walls, floors, furniture, etc. Not serviceable for feces or material containing much organic matter.

## Formalin.

Formalin .....	13 ounces		100 c. c.
Water .....	1 gallon		1 liter

Formalin is a watery solution containing 40 per cent. formaldehyd. The above solution contains approximately 10 per cent. of formalin and is useful for the disinfection of clothing and a great variety of objects.

As it has no corrosive action it does not bleach pigments or rot fabrics. When used to disinfect feces a stronger solution may be used.

**Milk of Lime.**—Slake a quart of freshly burnt lime, in small pieces, with three-fourths of a quart of water, or, more exactly, 50 parts of water by weight with 100 parts of lime. A dry powder of slaked lime (calcium hydroxid) results. Prepare the milk of lime shortly before it is to be used by mixing 1 quart of this dry calcium hydroxid with 4 quarts of water. Air-slaked lime is worthless. Slaked lime may be preserved some time if inclosed in an air-tight container. Milk of lime is especially useful for the disinfection of feces; an equal quantity should be added to the mass and thoroughly mixed.

#### **Carbolic Acid.**

Crude carbolic acid (or phenol) . . .	7 ounces		50 c. c.
Water . . . . .	1 gallon		1 liter

The solution is facilitated by dissolving in hot water. This makes approximately a 5 per cent. solution. The addition of from 12 to 14 ounces of common salt to each gallon increases its germicidal power, especially when used for the disinfection of excreta. The crude carbolic acid is more powerful than pure phenol, but can only be used for rough work, such as floors, feces, sputum, etc. For the disinfection of clothing phenol should be used and the solution may be mixed half and half with water, making approximately a 2½ per cent. solution.

#### **Chlorinated Lime ("Chlorid of Lime").**

Chlorinated lime . . . . .	3 ounces		30 grams
Water . . . . .	1 gallon		1 liter

Mix. This is about a 3 per cent. solution. It is exceedingly powerful and is useful for the disinfection of excreta, privy vaults, cesspools, and many other purposes. It is an active bleaching agent and destroys fabrics in this concentration.



## CHAPTER IV

### METHODS OF DISINFECTION

A few instances are given upon the following pages of the best methods of disinfecting rooms, excreta, and fomites. The examples selected have been taken as types of a class. In public health work the things most frequently needing disinfection are feces, sputum, and other discharges from the body; bed and body linen, and other fabrics; and bedrooms. The disinfection of water and the pasteurization of milk have already been considered. The disinfection of ships is described under Quarantine.

**Air.**—It is quite impossible to disinfect the air of a room during its occupancy. In fact, ordinarily little heed need be given to the air itself. Any of the known volatile substances in sufficient concentration to kill microorganisms would render the air unendurable. It is absurd to place such substances as carbolic acid, formalin, or chlorinated lime in an open pan in the sickroom or in the bathroom with the idea that they are serving a useful purpose in disinfecting the atmosphere or in preventing the spread of infection. Occasionally a deodorant, such as formalin, may be used with advantage about the room, but where proper cleanliness and ventilation are observed such substances are rarely called for.

It is of first importance to prevent the infection of the air of the room by taking precautions applicable to the particular infection in question. Thorough ventilation should be maintained, and in this way any chance infection is soon lost by dilution or killed by the sun. An open fireplace is admirable for the ventilation and purification of the air of sickrooms, for by this method the infection is not only carried away, but is destroyed by the heat of the fire in exit. The hanging of sheets wet with bichlorid of mercury or some other germicidal solution at the doorway serves no useful purpose except as a reminder to those passing in and out.

When a room has become badly infected, say from a case of pulmonary tuberculosis, and there is danger of infection through the dust, it should be given a preliminary fumigation with formaldehyd, which will partly protect the operators who have to take up the carpets or remove the bedding and other articles to the steam sterilizer.

**Rooms.**—The disinfection of a living-room calls for all the resources of the disinfectors' art. The fact that it is necessary to bring the appa-

ratus and materials to the room in order to disinfect it and its contents is one of the main difficulties and will often require the ingenuity and always the vigilance of the operator.

The method to be employed for the disinfection of a room will vary somewhat with the infection for which the disinfection is done. In routine work in the treatment of rooms liable to be infected with a variety of bacterial viruses formaldehyd gas is the most generally useful agent we possess. In the case of yellow fever or malaria insecticides must be selected; in the case of plague our efforts must be directed against rats, mice, fleas, as well as the destruction of the plague bacillus. In cholera and typhoid fever we must pay particular attention to the feces, urine and the objects soiled by them, etc.

Certain articles commonly found in living-rooms, such as bedding, carpets, rugs, cuspidors, upholstered furniture, and other objects liable to become infected must be treated separately by some process applicable to each article. None of the gaseous disinfectants can be trusted to penetrate enough to render articles of this class safe. The surest method of disinfecting a room is to remove fabrics and articles for special treatment, and to wash the floor and other surfaces with a strong hot germicidal solution. Finally, give the room a house-cleaning, sunning and airing. It may then be renovated with paper and paint.

Ordinarily carpets and rugs should be left in place until a preliminary gaseous disinfection is accomplished. They may then be taken up and removed for steam sterilization, after which they should be gone over with a vacuum cleaner and finally hung in the sun for a day or two. If carpets, rugs, upholstered furniture, mattresses, pillows, quilts, or other articles have become badly contaminated with infected discharges the soiled areas should be thoroughly saturated with a strong solution of formalin. Bedding, towels, curtains, clothing, and other articles of like nature may be left in the room exposed to the action of the gas, but should afterwards be removed for boiling, steaming, or immersion in one of the germicidal solutions, as none of the gases can be relied upon for the disinfection of fabrics. Articles removed from the room for disinfection should be placed in a bag or wrapped in a sheet wet with bichlorid of mercury. Rubbish that has collected in the room should be gathered and burned. The cuspidors and their contents require special treatment. Door knobs, bed rails and other surfaces handled by the patient or soiled with discharges should be wiped with bichlorid or carbolic solution. For the preparation of a room for fumigation, see pages 266 and 1390.

**Stables.**—The disinfection of a stable requires a particularly thorough application of all the resources at the hand of the disinfecter. The conditions met with in a stable render its disinfection doubly hard, not only on account of the accumulation of organic filth which has worked

into the many crevices and saturated the woodwork, but on account of the high resistance of anthrax and tetanus spores, for which stables are sometimes disinfected. In addition to these diseases stables require disinfection on account of tuberculosis, glanders, pleuropneumonia, foot-and-mouth disease, and various diseases of man as well as those of the domestic animals.

It is advisable to give the stable a preliminary fumigation, preferably with sulphur, in order to destroy surface infection and the vermin which always infest these places. The preliminary fumigation is especially important in the case of plague and glanders, not only to prevent the spread of the infection, but as a safeguard for the disinfectors. Then remove all small articles that need disinfection. The blankets should be wrapped in moist bichlorid sheets and boiled, steamed, or immersed in a strong germicidal solution. Buckets, currycombs, brushes, stall tools, and other equipments that have been in contact with the sick animals or with infectious materials should be mechanically cleaned with a hot carbolic solution in which they may be allowed to soak over night. Metallic and wooden objects or utensils should be given a thorough preliminary cleansing with a stiff brush and hot water and soap, and then boiled or immersed in a 5 per cent. solution of carbolic acid or 2 per cent. solution of cresol for several hours. Leather articles, as harness or equipment, should receive a similar preliminary cleansing and be scrubbed with either a strong solution of bichlorid of mercury or carbolic acid.

All hay and grain should be removed from the racks and mangers and all bedding from the floors. After its careful collection at some designated point this refuse should be saturated with petroleum and destroyed by fire.

The stable must now be soaked with a strong antiseptic solution applied with a hose or splashed on all surfaces by means of mops. The floors, corners, and stalls must be saturated with the solution. On account of the presence of so much albuminous matter carbolic acid or one of its derivatives is preferred for this purpose to chlorinated lime or sublimate solutions. Chlorinated lime is useful if used in sufficient concentration and generous amounts. Now scrape out the débris from all the cracks in the floors and walls; collect it for burning. Then clean the woodwork with hot lye or a strong alkaline soap solution and follow with another general hosing with the antiseptic liquid.

After several days' exposure to air and sunshine the interior of the stable should receive a fresh coat of whitewash, applied quickly, and prepared from freshly burnt lime.

The watering troughs are very apt to be infected, especially in dealing with glanders. In all instances not only the troughs and watering buckets should be disinfected but the water remaining in them, for

often there is no drain or sewer, and this water poured on the ground may be a source of subsequent infection. The water may first be disinfected by the addition of a suitable amount of chlorinated lime or any of the standard germicides. The troughs are then to be mechanically cleaned, thoroughly removing all organic matter, and then applying a strong germicidal solution to both the inside and outside. For metal-lined troughs the use of bichlorid of mercury is, of course, inapplicable, and for such carbolic acid, alkaline creosotes, bleaching powder or formalin is recommended. Most germicides are poisonous, and must therefore be finally washed out of the troughs or buckets by flushing with fresh water and then airing in the sunlight before they are again used. A strong carbolic, formalin, or chlorinated lime solution should be poured down all pipes and drains.

Sometimes the ground in the immediate vicinity of the stable will need attention. Lime or the gasoline torch will generally be found most useful for this purpose. Carcasses and excreta are to be disinfected and disposed of according to the methods given under these titles.

**Railroad Cars.**—Railroad cars are rooms on wheels. The principles of their disinfection present nothing novel, but the application presents practical difficulties.

Flat cars or open cars seldom need disinfection, for, even should they become infected, the exposure to the sun and weather is sufficient to render them safe from the danger of conveying disease. They may readily be disinfected whenever that may be necessary by scrubbing or flushing them with carbolic acid or bichlorid of mercury solutions.

Freight cars or box cars seldom need disinfection. They sometimes require fumigation on account of mosquitoes, fleas, or rats and mice, which such cars may carry. Freight cars are best treated for this purpose with sulphur dioxid. In actual practice it will sometimes be found useful to steam them with steam from the locomotive.

Cattle cars and cars used to transport live stock need special attention, particularly if anthrax, tetanus, glanders, foot-and-mouth disease, or tuberculosis is the infection with which they are contaminated. The disinfection of cars of this type is so much like the disinfection of a stable that it is unnecessary to repeat the description here. Cars of this type, as well as all cars, should be kept scrupulously and constantly clean.

*Day Coaches and Parlor Cars.*—If the disinfection is done as a precautionary measure it is sufficient to fill the coach with formaldehyd gas, which should be followed by a thorough mechanical cleansing. The carpets and rugs and all similar articles, including the upholstered seats and backrests, if removable, should be taken from the car for vacuum treatment and then exposed several hours to the sunshine. The floors should be mopped or scrubbed with one of the germicidal solutions and the spittoons should be well rinsed in a warm carbolic bath and the

contents disposed of in one of the ways mentioned under the heading Sputum.

If the disinfection is done on account of known contamination with one of the communicable diseases the car is treated exactly as a room would be under like conditions.

A railroad coach is likely to harbor mosquitoes, flies, and other insect pests that may carry disease; therefore precautions will have to be taken to keep these insects out of cars leaving districts infected with yellow fever, typhus fever, malaria, plague, etc., or measures will have to be taken to destroy them after they get on board. As both these requirements are difficult, if not impracticable, it will usually be found best to provide relays at a convenient point and require the passengers to change cars upon leaving an infected for an infectible area.

*Sleeping cars* present a greater difficulty than any other rolling stock. The berths are apt to become infected and the infective agent may live there a very long time, especially as they are kept closed—almost hermetically sealed, against fresh air and sunshine during the daytime. Much of the difficulty encountered in the disinfection of the sleeping car is due to peculiarities in construction, such as the compact manner in which the bedding is stowed away, the heavy and unnecessary carpets and hangings, the excessive molding and ornamentation of the older type of cars, the use of such materials as plush for upholstering, etc. The wash basins and other objects in the toilet-rooms are liable to contamination with infected discharges from the mouth and nose. The faucets should be so arranged as to permit washing with running water, thus eliminating danger from the bowl.

Before attempting to fumigate the interior of a sleeping car or a passenger coach with one of the disinfectants it is important to close the sashes and all the ventilator openings for the Pintsch gas flames. Much gas will be lost through the open hopper of the water-closet unless that is tamponed. Some cars have a system of ventilating ducts of fresh air entering under the seat or somewhere near the bottom of the car. This must be closed. Formaldehyd gas and hydrocyanic acid gas are practically the only gases which may be used for the treatment of the sleeping car. As these gases lack the power of penetration, all the berths must be opened and all the bedding and other fabric should be removed for steaming or other treatment. Hydrocyanic acid is especially serviceable for the destruction of bedbugs and vermin which frequently infest sleeping cars.

After the bedding, hangings, carpets, and other fabrics have been removed from the car the toilet-room should be given special attention. The drinking glasses, the wash basins and slabs of the washstands, the brushes and combs, the seat of the water-closet, and other objects liable to infection should be washed or immersed in one of the standard germi-

cidal solutions. An apparatus for disinfecting sewage on railway washes and vessels is described by Frank.<sup>1</sup>

**Feces.**—The disinfection of feces is most important because these discharges are most dangerous and at the same time most difficult to render safe. Fecal discharges may be disinfected with carbolic acid, cresols, lime, chlorinated lime, or formalin, as described below. In hospitals the infected discharges are sometimes boiled or charged with steam in an appropriate apparatus with the addition of a deodorizing substance, as potassium permanganate or formalin.

From patients the discharges should be received in a glass or impervious vessel containing some of the germicidal substance, more of which is added afterwards, and the mass thoroughly disintegrated and mixed. The breaking up of the masses and mixing is best done with a little stick which is then dropped into the mess. The mixture should stand at least two hours before the contents are disposed of, kept well covered meanwhile, and the vessel given a thorough cleansing and disinfection before it is again used. At least an equal quantity of the germicidal solution should be used to the mass disinfected and enough should always be added entirely to submerge all particles. Excreta must always be protected from flies and other insects, even while undergoing disinfection.

It is necessary to emphasize the importance of breaking up all masses until they are completely disintegrated, and mixing thoroughly with the germicide. It is almost impossible for any of the ordinary germicides to penetrate particles of even moderate size, within a reasonable time; emulsions do not penetrate at all, and therefore should not be used to disinfect feces.

It is always desirable to use a generous excess of germicidal agent, both as to strength and amount, in disinfecting feces. The following substances and methods are recommended:

**Lime and Hot Water.**—A simple and effective method for the disinfection of feces, such as typhoid stools, consists in adding enough hot water to cover the mass in the receptacle, and then adding about  $\frac{1}{4}$  of the entire bulk of quicklime.<sup>2</sup> A large cup of lime is about enough for an average stool. The receptacle should then be covered and allowed to stand for two hours. In addition to the germicidal action of the lime there is enough heat generated by the hydration of the lime to destroy typhoid and similar microorganisms. It is important to start with hot water from 50° to 60° C. and the mass will then be heated throughout to 80° or 90° C.

A bucket of boiling water (about 1 gallon) will disinfect a single

<sup>1</sup> P. H. Rpts., Jan. 1, 1918, Reprint No. 247.

<sup>2</sup> Linenthal, H., and Jones, H. N.: *Monthly Bull., State Bd. of Health of Mass.*, Jan., 1914, Vol. IX, No. 1, p. 50. *Boston Med. and Surg. Jour.*, Jan. 8, 1914.

stool when other germicidal agents are not obtainable. The vessel should be covered and allowed to stand until cool. Sufficient heat is thus had to destroy practically all bacteria except the spore bearers.

*Milk of Lime.*—Use freshly prepared milk of lime containing 1 part by weight of the freshly slaked lime to 4 parts of water. Add at least an equal quantity to the amount of material to be disinfected and allow the mixture to stand no less than two hours before final disposal. The perfunctory sprinkling of fecal matter with lime or milk of lime, as is often done, is not effective. Lime should not be thrown into the hoppers of water-closets for the disinfection of dejecta, for otherwise a thick mass may accumulate and obstruct the pipes. In disinfecting excreta with lime the reaction of the resulting mixture must be alkaline else the object will not be attained.

Lime or milk of lime is useful for the disinfection of privies, or trenches in camp, or in country practice. For its use under these circumstances the amount required may be arrived at as follows: The amount of fecal matter per person is reckoned at 400 grams a day. If the urine is also to be disinfected this may be counted as 1,500 to 2,000 c. c. per person daily. For the disinfection of the solid excrement alone 50 grams of lime, or 400 c. c. of the milk of lime (1 to 8), must be reckoned for each person per day. If the urine is included it will take four to five times as much. The mixture must have an alkaline reaction. Attention is again called to the fact that air slaked lime is inert.

*Chlorinated Lime.*—This is one of the most useful and potent germicidal substances for the disinfection of feces. Use at least a 3 per cent., better 5 per cent., solution and an amount at least equal to the mass to be disinfected. Thoroughly mix and allow to stand at least 2 hours. Chlorinated lime is rendered inert by organic matter; therefore an excess should always be used. It is also converted to the inert carbonate upon exposure to the air (see page 1132). Chlorinated lime may be liberally sprinkled on the fecal mass, water added, and the mixture then stirred.

*Formalin.*—A 10 per cent. solution of formalin may be depended upon to disinfect feces if thoroughly incorporated with the mass and allowed to stand at least two hours. As a deodorant it acts almost instantly.

*Carbolic Acid.*—A 5 per cent. solution of crude carbolic acid added to an equal bulk of excreta may be depended upon to disinfect in two hours, provided the germicide is thoroughly incorporated throughout the mass.

The *cresols* as “trieresol” and liquor cresolis compositus or lysol (1 or 2 per cent.) are valuable agents for the disinfection of fecal matter in small amounts on account of their energetic action and because their efficiency is not greatly impaired by the presence of albuminous matter.

*Dry earth* promotes the dehydration of excreta, thus delaying putrefactive changes while absorbing the odors. It has no inherent germicidal qualities.

*Corrosive sublimate* is not well suited for the disinfection of feces and sputum.

*Steam*.—In hospital practice, bed pans and their contents are steamed and cleaned in special apparatus. See Fig. 179.

**Sputum**.—The discharges from the mouth and nose not alone of the sick, but of well persons, are often laden with infection. This is one of

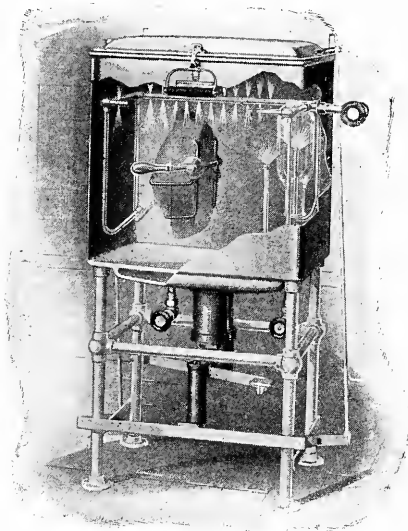


FIG. 179.—STEAM STERILIZER FOR BED PANS.

the frequent means by which disease is transferred. The proper disposal of sputum and its efficient disinfection are therefore important public health measures to check the spread of tuberculosis, diphtheria, scarlet fever, measles, whooping-cough, influenza, tonsillitis, common colds, mumps, chickenpox, cerebrospinal fever, poliomyelitis, sore throat, smallpox, pneumonia, the pneumonic form of plague, etc. It is a good rule to require the discharges from the mouth and nose of all patients to be received upon small pieces of gauze or in individual cups which may subsequently be burned.

Sputum, when in considerable quantities, should be received in paper cups, which, with their contents, may be burned. If this is not practical, it may be received in ordinary cups containing 5 per cent. carbolic solution. When not in large quantities sputum and other infective discharges should be received on cheap cloths or soft paper and promptly burned. If handkerchiefs are used they should be immersed in carbolic solution 5 per cent. for one hour before they are laundered.

The most trustworthy chemical disinfectants for sputum are carbolic acid, 5 per cent.; formalin, 10 per cent. or stronger; chlorinated lime, 5 per cent. The methods for the disinfection of sputum correspond to those described for feces. Sputum offers special difficulties on account of the mucus which is readily coagulated and hard to penetrate.

Sputum should be kept well covered in suitable receptacles until it is disposed of. Antiseptic solutions may be used in bedside cups or in cuspidors, but are not necessary.



The disinfection of the large amounts of sputum such as that collected in hospitals, public buildings, and other places is a difficult and disagreeable task. On account of its dense consistency it prevents the penetration of chemical solutions. A very good apparatus for the disinfection and disposal of sputum in hospitals, sanatoria, etc., consists of an autoclave in which the material is steamed under pressure and at a temperature of  $120^{\circ}$  C.; after the completion of the process the disinfected mass is washed through the drain into the sewer by water entering the autoclave. The entire operation can thus be conducted under cover. Dr. Wm. J. Manning<sup>3</sup> describes an ingenious and efficient method of handling spittoons and disposing of the sputum at the Government Printing Office in Washington. The cuspidors are self-draining. They are collected and handled by devices so that the attendants do not have to handle them directly.

**Bed and Body Linen.**—Fabrics, such as towels, napkins, handkerchiefs, sheets, pillowslips, underwear and similar articles, should always be disinfected after contact with any of the communicable diseases, for they are very apt to become infected. They may be steamed or boiled or immersed in a germicidal solution such as carbolic acid, 5 per cent.; formalin, 10 per cent.; or bichlorid of mercury, 1 to 1,000.

Special care is necessary in washing or disinfecting towels, sheets, underwear, and other fabrics soiled with such discharges as pus, blood, or excreta. If they are heated or boiled without special precautions they will become indelibly stained by the coagulation of the albuminous matter which becomes fixed in the fiber.

Soiled wash may be treated as follows: It is wrapped in a sheet wet with sublimate solution, and this is placed in a sack likewise moistened with a germicidal liquid. The sack is placed unopened in a solution containing 3 per cent. of soft soap and heated to  $50^{\circ}$  C. for three hours and left in the same solution for forty-eight hours after it cools. If not soiled with albuminous matter the wash may be immersed in a solution of bichlorid of mercury 1 to 1,000, with the addition of common salt. After this preliminary disinfection the articles are boiled half an hour in a water containing:

Petroleum .....	10 grams
Soft soap .....	250 "
Water .....	30 liters

**Books.**—With the exception of their exposed surface, books cannot be disinfected in the bookcase or on the shelves of houses and libraries. However, if the books have not been handled or exposed to infection in any way except by their presence in the sickroom there is no reason for considering any part of the book, except the exposed surface, as infected.

<sup>3</sup> *J. A. M. A.*, Sept. 11, 1909, Vol. LII, pp. 829-832.

Such books may be disinfected with formaldehyd gas without first disturbing them in any way.

Books which have been handled by the patient or which have been otherwise exposed to infection require particular care in their disinfection on account of the difficulty of penetrating between the leaves. Books used in public libraries are often regarded with suspicion, and many librarians require that they should be sunned, aired, or disinfected before they are again issued. The danger from this source has doubtless been exaggerated. Books, however, which have been handled by persons suffering with one of the readily communicable diseases should always be disinfected before they are again used.

Books may be disinfected in a specially constructed chamber by means of heat and formaldehyd gas. They must be arranged to stand as widely open as possible upon perforated wire trays. Under these conditions the exposure should be continued twelve hours with high percentage of formaldehyd and a temperature of 80° C., a partial vacuum having first been introduced. The binding, illustrations, and print of books are not injured by this process.

When only a few books are to be treated in the absence of a special apparatus they may be disinfected by placing 2 or 3 drops of a 40 per cent. formalin solution on every second page, taking care to distribute the drops well. The book is then laid in a close box or drawer in which more formalin has been sprinkled, and left in a warm place for not less than twenty-four hours.

Pamphlets and unbound volumes may be steamed without serious harm. Steam is not applicable to the disinfection of bound books on account of the glue and leather.

Beebe <sup>4</sup> recommends dipping the books in a solution of carbolic acid and gasoline. After immersion the books should be placed before an electric fan, which rapidly drives off the gasoline.

Nice <sup>5</sup> recommends the use of moist, hot air at 80° C. and 30 or 40 per cent. humidity for thirty-two hours for the disinfection of books. This is said to destroy all non-spore-bearing bacteria in closed books, even tubercle bacilli in thick layers, without injuring the most delicate bindings.

**Cadavers.**—Dead bodies are seldom the cause of spreading communicable diseases. The body without previous washing should be wrapped in a sheet wet with a strong germicidal solution, such as bichlorid of mercury, 1 to 500, carbolic acid, 5 per cent., or cresol, 1 per cent., until it is disposed of. Should it be desirable to wash the body it should be done with formalin (10 per cent.) or Labarraque's solution, or one of the germicidal solutions above mentioned.

<sup>4</sup>*Jour. Am. Public Health Assn.*, Vol. I, No. 1, p. 54, Jan., 1911.

<sup>5</sup>*J. A. M. A.*, April 20, 1912, Vol. LVIII, No. 16, p. 1201.

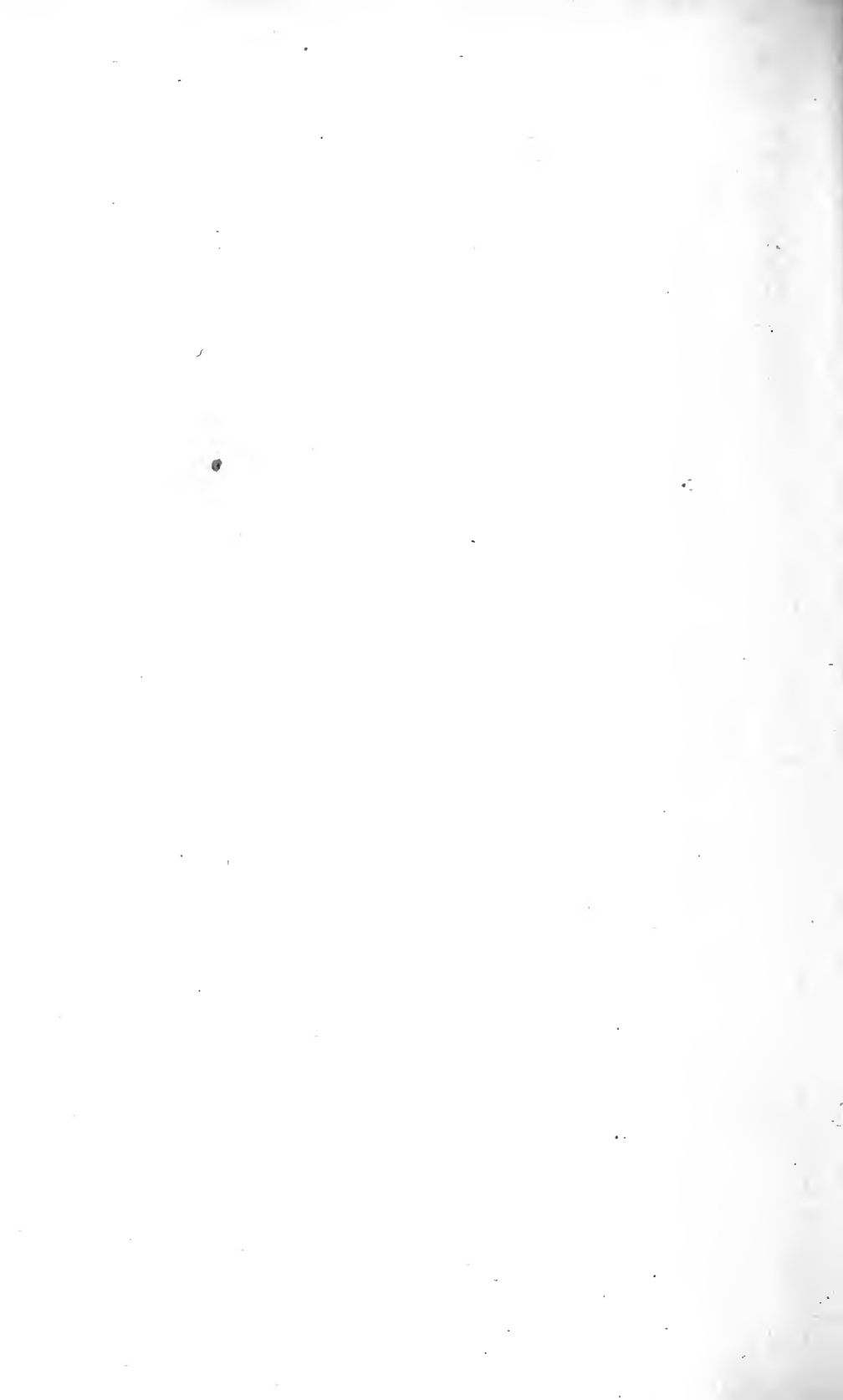
From a sanitary standpoint bodies dead of one of the communicable diseases are best disposed of by burning. When cremation is not practicable the body may be surrounded by twice its weight of freshly burnt lime in an hermetically sealed coffin and buried at least 6 feet underground. There is much less danger from the spread of disease from bodies buried in the ordinary way than is commonly supposed.

Embalming with strong solutions of formalin and arsenic that are commonly used for this purpose is effective in destroying all but the surface infection.

The disposal of bodies dead of anthrax is an important and difficult matter and has been discussed on page 402.

**Thermometers.**—A thermometer may be the source of conveying disease from one person to another, and it behooves the physician to exercise special care concerning its cleanliness and disinfection. The best practice is to keep a pure formalin or 70 per cent. alcohol in the thermometer case in which the instrument is kept constantly bathed.

**Wells and Cisterns.**—The disinfection of a well may be accomplished by the use of freshly burnt lime. About half a barrel is thrown into the well, stirred up with the water, and the walls are scrubbed down with the resulting milk of lime. The well is then pumped out, cleaned, allowed to refill, and a second supply of lime added, after which the well is allowed to stand twenty-four hours. After a thorough stirring the solution is then pumped out and the well is allowed to refill and is re-emptied until the water is practically free from lime. Instead of lime chlorinated lime may be used for this purpose, sufficient being added to make approximately a 1 per cent. solution.



## SECTION XV

### MILITARY HYGIENE

Military efficiency depends upon the health of the command. Many military disasters have been due to disease. Valor and patriotism are seriously handicapped by typhoid fever, dysentery, malaria and other infections which in years past have sapped the strength of armies. More soldiers in the world's history have succumbed to bacteria than to bullets. Until recently, the high morbidity and mortality rates among troops have been notorious. It is only in recent years that the results of sanitary science have been able to safeguard the soldier and sailor against many infections that formerly decimated the ranks.<sup>1</sup> In fact, the fruits of preventive medicine are most conspicuous, picturesque and convincing in armies and navies. Formerly the medical service dealt principally with the surgery of wounds and the treatment of fevers; now, however, the larger part of the energy and skill of the medical corps is directed toward their prevention. Therefore, the medical officer must be a sanitarian as well as a physician and surgeon.

The first successful use of preventive measures dates from the efforts of Florence Nightingale in the Crimean Campaign (1854), and on a larger scale to the methods employed by the Germans in the Franco-Prussian War of 1870-1871.

The subject of camp sanitation, however, is not new. Thus we read in Deuteronomy, "Thou shalt have a place also without the camp, whither thou shalt go forth abroad: And thou shalt have a paddle upon thy weapon: and it shall be, when thou wilt ease thyself abroad, thou shalt dig therewith, and shalt turn back and cover that which cometh from thee." If the above primitive injunction had been followed by

<sup>1</sup> The conditions during our Civil War are thus described by Charles Francis Adams:

"The trouble, however, was that we were all so inexperienced, and knew nothing of the laws of health and self-preservation, and we thought those laws not worth knowing. Why any of us survived I cannot now see, but we were young and robust as a rule, we lived in the open air and we were at least temperate. On the other hand, we had no schools of instruction. . . . We were, too, encamped in low lands for convenience of access to water on account of the horses. . . . With a suggestively growing sick list, it never occurred to me to change my camp to higher ground or drier soil, to put my men in motion on some pretext, or to alter my own diet. I stupidly blundered along, myself sickening day by day. . . . These simple precautions never seemed to suggest themselves to our army medical men." "Autobiography of Charles Francis Adams," pp. 146, 162, and 163.

our troops in the Spanish-American War it would have saved thousands of cases of sickness and death from typhoid fever.<sup>2</sup>

Soldiers are notoriously improvident, indifferent and uninformed concerning questions of health. Constant and skilled supervision is necessary over food, water, clothing, ammunition, personal hygiene and safety. Hence instruction in the essentials of military hygiene and first aid becomes one of the prime duties of the medical corps.

Military hygiene is only a special application of the facts and principles of general hygiene, applied to the particular conditions of camp, barrack, field and march. The efficient medical officer must be acquainted with these particular conditions, else incompetency is bound to result. Training of the medical officer for military service is therefore an important part of preparedness.

In campaigns the objects of medical administration are first and foremost the preservation of the strength of the army in the field, and secondarily the care and treatment of the sick and injured at the front, in the line of communications and in the home territory. The first object is obtained by an application of all sanitary measures; by the retention of effectives at the front and the movement of non-effectives to the rear without obstructing military operations; and finally by the prompt succor of wounded on the battlefield and their removal to the rear, thus preventing the unnecessary withdrawal of combatants from the firing line to accompany the wounded, and promoting the general morale of the troops.

The diseases of the civil population are reflected in the soldier and sailor. It is therefore impossible to obtain a satisfactory health record in large bodies of troops, if the public health of the civil population receives imperfect attention. A nation at war naturally focuses its attention upon the health of the military forces, but it cannot afford to ignore the civil population. It should always be remembered that only about 10 per cent. of the population is available for active service in the field, leaving 90 per cent. of the entire population to be cared for at home. In previous wars, and to a certain extent in the World War, this phase of the question was not given the consideration it deserves.

Sanitary isolation between the military forces and the civil population is neither possible nor desirable. If measles, tuberculosis, plague, syphilis, gonorrhea, or other infections prevail among the civil population, these same infections will soon find their way into the troops. The commerce is reciprocal, for the troops return the infection into the homes.

The diseases of the World War differed somewhat from those of previous wars, for the reason that never before in the history of the world

<sup>2</sup>One-third of our entire command had typhoid fever. There were about 20,000 cases and 3,000 deaths in a total of about 107,000 officers and enlisted men.

have armies of such vast size been mobilized, and the conditions of actual warfare have changed, so as to strain the most robust constitution. Prolonged trench warfare depresses vitality in a way unknown to campaigning in the open. This favored the development of tuberculosis; and the necessity for frequent leaves of absence fostered the spread of venereal diseases.

Several "new" diseases, such as "trench fever" and "war nephritis," were described. The conditions of trench fighting have brought out many cases of "trench foot," a serious and disabling condition. Weil's disease, influenza, pneumonia, measles, and other infections were prevalent.

Against this record, we have triumphs of sanitary science in controlling typhoid fever, cholera, dysentery, and other diarrheal diseases, and satisfactory control of typhus, plague, smallpox, and other serious insect-borne infections.

**Comparative Loss in Campaign from Sickness and Wounds.**—From the records of past campaigns many valuable lessons may be drawn. In 1809, during the Walcheren expedition the mortality in the British army from disease was 346.9 per 1,000 effectives, while only 16.7 per 1,000 were killed by the enemy. In the Russian campaign against Turkey, in 1828, it was estimated that 80,000 men died of disease and 20,000 in consequence of wounds. During General Scott's campaign in Mexico the losses from disease alone exceeded 33 per cent. of the effective strength of the forces under his command; and of a single regiment of Indiana volunteers, which entered the service 1,000 strong, only 400 returned to the State for muster out. Laveran states that in the Crimean War the allies lost 52,000 men in six months, of which number 50,000 men were unharmed by the Russians. During the entire war, according to Viry, the French lost no less than 95,000, of whom 75,000 died of disease.

The mortality among the United States forces in the Civil War was divided as follows:

Mortality	White	Colored	Total
Killed in battle .....	42,724	1,514	44,238
Died of wounds .....	47,914	1,817	49,731
Died of disease .....	157,004	29,212	186,216
Died, cause unknown .....	23,347	837	24,184
Total .....	270,989	33,380	304,369

From the most reliable data available, the deaths in the armies of the Confederate States during this struggle did not fall short of 200,000, three-fourths of which number were due to disease and one-fourth to the casualties of battle.

In the War of 1866 against Austria, out of a total strength of

437,260, the Prussians lost in an unusually brief and decisive campaign 6,247 men by sickness and 4,450 at the hands of the enemy. The Franco-Prussian War of 1870-1871 furnishes the only exception to the general rule that more men are killed by disease than by the weapons of the enemy, since of the German army 33.7 per 1,000 strength fell in battle, while only 18.6 per 1,000 died of disease. This result was largely due to the observance of sanitary precautions, assisted, no doubt, by the brevity of the campaign, the rapidity of the movements and the fact that active operations were conducted during the most healthful season of the year. In the Russo-Turkish War of 1878, according to Viry, the Russians lost 102,799 men, of whom only 16,578 were killed by the enemy. During the Spanish-American War of 1898, for the five months which included the total period of hostilities, of the 274,717 officers and men enrolled in the United States forces there were only 345 men killed by the enemy, while about 3,000 died of typhoid fever. It is said that of the old soldiers carried on the United States pension rolls, those disabled by disease are more than four times greater in number than those pensioned for wounds.

In the World War, for the first time in history, we lost fewer men from disease than from wounds.

Killed in action .....	33,123
Lost at sea .....	733
Died of wounds .....	13,555
Died of accident .....	4,887
Died of disease .....	23,375
Total .....	<hr/> 75,673

## RECRUITS AND RECRUITING

Nothing is more mistaken than the lay idea that any man with courage would make a good soldier. A suitable recruit must not only be able-bodied, but he must have good character, mentality, habits, and temperament. A minor physical defect may, under the strain and privations of a campaign, not only incapacitate him, but require the attention of several useful soldiers in taking care of him. Nor does the story end here, for later he may secure a pension from a government which he never usefully served. This is too commonly the case with volunteer troops whose standards of recruiting are below that of regular troops.

In 1900 the admissions for disease in the United States Army per 1,000 strength were 1,821 regulars, against 2,762 volunteers; while the mortality was 12 and 25, respectively.<sup>3</sup>

<sup>3</sup> "Military Hygiene," by Valery Havard, 2d ed., p. 172. Wm. Wood & Co., 1914.



During the war with Mexico the regular troops, who bore the brunt of the campaign, lost about two-thirds as many from disease and by discharge for disability as did the volunteer troops, the former having been physically examined, whereas the latter had not. In the Civil War the annual mortality from disease was 32 per 1,000 in the case of the regular army, and 55 per 1,000 from the less carefully examined volunteers. At the same time the annual loss by discharge on certificate of disability was 68 per 1,000 for the regulars and 91 per 1,000 for the volunteers.

During the World War there were examined physically at local boards about 2,510,000 men between the ages of 21 and 30 years. Of these 46.8 per cent. were found to have defects and 730,000, or 29.1 per cent., were rejected on physical grounds. Additional physical defects discovered or emphasized in mobilization camps, resulting in the discharge of the men, would perhaps increase this to nearly 35 per cent.—a rejection of more than one man out of every three.

The effectiveness of a force depends upon its vigor rather than upon its size. The strength and health of a military organization is based upon the physical character of the individuals composing it, and celerity of movement and the ability to bear hardship are imperatively demanded in the successful manipulation of armies. Recruits must be of trustworthy physique and sound constitution before military character can be developed, and the physically, mentally, and morally defective are hence to be uniformly rejected as unfit for service. The Medical Corps has, therefore, an important responsibility in examining recruits for enlistment in the various services; not alone the health of the army, but military efficiency depends upon the care with which candidates are selected and assigned. The recruiting depot further acts as a quarantine to keep communicable diseases out of the army.

The recruit is surrounded by temptations—especially alcohol and prostitution—and a policy of timely restraint, education, and prophylaxis in connection with mobilization is imperative. The recruit is suddenly removed from the restraining and supporting influence of the home and home society. He is in the adolescent years when desire is strong and the will weak.

It is an interesting but readily understandable fact that, whereas voluntary applicants for enlistment endeavor to conceal defects, conscripts try to escape service by magnifying existing defects or feigning nonexistent ones. In the examination of conscripts, therefore, a skeptical attitude of mind should be maintained toward alleged disabilities.

It must also be kept in mind that there are numerous corps and departments in the various armies of the service. The requirements for recruits in each of these differ somewhat. Thus, the requirements of height and weight are different for infantry, cavalry, and artillery;

vision is especially important in the signal corps; the requirements for the medical corps, the paymaster's corps, the commissary corps, the ordnance department, the engineering corps, the aviation service, etc., vary, and each has its own special qualifications. Especially in examining for an officer's commission, it is important that the medical examiner be acquainted with the particular service in which the candidate intends to enlist.

City bred men make better soldiers for immediate service than country lads; however, the latter outstrip the former after a year or two of training. Town bred men are quicker to understand what is required and hence are sooner trained. They are usually immune to measles, whooping-cough, mumps, and other diseases of childhood, which often prevail in recruiting camps, and are apt to lower the standard of health and vigor of country youths. Recruits from cities are more likely to be familiar with some technical trade which is of value in war.

### *THE PHYSICAL EXAMINATION*

When a recruit arrives at a recruit depot he immediately receives his physical examination. This is completed by medical officers detailed for the purpose, and is particularly thorough. Under the volunteer system of recruiting, pressure is at times brought to bear on the examining surgeon to accept men who are subnormal. This pressure may be from the man personally, or from some one else who is interested in him. This naturally adds to the difficulties of the situation, but it is always the wisest course for the examining surgeon to reject all those candidates who do not come up to the standard provided in the recruiting regulations.

Rules for the examination of recruits are issued in pamphlet form from the War Department under the title of Special Regulations 65, Nov. 8, 1918, and they set forth the defects which call for the rejection of candidates. These are all pathologic defects, and these specifications should be carefully followed by all officers performing this work.

An applicant for first enlistment to the Regular Army must be a citizen of the United States, between the ages of 18 and 35 years, of good character, temperate habits, able-bodied, free from disease, and must be able to speak, read and write the English language. For the Conscript Army authorized by Congress the age limits were 21 to 30.

**Age.**—It is generally recognized that youths under 22 cannot stand the strain and privations of war. Up to the twenty-fifth year growth and development are taking place, the bones are not fully formed, nor have they reached their final hardness; the epiphyses have not become incorporated with the shafts of the long bones; the joints are not fully developed; the chest has by no means attained its full capacity; the

organs of the body in general are immature. The heart is unduly susceptible to overstrain, and the muscles lack endurance. Napoleon said that "boys only serve to fill the hospitals and encumber the roadside." Further, young men are more susceptible to many infections, both on account of youth and because they are more careless, reckless and inexperienced. On the other hand, young men are quick to learn, ready to act, brave, and amenable to discipline. Under eighteen years of age the candidate for enlistment must have the consent of parent or guardian.

The so-called "veterans" of Napoleon were men of 26 to 28 years, and his "old guard" consisted of men from 28 to 29; at Austerlitz the oldest soldiers were 33 and at Friedland 36 years old (Rouget et Dopter). It will seldom be in the interest of the service to enlist men over 30 years old, and the legal limit of 35 is only intended to be used in times of emergency. After 20 years in the ranks, and when past 40 years of age, the soldier soon becomes unequal to the arduous duties of field service. During the World War the age limits were stretched to the utmost by all the nations actively engaged.

Strong, well developed boys, with a burning desire to enter the service, but under the legal years, sometimes try to deceive the recruiting officer as to their correct age. According to Greenleaf, there are certain evidences of maturity which usually accompany the period of legal majority, and with which the recruiting officer should familiarize himself. "At 21 years of age, the wisdom teeth are usually cut, and on each side of both jaws there should be found five grinders, viz., three large double or molar teeth, and two smaller double or bicuspid teeth. In case of the loss of teeth, the spaces originally occupied by them may be seen." Further, the color of the scrotum, and the development of hair under the axillae and about the genitals help to determine correct age.

**Character and Mental Condition.**—These are determined by the recruiting officer so far as possible by demeanor, expression, manner of answering questions, absence of obscene tattooing, nature of glance, etc. It is exceedingly difficult in a brief examination to appraise character. It is also difficult, but very important, to discover degeneracy or mental unfitness. The medical examiner must be familiar with psychiatry. Mental unfitness is often more disqualifying than physical defects.<sup>1</sup> Dementia precox is the most important mental disease from the standpoint of military service—feeble-mindedness in itself is not so serious a factor. Syphilis and heredity are the underlying causes of most mental diseases. Every effort should be made to detect psychoneuroses, epileptics, alcoholics, and drug addicts.

<sup>1</sup>"Exclusion of the Mentally Unfit from Military Service." Sheehan. *U. S. Naval Med. Bull.*, vol. X, No. 2, April, 1916, p. 213.

In the United States Army during the year 1913 the discharge rate for mental disease was higher than that from any other cause.

**Height, weight and chest measurements** are recorded. They should conform to established standards and bear certain definite proportions one to another.

TABLE OF PHYSICAL PROPORTION FOR HEIGHT, WEIGHT, AND CHEST MEASUREMENT  
ACCEPTED STANDARD MEASUREMENTS

Height		Weight, Pounds	Chest Measurement	
Feet	Inches		At Expiration : Inches	Mobility : Inches
5 1/12	61	120	31	2
5 2/12	62	120	31	2
5 3/12	63	124	31	2
5 4/12	64	128	32	2
5 5/12	65	130	32	2
5 6/12	66	132	32 1/2	2
5 7/12	67	134	33	2
5 8/12	68	141	33 1/4	2 1/2
5 9/12	69	148	33 1/2	2 1/2
5 10/12	70	155	34	2 1/2
5 11/12	71	162	34 1/2	2 1/2
6	72	169	34 3/4	3
6 1/12	73	176	35 1/4	3
6 2/12	74	183	36 1/4	3
6 3/12	75	190	36 3/4	3 1/4
6 4/12	76	197	37 1/4	3 1/2
6 5/12	77	204	37 1/2	3 3/4
6 6/12	78	211	38 1/4	4

Variations from this standard are permitted if the applicant is active, has firm muscles and is evidently vigorous and healthy.

The requirements of the War Department (Circular No. 1, August 5, 1913) specify the minimum height for infantry, coast artillery and engineers at 64 inches; for cavalry and field artillery between 64 and 72 inches; for mountain batteries between 68 and 72 inches. Foreign countries have a minimum standard of less than 62 inches, save Germany, 62, and England, 64 inches.

The minimum weight for all branches of our service is 128 pounds, as stated in the "Rules for Examining Recruits," General Orders, No. 66, War Department, 1910, Circular No. 1, 1915. An otherwise desirable candidate as light as 120 pounds may be accepted. But no candidate who weighs less than 120 pounds will be accepted without special authority from the Adjutant General of the Army. The maximum for infantry, coast artillery and engineers is 190 pounds; for cavalry and field artillery, 165 pounds.

Chest measurements are obtained at the end of forced inspiration and forced expiration. The chest girth is taken by means of a tape measure passed around on a line including the lower portions of the scapulae, and

on a level with, or just below, the nipple. Chest measurements do not give as good an idea of the respiratory capacity as the spirometer, the use of which has not yet become general in recruiting offices. The rule in the United States Service is to reject men who measure less than 32 inches about the chest, unless specially qualified and desirable. For men under 67 inches in height the difference between inspiration and expiration should be not less than 2 inches; between 67 and 72 inches, not less than 2.5 inches; 72 inches and above, not less than 3 inches. The chest capacity or "mobility," well called "vital capacity," is one of the best indexes of vigor and endurance.

As a general rule, the higher the social class to which the recruit belongs, the better he will be physically as well as mentally, for it is notorious that in European armies, where military service is obligatory, the officers are usually taller and heavier than the enlisted men. Vision is an exception to this rule, for it grows more imperfect as we ascend the social scale, so that perfect eyesight is oftener found in the middle and lower than in the higher and better educated classes.

**Vision.**—Good vision is of greater importance for the soldier than formerly, because of the conditions of modern warfare: the distant and hidden enemy, often with only the head showing if anything, and the inconspicuous color of the uniform, blending with the background. Binocular vision is important in estimating distance. A higher degree of impairment of vision is more permissible in the left eye than the right—the eye used in shooting. It has been found that a visual acuity of 20/40, or even 20/70, in the aiming eye is consistent with good shooting, provided the soldier is able accurately to focus both sights of the rifle. The prescribed visual requirements in the United States Army are as follows:

1. For the line of the Army: 20/40 for the better eye, and 20/100 for the poorer eye, provided no organic disease exists in either eye.

Recruits may be accepted for the line of the Army when unable with the better eye correctly to read all of the letters on the 20/40 line, provided they are able to read some of the letters on the 20/30 line.

2. For the Ordnance Department and for the Medical Department: 20/70 in each eye, correctible to 20/40 with glasses, provided no organic disease exists in either eye.

Candidates for a commission, and candidates for the United States Military Academy, must have vision that does not fall below 20/40 in either eye, and not below 20/20 unless the defect is a simple refraction error, not hyperopia, is not due to ocular disease, and is entirely corrected by proper glasses. Hyperopia requiring any spherical correction, anisometropia, squint, or muscular insufficiency, if marked, are causes for rejection.

Color sense is tested with the usual skeins. Color blindness is a cause for rejection in the signal corps and the air service,—also to the United States Military Academy, and for commissioned officers. By color blindness is meant red, green, or violet blindness, and not confusion of the delicate shades of blues, greens and purples.

To test for color blindness, the colored skeins should be mixed in a pile, and test colors (primary red, green, etc.) placed apart and the applicant told to select all the skeins that resemble the test colors. The names of the colors should not be used in making the test. Each eye is tested separately. See page 923.

**Teeth.**—The teeth must be serviceable and should be reasonably free from periodental trouble which may lead to secondary and serious infections. The actual number of teeth is less important than good occlusion. Unless four pairs of teeth oppose, it is a cause for rejection. It must be remembered that the field service ration is apt to be not well cooked. False teeth may be lost or broken. Caries should be corrected before enlistment, for the Army dental surgeons are overworked.

**Vaccination.**—All recruits are vaccinated against smallpox and are required to take the typhoid prophylactic inoculations. A record is made of this work, so that it is always known at what time such vaccinations have been given.

Under special circumstances prophylactic vaccines against cholera, plague, paratyphoid, dysentery and other infections are used. Polyvalent vaccines may be used—that is, three, four, or more bacterial vaccines may be mixed and injected at the same time. Thus in the Serbian campaign a tetravaccine was used consisting of typhoid, paratyphoid A and B and cholera.

**General.**—The recruiting officer takes into account the cleanliness of person and clothing. The examination should be made stripped. The applicant is observed while walking, running, and jumping. Special examinations are made of the lungs, heart, teeth, skin, joints, and feet; for the presence of hernia, varicocele, and other disqualifications. Particular attention is paid to the condition of the legs, ankles and feet. Varicose veins, large or recent bunions, corns on the sole, flat foot, and “hammer toe” disqualify the applicant for marching and are causes for rejection.

When accepted, recruits receive preliminary training in tactics and barrack life. A soldiers' handbook is issued to them in which are discussed the articles of war, guard duty, rations, clothing, arms and equipment, codes for signaling and an outline of first aid and care of health.

*TRAINING*

Training consists partly of drills and physical exercises, given primarily to develop the soldier, and discipline and instruction in military organization and tactics. The medical officer gives instructions in personal hygiene, including talks on venereal diseases, the latter being considered from both the moral and the physical standpoints.

As soon as his training has progressed sufficiently to justify his assignment to a permanent company, the recruit is sent to some regiment. There his military training progresses in the company of his fellows, and after six or twelve months' service he is classed as a trained soldier.

The object sought in physical training for military purposes is not strength, but rather agility, endurance, and coördination. In addition to marching and setting-up drills, boxing, fencing, wrestling, skating, swimming and games are useful. Exhaustion or overstraining must be avoided. It is a mistake to try to make the soldier too quickly. Many cannot stand the pace.

Marching should be the principal outdoor exercise of the soldier. It is also the most exhausting, owing to the weight of equipment carried. Good marching is obtained only by careful preparation, strict discipline, and regard for sanitation. Marches, at first short, are gradually lengthened until the soldier can cover 15 or 20 miles a day bearing his full equipment without marked fatigue and with feet in good condition.

Napoleon is credited with the remark that battles are won with legs rather than with arms. Success in war depends largely upon getting there first with the most men. Transportation by motor trucks and other modern means has not diminished the importance of marching.

Young soldiers and young recruits unaccustomed to active muscular exercise soon tire out. The exercises, therefore, should be simple at first with gradually increasing severity. All nations realize that on the soldier's endurance may depend success or failure; therefore, soldiers of all countries are given systematic exercise in garrison and encouraged in athletics so far as possible. Manuals are issued for both gymnasium and outdoor work. For our soldiers, advantage is usually taken of the material at hand, and the exercises favored are: 1. Setting-up exercises, largely limb and body movements. 2. Marching, double time and running. 3. Rifle and saber exercises. 4. Climbing, jumping and vaulting. 5. Gymnastic contests. 6. Athletic contests, wrestling and boxing. 7. Swimming.

The beneficial effects of these exercises soon manifest themselves in stronger muscles and increased endurance.

In military training there is usually an initial loss in weight, but owing to the healthful régime, good food, and regular habits, the recruit soon puts on weight.

Training should include personal hygiene and the recruit should be required to follow certain general rules:

The body must be kept clean and free of vermin; a daily bath not only cleanses but refreshes the body.

The hair of the head should be trimmed close.

The tooth brush should be used daily or oftener.

The hands should be washed before eating and after leaving the sink.

The feet of dismounted soldiers should be cleaned daily on arrival in camp and clean socks put on to replace the ones used on the march.

The soldier should not drink or eat food prepared or sold from an unauthorized source.

**Duties.**—The duties of the medical officer are varied and often exacting. They include both preventive and curative medicine. In general, the duties are: to look after the health of troops in camp, barracks, and on the march; attend to the wounded on the battlefield; organize and administer hospitals, ambulance and transport service, quarantine stations, medical supply depots and laboratories; to inspect and supervise the quality of the food and water; to instruct officers and men in military hygiene and first aid; to examine recruits; and to assist both staff and line in all questions involving medicine, surgery, hygiene or sanitation.

An Army Medical School is maintained at Washington for the purpose of instructing the officers of the Medical Corps, and in turn the members of the Medical Corps give general instruction in military hygiene, first aid, etc., to officers and men of the staff and line.

The duties of the medical officer are specified in regulations which should be carefully studied and followed. The regulations in the Manual for the Medical Department are only part of the general body of regulations with which the medical officer must acquaint himself. Obedience, uniformity, and discipline are essential qualities for military efficiency.

The medical officer of the army is not only a physician, but also a soldier, and as such must be a component part of a disciplined machine. Whether in the field, on the march, or in camp, he has his position and must fit into it, or there will be friction. All medical officers are mounted, and it is therefore important to know how to ride a horse and manage it in maneuvers. Again, emergencies arise when it is necessary for the medical officer to become an active combatant. He must know the routine of getting supplies, the position of the sanitary personnel on the field in time of war, the disposition of the property of the wounded, and the method of reporting various activities. Therefore, it is important for the medical officer to spend two to four months in a training camp. It is also important that he be familiar with military law.



Military law is provided for the government of armies in peace and war. There are two divisions of military law: One is called international law and treats particularly of the action of armies and individuals of those armies in time of war, or at any time when they come in contact with foreign nations. That part of international law which is of interest to our armies in time of war is laid down in a small book published by the War Department called "The Rules of Land Warfare," and can be obtained by application to the Adjutant General, Washington, D. C. These rules are of decided interest to the medical officer, for his actions when captured by the enemy, or in other contingencies, are laid down carefully and must be obeyed to the letter.

The other division of military law is for the internal government of the army and is covered by the "Articles of War," which form the common law for the army. Offenses are classified and punishments provided in the same way that the civil law is written.

The educational duties of the Medical Department are of a twofold nature, to the public, and to the military service. The Surgeon General's Library at Washington is "the great, central medical library of reference of the Nation." The Medical Department also maintains the Army Medical Museum and an Army Medical School in Washington, at which regular courses of instruction are given to medical officers; and the Medical Department Field Service School at Carlisle, Pennsylvania; the Medical Research Laboratory and School for Flight Surgeons at Mineola, Long Island, for training medical officers in the examination and care of the personnel of the air service.

The objects of medical administration in campaign are: "First, preservation of the strength of the army in the field—(a) by the necessary sanitary measures; (b) by the retention of effectives at the front and the movements of non-effectives to the rear without obstructing military operations; and (c) by the prompt succor of wounded on the battlefield and their removal to the rear, thus preventing the unnecessary withdrawal of combatants from the firing line to accompany the wounded, and promoting the general morale of the troops.

"Second, the care and treatment of sick and injured at the front, in the line of communications, and in the home territory."<sup>5</sup>

## EQUIPMENT

The soldier's equipment includes his arms and accouterments, clothing, and all other things necessary for his comfort and health. All articles of equipment must be of good quality, of greatest strength and best wearing power, with the least possible weight. There then remains

<sup>5</sup> *Manual of the Medical Department.*

the very important problem of distribution on his person so as to be carried with the minimum muscular exertion and fatigue. In all armies this problem is given much attention.

German experiments applied to the respiratory capacity of soldiers have shown that their loads, including overcoats, should seldom exceed 55 pounds. The weight of the equipment of various nations is as follows:

United States of America, new equipment.....	48 pounds
“ “ “ “ old “ .....	56 “
Italy .....	58 “
France .....	57 “
England .....	52 “
Germany .....	59 “
Austria .....	61 “
Russia .....	60 “
Japan .....	55 “

The above weights are approximate, varying according as the overcoats, trenching tools, shelter tents, etc., may be temporarily discarded. It is important that the weight be divided so that unnecessary articles can readily be detached before going into battle, or where transportation

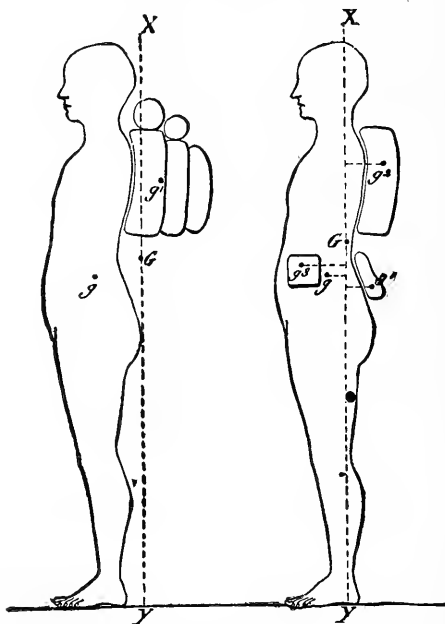


FIG. 180.—PROPER AND IMPROPER METHODS OF DISTRIBUTING THE EQUIPMENT.  
(Havard's "Military Hygiene," Wm. Wood & Co.)

is available. The haversack has been discarded in our army and its place taken by a pack arrangement, wherein weight is distributed over the soldier's back with the least disturbance to center of gravity, thereby saving extra muscular exertion.

The weight of the United States equipment is divided as follows:

TABLE OF ARTICLES OF EQUIPMENT, WITH WEIGHT OF EACH (Keefer)

	Pounds	Ounces
Clothing (with extra pair socks).....	7	13
Rifle and sling.....	9	.92
100 cartridges.....	5	15.88
Cartridge belt.....	1	6.1
Trenching tool.....	2	2.04
Bayonet and scabbard.....	1	5.48
First aid pack and ponch.....	..	5.59
Canteen filled with cup and cover.....	3	10.03
Haversack.....	1	9.85
Pack carrier.....	..	7.32
Blanket.....	3	1
Shelter tent half with 5 pins.....	2	11.68
Poncho.....	3	....
Meat can, knife, fork and spoon.....	1	1.21
Rations (2 reserve) with containers, 1 bacon can, 1 condiment can.....	4	1.72
Toilet articles: towel, soap, comb, tooth brush.....	..	7.
	48	2.83

This equipment is so divided that shelter halves, etc., can be discarded before going into battle, thus reducing the total weight, which, with two extra bandoleers of cartridges, brings the weight to 39 pounds.

In wagon trains, there are carried for each man an undershirt, a pair of drawers, two pairs of woolen socks, a pair of shoes with extra laces, sweater and mosquito bar.

**The First-aid Packet.**—The first-aid packet has done much to reduce mortality from wound infections. When a ball enters or goes through the muscles or soft parts of the body alone, generally nothing need be done except to protect the wound or wounds with the contents of the first-aid packet.

Each packet contains:

(1) Two bandages of absorbent sublimated (1:1000) gauze, 4 by 84 inches.

(2) Two compresses of absorbent sublimated (1:1000) gauze, each composed of  $\frac{1}{2}$  square yard of gauze, folded so as to make a compress  $3\frac{1}{2}$  by 7 inches.

(3) Two No. 3 safety pins wrapped in waxed paper.

The packet thus prepared is placed in an hermetically sealed metal case with a suitable arrangement for easy opening. All contents of the case must be sterile. Dimensions of the case should not exceed 4 by  $2\frac{1}{4}$  by 16 inches.

The shell-wound dressing consists of:

(1) One compress composed of 1 square yard of absorbent sublimated (1:1000) gauze, so folded as to make a pad 6 by 9 inches.

(2) One bandage, 3 inches wide by 5 yards long, of absorbent sublimated (1:1000) gauze, loosely rolled and wrapped in parchment or waxed paper.

(3) Two No. 3 safety pins wrapped in waxed paper.

The whole dressing is wrapped in tough paper, with directions for application printed thereon.<sup>6</sup>

**Clothing.**—The things sought for in the soldiers' clothing are uniformity and neatness in appearance, maintenance of body temperature, and protection from wet and traumatism. It must allow full freedom of muscular action, avoid constriction of any vital part of the body, and must not interfere with physiological function. The chief function of clothing is to assist in the maintenance of an equable body temperature. Further, there are military reasons for the adoption of the fabric, color and style of clothes. Wearing quality and protection not only against the elements but the enemy must be considered. In modern warfare showy uniforms, such as worn by the British "red-coats" and the French red-trousered Zouaves, have given way to colors which make less conspicuous targets. The colors now preferred are brown, olive-drab, olive-green, green-gray, and similar shades that blend with the landscape. It is also now customary to have little difference between the uniforms of officers and men. The great loss of officers in the British Army in the early part of the World War was due partly to their distinctive dress and conspicuous station in front of the command.

Uniforms made of a heavy, feltlike material will absorb rain and perspiration, gather dirt, and when driven into the body in shell wounds are very apt to give rise to serious infections.

Allowances are usually made for the dress of native troops. For instance, the Cossacks habitually wear their sheepskin coats; the Philippine Constabulary have a distinctive uniform; the Sikhs wear their turbans, etc. Other reasons such as climate and occupation govern the type of uniforms. For instance, our troops in Arctic posts are supplied with mackinaws, fur caps and gloves; aviators affect a tight-fitting, closely woven uniform, with cap and mask designed to offer but little resistance to the wind and to prevent the radiation of body heat.

The materials used for clothing for military purposes are: wool, cotton, linen, paper, leather, fur, rubber, etc.; also such mixtures as shoddy, merino, etc.

Of these substances, *wool* is perhaps the most valuable. It is a poor conductor of heat, absorbs water, but gives it up slowly; whereas, cotton becomes wet, dries quickly, and therefore feels damp and chilly when moist. Wool, however, has the disadvantage of shrinking on washing. *Cotton*, besides being cheap, wears well, is cool, and does not shrink.

<sup>6</sup>Drill Regulations and Service Manual for Sanitary Troops, U. S. A., 1914, p. 143.

Merino, a mixture of cotton and wool, is much used for underwear. *Linen* conducts heat more readily than cotton, but absorbs moisture poorly; furthermore, it is more expensive than cotton. Paper conserves warmth and was used by the Japanese for this purpose. A *paper* vest makes an excellent protection against cold winds, and a newspaper between blankets on a cold night helps to keep the body snug and warm and takes the place of extra covering. The usefulness of clothing depends not alone on the material, but on the weave, texture and color of the fabric. White is the coolest and black the warmest, with blue a close second. Olive-drab is somewhat warmer than khaki, which is a closely woven, hard finished, cotton cloth.

*Waterproofing* may be accomplished either by coating the cloth with an impervious substance, as rubber, or by impregnating the fibers themselves. The former is completely impervious, the latter partially. The fibers may be waterproofed by spraying the cloth with a solution of varnish or similar substance; it may be done in the field by means of an aluminium acetate solution. Woolen fabrics may be treated with lanolin dissolved in benzene, thus replacing the fat which made it waterproof for its original owner. Waterproofed fibers are intended to protect against inclement weather, not against cold, for obviously they are pervious to body heat and partially to moisture. On the other hand, rubber and fur retain both moisture and heat. The new infantry *poncho* is of waterproof olive-drab cotton, substituted for the former heavier one of rubber surfaced cloth. *Slickers* for mounted troops are merely longer ponchos designed to cover the saddle and equipment.

*Leather* is largely confined for military purposes to trappings, belts, shoes, coats, etc. For men who handle heavy guns, however, leather gloves are furnished. *Fur* is used almost exclusively for mittens and caps, both of which may be wool lined and are designed solely for service at cold posts.

The total weight of a soldier's uniform varies from six and one-half to twelve pounds, depending upon the climate. The styles, colors, weights, and other qualities of soldiers' clothes are changing continually.

*Headgear*.—An ideal headdress should be light in weight and color, well ventilated, flexible enough to take the shape of the head, and designed to protect both the neck and head from sun and cold; further, it should shield the eyes, be comfortable, and not readily dislodged. Our new service hat, the "Montana Peak," is perhaps the best adapted of all in use, although it has certain disadvantages. The pith helmet has been found by actual experience as well as experiment to be better adapted than any other style of headdress for tropical use. For cold posts fur and canvas caps with ear flaps are issued to our troops. Pressed steel helmets were supplied the troops engaged in trench fighting in the late war. These are designed to protect the head against shrapnel and grenade

fragments. Masks designed to hold chemicals to protect against the so-called "gas curtains" were used abroad, in order to neutralize chlorin and bromin fumes.

*Coats.*—Coats are designed to fit fairly snugly. The service coat should have five inches excess across the chest. The roll collar and lapel are preferable to the standing collar, for the hard, rough use of actual warfare. The former leaning toward bizarre designs and colors, is giving way to the practical ideas of service, utility and warmth. Overcoats no longer have a hood; mackinaws are furnished for service in Alaskan posts. Ponchos are issued to foot soldiers, the idea being borrowed from Central America, where they are much in use. Slickers are regularly issued to mounted troops.

*Leggings.*—Leggings, or articles serving their purpose, are of many kinds and designs. Some armies, as the German, are supplied with high-topped boots, which serve both as shoes and leggings. Leggings or gaiters may be of leather, duck or woolen strips, arranged so as to protect the entire shin or only the lower part. The United States Army legging consists of heavy canvas with reinforced straight edges with a lacing on the side and a stirrup strap under the instep. Putties are used, but have obvious disadvantages.

*Gloves.*—Gloves are designed and issued in many materials and styles. Mention has been made of leather ones provided handlers of big guns. Leather gauntlets are also issued to the cavalry. Fur mittens, wool lined, are provided for northern posts.

*Underwear.*—From the standpoint of hygiene, perhaps the most important part of the fighting man's dress is the underwear. It is supplied our troops in merino, light and heavy wool. An apronlike woolen abdominal protector is recommended for those in whom exposure to cold causes diarrheal disturbances, but its use has not been regarded favorably by our troops. Underdrawers are furnished full length to protect the lower legs against dirt. Socks issued to United States troops are made of cotton, half-cotton, and wool, the light woolen ones being preferred. The English have estimated the life of socks similar to our light wool as being sixty to seventy road miles.

*Shoes.*—While it has long been known that proper footgear is indispensable to an army, it is only within recent years that the subject has been studied scientifically. Disability from poorly fitting shoes is found both in military and civil life, and forms a large percentage of those who fall out during the first few days of maneuvers or the march. Some native troops, as, for example, African native soldiery or our Philippine Constabulary, may wear no shoes at all, while, on the other hand, the clumsy high-topped boots of the Russians and of the Germans as they entered the late conflict were very heavy. Our men probably have better shoes, better shaped and better fitted than those of any other

nation. A board of officers of the United States Army in 1912 made a report on shoes and the soldier's foot, as a result of which the so-called Munson composite last was adopted. The recommendations of the board were: (1) that shoes made over the Board last be adopted; (2) careful fitting, personally by company officers; (3) full series of sizes carried by posts; (4) frequent inspection of feet by commanding and medical officers. These recommendations were adopted with the statement that "hereafter any undue amount of injury and disability from shoes will be regarded as evidence of inefficiency on the part of the officers concerned and as a cause for investigation."

In persons who wear no shoes, the axial line of the big toe, if continued, will pass through the center of the heel (Meyer's line). This fact forms the basis of the Munson last. A foot soldier's pack weighs about 40 pounds, and with this weight his feet tend to flatten and spread in both dimensions. In fitting them, he is required to stand and support a 40-pound weight while



FIG. 181. — THE NORMAL FOOT. Meyer's line.

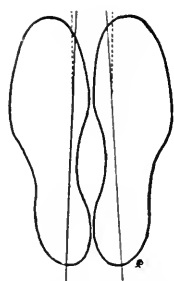


FIG. 182. — SHAPE OF U. S. MILITARY SHOE. Meyer's line. The dotted line shows slight deviation outward so as to fit the average foot accustomed to shoes.

his foot measure in length and breadth is being taken and recorded. Shoes are then selected from the ninety sizes required to be kept in all posts. The fit should be verified by making sure that there is a free space in front of the toes and sufficient width. It has been found that shoes a trifle loose will cause little inconvenience, whereas those that are tight surely lead to trouble. A figure-of-eight strap passing under the arch above the heel and crossing over the instep tends to prevent chafing of loose shoes for those whose foot peculiarities require them.

A recruit's foot, fitted in the manner outlined above, will so develop as a result of military life that another fitting and size may be necessary some months later, after which the foot ceases to spread.

Munson recommends the following method of breaking shoes in quickly: Have the men stand in water for a few minutes so that the lower parts of the shoes become wet and pliable; next have the men walk on level ground until the shoes dry on their feet. Afterwards, the shoes may be waterproofed by rubbing with neat's-foot oil. The disadvantage of thorough waterproofing is that it prevents ventilation, and the retained warmth and perspiration have a tendency to soften and macerate the skin. Hence, it is usually better to allow the feet to get wet occasionally.

*The Canteen.*—The canteen should be scalded inside and out when new, and from time to time afterwards. The scalding water removes the sizing from the cloth covering of a new canteen, making it more absorbent. To cool the contents, wet the outside covering and hang in the breeze. It is usually best to fill the canteen at night. The men should be taught to conserve the supply and not drink too much water on the march. The man who empties his canteen early in the day is likely to drink from unauthorized sources on the march. The habit of indiscriminate drinking from another man's canteen should be discouraged.

On the march, water is carried in the canteen and in the water keg on the company wagon. A water wagon is furnished as a part of the equipment of the modern army.

### **DISEASES OF THE SOLDIER**

The diseases of the soldier do not differ from those of the civil population, but military conditions favor the spread of many infections. There are but few infections peculiar to camp and field life. Most of the epidemics of camps and barracks are preventable. In former days, soldiers and sailors suffered severely from the results of overcrowding in unsanitary camps and barracks, which favored the spread of all communicable infections, especially those of the respiratory tract, the intestinal tube and the skin.

The most frequent diseases of soldiers and sailors are typhoid, dysentery, diarrheal diseases and other gastro-intestinal infections; pneumonia, tuberculosis, influenza, common colds, sore throat, and other inflammations of the respiratory tract; measles, mumps, cerebrospinal meningitis, scarlet fever, smallpox and other infections. At times the army may suffer from hookworm disease, especially in prison camps in southern zones, where proper disposal of feces is not practiced. Dengue, meningitis, cholera, plague and typhus fever may occur as epidemic outbreaks among the troops. Improper rations may lead to beriberi or scurvy; campaigning in hot weather will result in a number of heat prostrations or even in sunstroke. Soldiers and sailors are also apt to be troubled with lice, fleas and ticks; skin diseases are common and troublesome. Conditions affecting the feet incident to marching are frequent and important (pages 1456 and 1463).

All the preventable diseases above mentioned are fully treated in other portions of this volume, and need therefore not be repeated here, for their prevention is the same with the soldier as with the civilian. In fact, the problem of preventing these infections in a well-organized force under good discipline is simpler than among the civil population.



The diseases that affect the soldier and sailor are simply a reflection of the same diseases that prevail in the civil population. Sanitary isolation to guard the sailor and soldier against infection is, therefore, of prime importance.

The diseases transmitted mainly by contact find favorable conditions for spread in camps, barracks, military prisons, and on board ships. Therefore, one of the first indications in preventing as well as checking an epidemic is to scatter the command in many small sanitary units and over as wide a territory as practicable. Measles, mumps, scarlet fever and other diseases common to childhood are very apt to break out, especially in camps recruited from country districts. When introduced, these diseases spread like wild fire among the susceptible.

Mental and nervous breakdowns often develop, owing to the strain and unusual conditions. This happens in persons who otherwise might go through life without showing signs of mental derangement.

**War Gases.**—The most important members of the group of lethal gases are chlorin, phosgen and chlorpicrin. These substances are alike in that they act on the respiratory tract, producing edema and congestion. Chlorin acts with extreme rapidity. The toxic action of phosgen is slower probably because, to produce its effects, it must undergo chemical change. This fact has earned for phosgen the name of having a delayed action. Chlorpicrin appears to stand somewhere between chlorin and phosgen, both in regard to the type of influence provoked and in the rate of production of intensive edema.

## SANITATION IN CAMP AND ON THE MARCH

### PERSONAL HYGIENE OF THE SOLDIER

**The March.**—Troops marching in close formation suffer from so-called "crowd poisoning"—believed to be due mainly to heat and humidity, aggravated by dust (see page 904). It is now customary in nearly all armies to present as wide a front as possible while on the road; usually two columns march along the sides of the road, leaving a ventilating aisle down the middle. Much of the fatigue and hardships of marching have in recent times been relieved by the use of auto trucks and troop trains.

The "route step" is used on the march—that is, each man uses the step to which he is accustomed, but distance in rank must be preserved. For ordinary marching, the step, according to the United States Regulations, is at the rate of 90 per minute, each 30 inches long, or 2.5 miles per hour. *Quick time* moves at the rate of 120 such steps, or 3.4 miles per hour; *double time* is 180 steps, each 35 inches long, or 6 miles per

hour. The figures for other countries are in general similar to our own. The rate of march is influenced by the character of the roads or ground covered, as well as by head winds, storms, great heat or snow, sizes of command, the burden carried, the discipline, character of the troops, etc.

Marching at night, save for tactical reasons, and marching in the hottest part of the day should be avoided. The command should have a light breakfast before starting. Halts should be arranged by hours rather than by bugle, since the different rates of travel frequently allow the head of the column to finish its rest before the rear has caught up. The head of the column should be taken in turn by the various companies. The first halt usually occurs during the last fifteen minutes of the first hour, to give the men a chance to relieve themselves, readjust clothing, cinches, etc. All other halts during the day are usually about ten minutes for infantry, five minutes for cavalry, and five to ten minutes for artillery, except the noon rest, which should be at least an hour. During halts, the men should be encouraged to lie at full length on the ground, utilizing such shelter as the place affords, and in the case of foot soldiers, to knead the buttocks and thighs to assist in muscular recuperation.

When a "halt order" is given, proper officers of the quartermaster's and medical corps should accompany the officer detailed to go ahead to select a camp site, procure supplies and forage, investigate the water, etc. The medical officer carries his notebook, in which is recorded the choice of camp sites, with a sanitary survey embracing observed data of importance, as well as all other items of medical interest from day to day. Seasoned troops can cover 20 miles day after day, with one day's rest a week. Over 20 miles a day for infantry is regarded as a forced march.

The character of the march is a factor which must be taken into consideration. It must not be imprudently designed, in length or detail, so that the strength and spirits of the soldier will break down; in this case, the more he marches, and the nearer the enemy he gets, the less fit will he be for the encounter. In a hostile country, it is always advisable to keep troops fresh and make only short marches, for fatigue and exhaustion are as inimical to courage and initiative of action as they are to physical endurance. Military restrictions of an unnecessary nature should be avoided as far as possible, since in marching at ease the ordinary journey is relieved of much of its harassing character and becomes a salutary and stimulating exercise. The movements of the individual soldier should not be restrained by precise military rules, but should occur more easily in the better maintenance of equilibrium.

The march should be considered as labor performed in addition to the daily routine of camp or garrison and not at all as the only drain

upon the energies of the soldier. According to Notter and Firth, Cous-tan and others, the average daily work of the ordinary laborer is from 350 to 400 foot-tons, or about  $1/6$  or  $1/7$  the force theoretically obtainable from the food taken by the individual. For a soldier weighing 160 pounds, a march of 10 miles over flat country amounts to 250.30 foot-tons, or what would be a rather small daily expenditure of energy for the civilian laborer. On the other hand, a march of 20 miles with a weight of 60 pounds is alone a very hard day's work for the soldier, without taking into consideration the labor necessarily involved in making and breaking camp, and the other laborious duties incident to the field, and such severe labor could not long be continued without injurious effects. If the weight be badly adjusted or the ground not level, the expenditure of energy becomes greater, as is also the case if it be done in a shorter time. Velocity is also an important factor in determining the strain on heart and lungs. As a matter of fact, however, if very rapid or very long marches are required, the troops are usually sent out in light marching order, with the equipment reduced to the minimum; or they may later bring the labor within their powers of endurance by discarding portions of their equipment en route.

**Forced Marches.**—Forced marches are, fortunately, but rarely required. Anything above 18 or 20 miles is practically a forced march, unless the conditions of the weather, temperature and terrain are extremely favorable. In Mexico, a French column is said to have traveled 30 miles in 5 hours at night, rested 1 hour, and then marched 9 miles further. According to Thomas, the grenadiers of Oudinot, in 1805, pursued the corps of Werneck for three consecutive days, the daily marches being 30, 40 and 50 miles, respectively.

Three regiments of British infantry, in July, 1809, marched 62 miles in 26 consecutive hours, carrying arms, ammunition and packs—in all, a weight of between 50 and 60 pounds. This march implied an expenditure of energy equal to about 600 foot-tons. One of these same regiments, during the Indian mutiny, marched 42 miles in 20 hours, and on the following morning marched 10 miles and engaged the mutineers. But marches of such character may be said practically to exceed the powers of any large military force under normal conditions.

In a forced march, after four hours, the column should be halted for an hour, during which time the men should, if water be at hand, and the weather permit, wash the face, hands, neck and feet; but discrimination as to the duration of the halt must be employed since the men stiffen up if prolonged rests are permitted. A light lunch should preferably be issued at such a halt. Following a forced march a rest of a day will usually be necessary. Hence such a special effort, besides impairing the efficiency of the force, actually gains nothing in distance on a long journey.

One of the most notable instances of long distance marching in a few hours in recent time is that of the City of London Imperial Volunteers who, in South Africa, in August, 1900, covered 30 miles in 10 hours hoping, according to a dispatch of Lord Roberts, to prevent General DeWet from crossing the Krugersdorp-Potchefstroom railway. The celebrated march of Lord Roberts from Kabul to Kandahar, in 1880, over very rough country, was performed in 23 days. The longest day's marches were 20 and 21 miles, and the average distance covered was nearly 17 miles.

Among the best known long marches are several by United States troops, who hold the record for long distance continuous marching from Fort Leavenworth, Kansas, to a point in California, a distance of 1,800 miles, in 190 days, 28 of which were given up to resting, so that in 162 days of actual marching, an average distance of a little more than 11 miles was traversed. In 1860, a portion of another regiment went from Camp Floyd, Utah, to Fort Buchanan, New Mexico, a distance of 1,000 miles, in 140 days.

In the Franco-Prussian War of 1870, a company of French chasseurs marched, in very inclement weather, over an exceedingly difficult road, for 41 hours, with one rest of an hour, another of  $2\frac{1}{2}$  hours, and halts of 8 minutes in each of the marching hours. The exact distance marched is not known, but the instance is cited as one of exceptional endurance and hardship.

**Discipline and Sanitation.**—The two essentials of good marching are discipline and sanitation. Troopers should not be allowed to leave the column without permission. Those who fall out, or desire to, should be examined by a medical officer and a sympathetic watch kept to prevent malingering. Places for latrines at halts are designated where the shallow "straddle trenches" are required to be used, covered with earth and marked on leaving. Water for daily use should be boiled, filtered or treated with "bleach" the night before. In the tropics each man should be supplied two canteens, on account of increased loss through perspiration. Soldiers should be encouraged to drink as little water as possible while on the road. A seasoned soldier conserves the supply in his water bottle. The men should be instructed in the advantages of using a little water as a mouth-wash, followed by a few swallows; also in the use of pebbles and chewing grass to prevent the sensation of thirst. The canteen should be filled only at authorized places, with safe water.

Bathing is very important, especially for foot soldiers. All troops should wash the face, neck and feet as well as the genital and axillary regions with a damp towel and soap, each morning and evening. Daily baths are advisable in permanent camps; tubs and showers can be arranged with pails and makeshifts with very little trouble and are much appreciated by the men.

An army literally marches on its feet as well as "on its belly"; therefore, the care of the feet should be a matter of gravest concern to officers and men. For shoes and their selection see page 1456. Regulations require that foot soldiers bathe the feet daily at the end of the march in cold water, but only long enough to cleanse the skin and set up an invigorating reaction. Clean socks should be donned daily and those removed washed out to dry over night. Extra socks are carried as part of every man's equipment. If possible, the shoes should be changed every few days for the extra pair in the wagon train. If rubbing or creases have been felt, the socks should be turned inside out or changed to the other foot during the halts. If blisters or excoriations occur the serum may be squeezed out and the area protected with adhesive plaster. Abraded areas may be greased. As a rule, practice marches will have been given raw troops to toughen the feet, which may be fortified by a daily soaking in an alum bath or in dilute alcohol. Often, however, foot troubles will arise in experienced troops; when this happens, they should be treated as above outlined. Sometimes the feet are soaped in the morning to lessen friction. A dusting powder composed of talcum 87 per cent., starch 10 per cent., and salicylic acid 3 per cent. is supplied and may be shaken into the socks and shoes. The use of a dusting powder is usually preferred to that of other expedients. In some countries socks, which are not issued to the troops, are substituted wholly by grease, or by bandages, or strips wound around the feet, either greased, dry or dusted with powder. The men should be taught to cut their toe nails across squarely, as this tends to prevent ingrown toe nails and other troubles.

The care of the teeth is important. The soldier should be required to give them daily attention with brush and powder.

While in camp the soldier must look to his own laundry. If a stream is not available the clothes may be boiled in camp. Only within recent years have places for laundering been provided in garrisons. Before 1908, our soldiers were required to have their laundry done outside of the post, or do it themselves—a measure which was anything but satisfactory.

Moving columns bury or burn their excreta and garbage. In camp each company has its own latrines for excreta and garbage, sometimes two of the former, which should be covered and marked on leaving.

The general plan of a camp is shown in Fig. 183. The kitchens are placed as far as possible from the latrines, and the latrines are placed at least 50 yards from the men.

**Sanitary Police.**—Each company commander in turn is "officer of the day," and as such is responsible for camp sanitation. The effectiveness with which policing is done depends largely on discipline. The

officer of the day and his detail look after the proper use of latrines, the proper care of night urine tubs and their lanterns, their proper cleaning and storage during the day, the proper disposal of all refuse, paper, and in general the cleanliness and orderliness of the camp. It is evidence of poor discipline as well as a danger and disgrace when a camp is fringed with fecal deposits and trash. The sanitary inspection should be thorough and complete. The surgeon makes a daily inspection of the camp, usually at 9 A. M., accompanied by the camp sanitary police. Often it becomes advisable to have the entire sanitary police under the control of the chief surgeon in order to abolish nuisances.

Sick call is usually sounded after arriving in camps, and in fixed camps usually at 5 P. M.

In permanent camps, manure produced by the many animals should be disposed of so as not to breed flies or be a nuisance. The picket lines should be thoroughly raked at frequent intervals, and the manure removed daily to a spot several miles from camp. It should then be burned with oil or disposed of to farmers. The picket line should be thoroughly burned over with straw and coal oil to diminish odors and prevent fly breeding.

Field bakeries and eating places should be screened and flies combated with traps, poisons, sticky paper, etc.

The medical officer should be authorized to issue orders in the name of the commanding officer for the immediate remedying of all sanitary defects. He should then be held accountable for results. The mere issuance of orders is not sufficient; success in camp sanitation depends upon enthusiasm, coöperation, and incessant vigilance.

**Transportation.**—Prior to embarking on transports, all troops should be carefully examined to remove those suffering from communicable diseases, and to eliminate any who seem unfit for foreign service. All transports should have an isolation hospital for cases of infection that may break out.

In moving troops by rail, certain sanitary precautions need to be observed. Troop trains travel slowly, because the animals must be unloaded for exercise at intervals, and for the further reason that freight cars are used for baggage. Three enlisted men occupy each double seat or section of a sleeper. This allows the normal accommodation of one person for storage of the equipment of the three soldiers. Inspections of the train must be made at frequent intervals to insure cleanliness, particularly all toilet rooms. A regiment usually travels in three train sections, one for each battalion. The wagons, animals, forage, ration, and baggage of the battalion go with it in the section, so that the troops are ready for independent movement promptly upon entraining. The sanitary personnel is divided among each, and if possible a medical officer should accompany each train.

## CAMP SITES

Sanitary preference, in the selection of the camp site, must often yield to military necessity. The proper location of the camp is a matter of the greatest importance in maintaining the health and efficiency of troops, and demands intelligent and careful consideration. The site should be chosen with a view to the convenience of the command, should permit of ready internal communication, and should be located, if at all of a permanent character, near a road practicable for wheeled vehicles. Possible meteorological conditions should always be taken into consideration, and the locality should never be such as could receive the overflow of a watercourse or the surface drainage from high ground during rainstorms.

The desiderata in the selection of the camp site, from the standpoint of the line officer, are wood, water and grass—in abundance and of good quality. To these the sanitary officer will add dryness of soil and surroundings, elevation of site and protection from winds. No sanitary precautions can fully atone for the selection of an unhealthful camp site, even though they will do much toward the diminution of sickness, and hence the prompt reestablishment of a badly located camp in a more desirable locality is imperative. On the other hand, the best of natural sites will soon be defiled by lack of sanitary care, often resulting from inefficient policing. With the observance of proper sanitary regulations and a careful police, an originally good camping ground will continue to be healthful for a proportionately longer time.

Munson formulated the maxim that “if excreta are not moved or destroyed, the soldier must move, or he will be destroyed.” In the unsanitary ages, a moving command had better health than troops in permanent camps—because they left their excreta behind.

An abandoned camp site should never be utilized by another command, for the slightly greater labor involved in the clearing or arrangement of a new camp area is more than counterbalanced by the increased safety of the troops.

**Topography.**—While many factors combine to determine the healthfulness of localities, there are certain physical features of the surface of the earth, which, as shown by experience, may be accepted as fair indications of the salubrity of the location in which they occur. High ground should always be selected for the camp site: since not only is the surface drainage better, but exposure to air currents, as well as lessened atmospheric pressure, increases the rapidity of evaporation. Camps should never be located in ravines or the dry beds of water courses. Narrow, circumscribed valleys and punch-bowl depressions are, during warm weather, excessively hot during the night as well as by day. Ex-

posed ridges should be avoided in cool weather since they are constantly swept by chilling winds, but for that very reason they afford an excellent location for summer encampments.

An abundance of good water is of the first importance for troops,

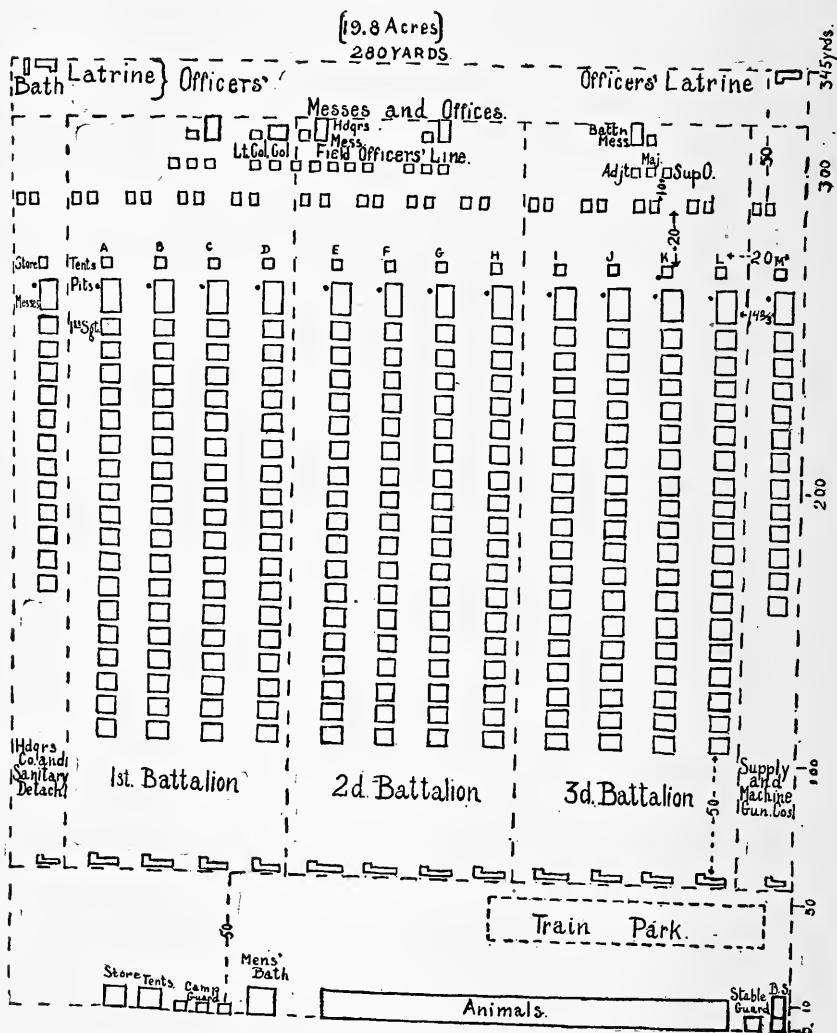


FIG. 183.—CAMP OF A REGIMENT OF INFANTRY, WAR STRENGTH. (Field Service Regulations, U. S. A., 1914.)

and encampment in its vicinity is a necessity for a marching command, irrespective of the nature of the camp site and a possible exposure to malarial infection. Still, proximity to bodies of water does not necessarily render a locality unhealthful, and the bank of a lake or river, if not marshy, may make an excellent camp site. A guard should be set



over the water supply to prevent its contamination and improper use. All water supplies about the camp considered bad or doubtful should be labeled and a little methylene blue thrown into them. The soil should be porous and permeable, the ground water not nearer than six to eight feet from the surface.

Newly ploughed ground is not desirable for camping purposes, although a site which has long been under cultivation is usually healthful. All soil upon which the covering of turf has been destroyed is dusty in dry weather. Dusty camp sites are a nuisance and a menace to health. Camp grounds should be large enough to accommodate the command without crowding. The different organizations should be separated as far as military considerations and the available land permit, so as to discourage the spread of communicable disease, which is always to be guarded against. A brigade of 4,000 to 5,000 men is as large a force as it is desirable to put into one camp.

**Tentage.**—Tents are of many shapes and sizes, according to the use for which they are intended. The tent now most in favor with our army for commissioned officers is an oblong A-wall tent. For the men the pyramidal tent accommodates 8 men, or in emergency 12 men. It has arrangements for a tent stove and top ventilation. Modified designs are furnished for the mess tents, hospital tents, and also for use in the tropics. Tent flies make the tent cooler in summer and protect against rain and storms.

In general, the requirements of a good military tent are that it should not be of too great weight, should be quickly and securely pitched, and capable of being promptly taken down and packed for transportation. It should not be too large, yet, at the same time, must be of sufficient size to afford adequate air space; it should be durable, easily ventilated and aired, and possess stability in high winds. It should thoroughly protect the inmates from the inclemencies of the weather, and should be so shaped as to make all portions of the inclosed area of practical availability.

The material of which tents are made for the military service of the United States is 8, 10, and 12 ounce cotton duck. This is less costly than canvas, and is also less permeable to water and less liable to shrink in the presence of moisture. Linen tents, used in times past, have failed to give satisfaction. In European armies, however, hempen or linen canvas is usually preferred. In the German and other foreign services the material used for shelter is often artificially rendered waterproof, usually by treatment with acetate of aluminium.

The color of the 10 and 15 ounce duck tentage is of light drab or dusty brown, the glare of bright sunlight being thus greatly reduced and rendered much less trying to the eyes than in tents made of white canvas. Tents should be ditched. It is important to air and sun the

tents daily by raising the walls; it is also useful to move them a few feet to a new site so that the sunshine may dry and purify the old site; it is desirable while on the march to avoid recently used sites, since old latrines may be opened up.

In all armies the tent space afforded each man is very limited, and in our service the official tentage is not sufficient to meet the demands of hygiene. Hence it is fortunate that about  $\frac{1}{4}$  of the authorized occupants of a tent are, in practice, constantly absent. In France, the tent space is calculated at the rate of 11 square feet for each foot soldier and 28 square feet for each cavalryman. In our army, the allowance has varied with the tent employed, as well as with the conditions of climate and service. The United States infantryman, in the common wall tent, is entitled to 17 square feet upon which to dispose his person and equipment. Ground and air space being equal, the use of small tents is preferable to the employment of larger canvas; since, by the former, the danger of "crowd-poisoning" is much diminished by scattering the men, in smaller groups, more equally over the company area. Canvas tents are fairly permeable to air, except when wet, when ventilation becomes extremely faulty unless inlets and outlets are opened.

*Care of Tents.*—Tents should be ditched at once on pitching, else the floor may become flooded and bedding wet without a chance of drying for several days. The ground covered by the tent should be aired daily and the walls raised to let in the sun. In a permanent camp, tents are usually moved a short distance once a week, to a new site. Every day the bed sacks and blankets should be aired on the guy ropes and not on the ground. To insure ventilation, the tent door should not be closed entirely at night; canvas made damp by the dew at night is almost air-tight, and will interfere with ventilation.

*Temporary camps* are those designed for use over one night, or at most a short time. *Permanent camps* are used for ten days or more. A *bivouac*, or camp without shelter, diminishes the physical efficiency of troops, except for a few nights in fine weather. The sheltered tent is the only protection for soldiers on the march in campaign. Each soldier then carries a piece of canvas, a pole, and pins, which, when joined to a corresponding piece and pole from another soldier, makes an A-shaped tent, 84 inches long and 64 inches wide, sufficient for two men. One poncho is laid on the ground, and the other poncho and blankets are used for covers.

Latrines are placed on opposite sides of the camp from company kitchens, at a minimum distance of 50 yards from the company tents.<sup>7</sup>

Mess, store tents, and kitchen pits are located near the officers' line, and about 20 yards away. Hence, the mess tents and kitchen pits are at the opposite extremes of the encampment from the latrines.

<sup>7</sup> Appendix I. Field Service Regulations, U. S. A., 1914, p. 173.

## SANITATION OF BARRACKS AND CAMPS

Sanitation of barracks and permanent camps deals with sites, buildings, ventilation, lighting, heating and many other factors which have been discussed in other pages of this book. A camp or permanent garrison is a small compressed city, with a peculiar population constitution, consisting mostly of young adult males selected on account of health and physical fitness. Hence, a permanent army post should have an exceptional health record. The main factor to guard against is overcrowding. The principles of camp, post and barrack sanitation are the same as for other habitations.

Permanent garrisons should have complete water and sewage systems, either independent or connected with the neighboring city. Garbage and wastes are either burned or disposed of by the city authorities. Crude coal oil is used more and more for burning wastes, as well as for mosquito and vermin destruction.

Quarters and grounds must be kept clean and orderly at all times. This requires military policing. Careful watchfulness must be kept over the guardhouse, kitchen, mess halls, latrines, storage rooms, basements, picket lines, stables and other places to keep them from becoming dirty or infested with vermin.

Perhaps the most important room in the barracks is the general sleeping room, or squad room, as it is known. In this the soldier spends at least one-third of his time. Most of our barracks are now built to provide a floor space of 60 square feet and 720 cubic feet of air space per man. Foreign allowances are less. Thus, in Australia, it is 540 cubic feet; in Germany, 560 for cavalry, and 450 for infantry; English home station standards are 500 cubic feet.

There are three other buildings on a military reservation in which the sanitary officer is intimately concerned; namely, the hospital, the guardhouse, and the stable, also the kitchen, stores, latrines, etc. A regimental post with a population of about 1,200 persons has a hospital with a capacity of about 36 beds. Some of the things that the sanitary officer should inspect are the disposal of wastes, dust, cleaning of walks, elimination of weeds, privies and dumps, and inspection of the guardhouse, supervision of the mess and bakery, as well as of the hospital and the general health of the command.

The regulations prescribe bi-monthly examination for venereal diseases, and special reports of any outbreak of disease or other unusual incident likely to affect the health of the command. If an epidemic occurs he must notify the commanding officer in writing and forward one copy to the Surgeon General and another to the corps area or department surgeon. The local health authorities should also be notified.

Progress reports of the epidemic are included in the monthly sanitary report, which is made out in duplicate. The original copy, signed by the commanding officer, finally rests in the Surgeon General's office, the duplicate remaining on file as part of the medical history of the post.

**Water.**—Drinking water for the soldier needs the same supervision and purification as that for the civilian (see Chapter on Water). Permanent camps have a system of waterworks corresponding to towns.

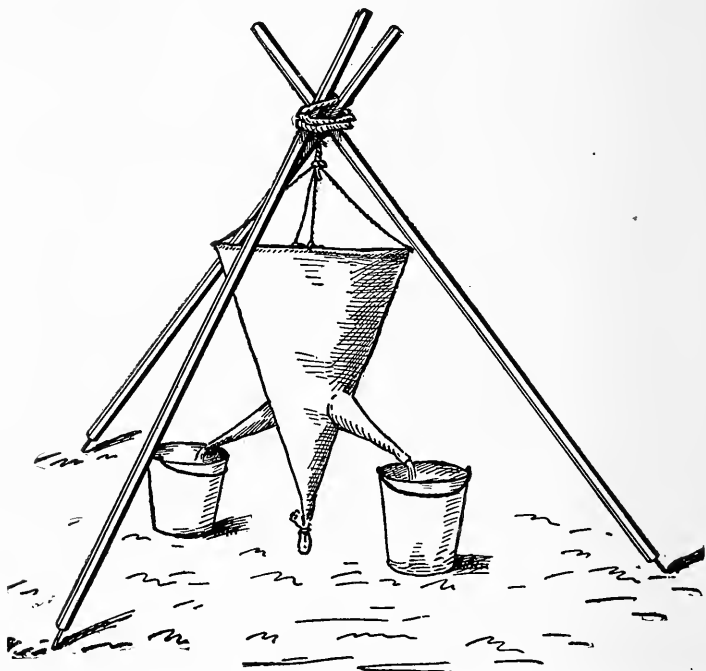


FIG. 184.—ISHIJI FILTER (JAPANESE MODEL). (Keefer's "Military Hygiene," W. B. Saunders Co.)

Supplies for armies on the march and temporary encampments sometimes present unusual difficulties.

A soldier needs at least three quarts daily for drinking and cooking, and another three quarts for washing. These are minimum amounts. This must be increased by one-third or one-half in the tropics. In permanent garrisons at least thirty gallons per capita per day should be provided. Ten gallons of water per capita per day without sewers presents a serious problem in disposal.

While on the march it is important that a medical officer, well in the van, make a sanitary survey of all available water supplies, which may be supplemented by a few simple field tests. All wells, springs, streams, etc., should be plainly labeled before the command arrives. When a stream is reached it is usually crossed, for tactical reasons, if a

halt is desired at that point. When the encampment is on the bank of a stream it should at once be policed in such a way that water for drinking and cooking is drawn farthest up stream, that for bathing and laundering farthest down stream, while animals are watered between. If it is desired to fill canteens it is best to provide small excavations for that purpose, otherwise the water will soon be rendered muddy, making it undesirable for those farthest down the bank.

*Boiling.*—The supply for the day may be boiled in covered kettles at night, so that it may be cool by morning. Or each soldier may boil his

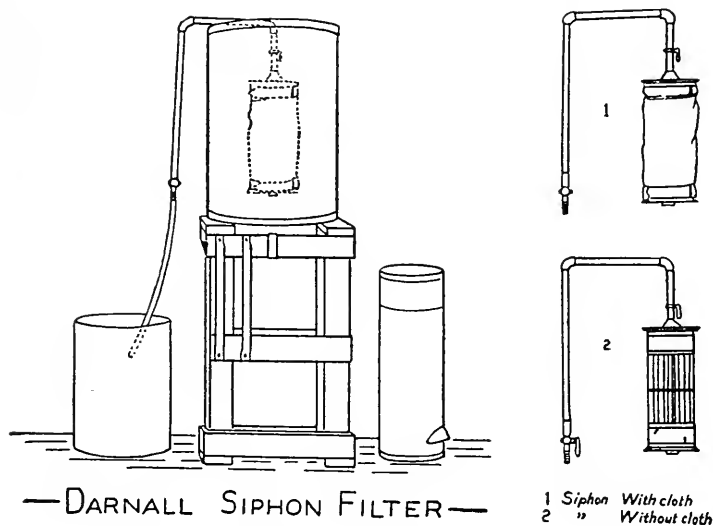


FIG. 185.—1. The filter cage with the cloth covering. 2. The filter cage without the cloth covering. All the parts of the apparatus "rest" in the largest can, and this is transported in the crate. (Wilson's "Field Sanitation," George Banta Pub. Co.)

individual supply in the canteen. Boiling is a safe and satisfactory method of rendering water safe. In the exigencies of military service boiling is not always practical, and when resorted to must be carefully supervised.

The Forbes-Waterhouse Sterilizer is based upon the heat exchange principle. Crude oil or solid fuel, however, is necessary to supply the heat. Moreover, the outfit when packed is heavy and bulky and not always reliable, and has therefore been discontinued in our army.

*Distillation.*—Distillation is mostly confined to marine use.

*Filtration.*—Filtration is often necessary to clarify a water, but except under unusually favorable circumstances cannot be depended upon under military conditions to render a water safe. The British and French troops both use water carts holding one hundred gallons, furnished with a Pasteur filter. The filters clog readily, break often, and the

arrangement is not wholly satisfactory. The Japanese made use of the Ishiji filter in the war with Russia, based on the principle of mechanical filtration (page 1122). It consists of a conical canvas reservoir supported from a tripod, and having two canvas lugs near the bottom which hold charcoal and sponge. Alum is used as the coagulant.

The Darnall filter used in our army is also based upon the principle of mechanical filtration. It consists primarily of a reservoir and a siphon, the immersed end of which is armed with a wire cage over which Canton flannel is wrapped as a filtering material. This siphon is cleansed with boiling water and primed with a small pump. The water to be filtered is first treated with the coagulant—alum and sodium carbonate in the ratio of one pound per five hundred gallons. The bacterial efficiency is about ninety to ninety-five per cent. The Darnall filter can filter two hundred gallons every four hours; it weighs fifty-two pounds. It should not be depended upon to do more than clarify the water, which may then be purified with chlorinated lime.

The Darnall filter has been extensively used throughout the United States Army. It is the most easily managed and transported of any of the modern field appliances for clarifying turbid water, for which it is especially applicable. Fig. 185 shows the construction and operation of this filter.

*Chemical Disinfection.*—The best chemical with which to purify water is bleaching powder—chlorinated lime (page 1132). A very muddy water may first be filtered. The manner of “chlorinating” water in our army is by the use of the Lyster bag. This consists of a waterproof canvas bag holding forty gallons, with five faucets near the bottom, so that the entrained sediment will not be drawn off. A glass ampule holding one gram of chlorinated lime is broken into a little water and this poured into the bag. This is in the proportion of one part of chlorinated lime to 150,000 parts of water; in terms of available chlorine, one part to 300,000—otherwise expressed as 3.3 parts per million. At least half an hour should elapse before canteens are filled from the faucets.

The British in the World War used a 100-gallon metal tank on two wheels, to which twenty-five grams of hypochlorite were added. Water is collected from indicated sources, and allowed to stand over night with its charge of “bleach.” The French water cart is made up of two barrels on a pushcart, or may be horse drawn. The water is also disinfected with bleach. In addition both forces analyzed the water of springs, wells, streams, etc., which were then labeled as potable or non-potable. The sanitary analysis consists chiefly of determining the chlorids and intestinal bacteria. The United States water wagon holds two hundred and twenty-five gallons and has a pump for filling.

For water-borne diseases and other considerations concerning drinking water see Section VIII.

**Disposal of Excreta.**—For the prevention of typhoid fever, dysentery, hookworm and other infections it is of prime importance that the urine and feces be disposed of in a safe and satisfactory manner. Of all camp wastes the discharges from the body have the greatest sanitary significance. For permanent garrisons, sewerage systems with water carriage are possible and desirable. For temporary encampment, burial or burning are the most satisfactory methods.

Various types of incinerators for this purpose have been designed, such as the Lewis and Kitchen, and the McCall incinerators, but they are clumsy, heavy, and, unless carefully tended, prone to become nuisances.

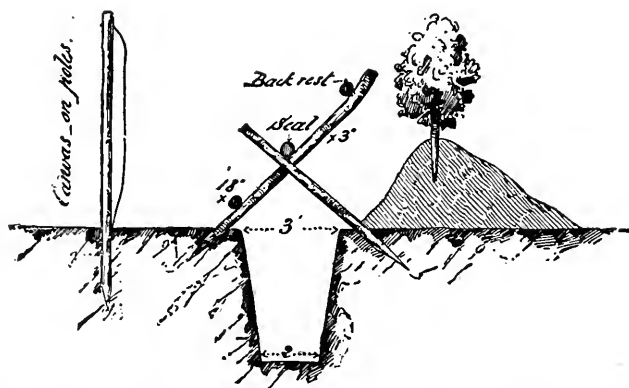


FIG. 186.—CONSTRUCTION OF PIT LATRINE. (Munson's "Military Hygiene," Wm. Wood & Co.)

The best method is to burn the material with crude coal oil, which is simply poured into the pit and lighted. This should be done daily. In firing, some straw or other light combustible stuff should first be thrown in.

**Latrines.**—The best design is the Havard latrine box. The seats are arranged so that they are always closed save when in use, and are in pairs, back to back. The box should be lightproof and fly-tight, and should completely cover the pit, which is ten feet deep by six feet wide; the length depends upon the number of seats. The pit is edged with a board frame on which the latrine box rests. It is preferable to dig the pits in pairs, so that the latrine box can be in use while the other pit is being burnt out. The pit is so deep that the board frame is not affected by the fire, and the flame is hot enough to consume the material with little or no odor. After the burning, lime may be sprinkled into the pit, depending upon circumstances.

Latrines should be ditched to prevent flooding and screened for privacy; also roofed against rain. Separate urinals should be provided

in order to prevent soiling the seats and also for the purpose of reclaiming the ammonia.

The urinal can is an ordinary galvanized iron can issued by the Quartermaster's Department. If such a can is not available, ordinary coal oil tins will suffice. The cans are placed in the company streets at

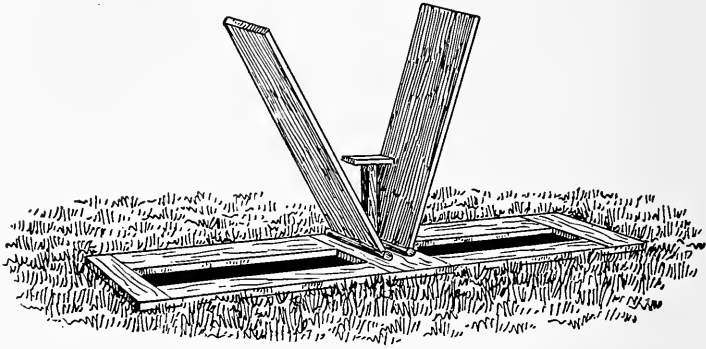


FIG. 187.—STRADDLE PIT COVER. (Wilson's "Field Sanitation," George Banta Pub. Co.)

retreat. They should be emptied each morning at reveille into the sink or the incinerator and then thoroughly cleaned and put in the sun during the day. Two or three times each week the cans should be burned out with a handful of straw and some coal oil. The position of the cans should be marked at night, with a lantern, and the ground where

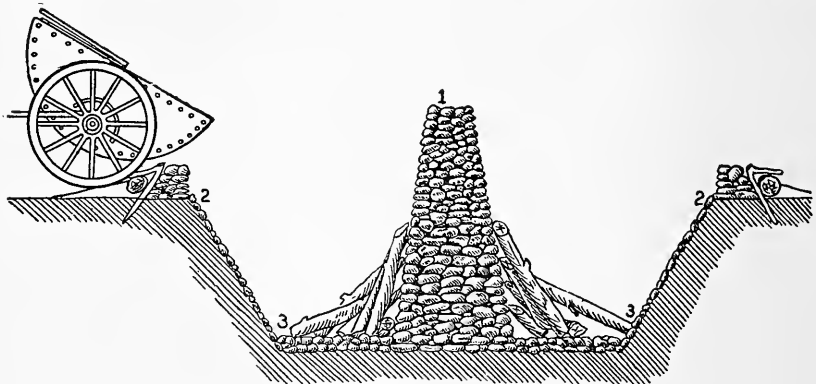


FIG. 188.—PIT CREMATORY. (Wilson's "Field Sanitation," George Banta Pub. Co.)

the cans stand should be burned over each day. It is good practice to spread latrines once daily with a mixture of kerosene and lamp black.

In the absence of oil, and especially on the march, the "straddle pit" is used. This is simply a narrow deep trench, which should be covered and marked on leaving. The straddle pits are recommended for camps



of one night. The straddle pit is simply a shallow trench less than two feet deep and is used by the men astride. It is easily and quickly made, and by reason of its slight depth permits more rapid disintegration of the excreta and is easily filled on breaking camp. Accommodations should be provided for 5 per cent. of the command.

A cover for the straddle pit, devised by Major R. U. Patterson, of the United States Army, is shown in Fig. 187. It is arranged for two. The lid for each opening falls unless held open. This cover only requires a little lumber and four strap hinges.

All camps, both temporary and permanent, must be policed to prevent

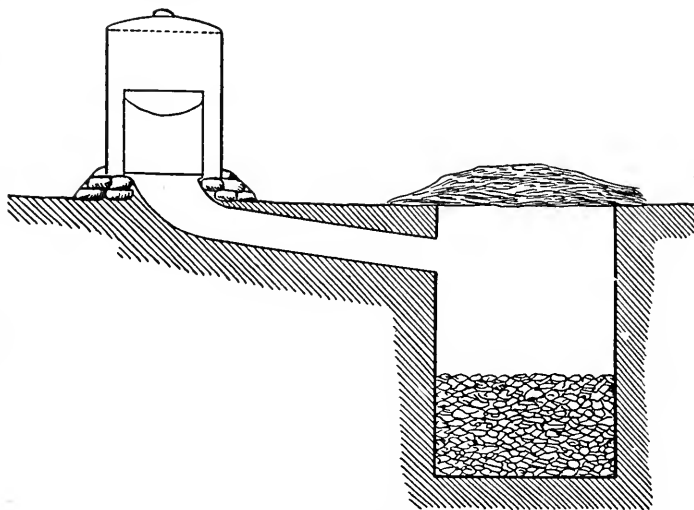


FIG. 189.—PIT FOR KITCHEN REFUSE. (Wilson's "Field Sanitation," George Banta Pub. Co.)

nuisances. Discipline concerning latrines and their use is a very important factor in camp sanitation. See also Section IX.

The following rules should be enforced for the care of the "sink": it should be screened with brush; it should be covered with a tent fly; it should have a light at night; each man should cover his deposit with earth by means of a scoop; it should be burned out daily with straw and coal oil; it should have a comfortable seat and a good receptacle for toilet paper; the ground in front should be attended to, as it is apt to be fouled with urine; the sink should be ditched; a man should be detailed to see to it that these measures are carried out.

**Disposal of Garbage.**—The only satisfactory method of disposing of garbage under camp conditions is by burning; if this is not practical it may be buried and well covered. No other method should be countenanced. Expensive crematories are unnecessary, for simple devices serve every purpose. Each mess should incinerate its own garbage

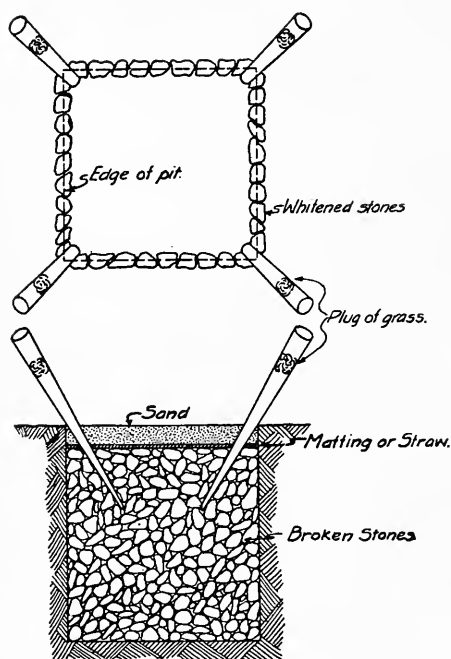
promptly. Garbage burns more readily if the solids are separated from the liquid, which may be done by a sieve-covered can.

Wastes from the kitchen are both liquid and solid and are often disposed of separately. On the march and in a temporary camp, liquid waste, such as dish water, is best disposed of by digging a pit in the ground near the kitchen, and when possible filling it half full of stone. A cover should be placed over the pit to prevent accidents, and further, it should be screened against flies. The cover should be made so that

one portion can be removed and the kitchen slop poured into the pit through a strainer or screen of wire. The dimensions are about 4 x 4 x 6 feet deep. Only liquid waste should be poured into this pit. The solid matter should be burned in the kitchen fire.

Another arrangement for a pit to dispose of kitchen refuse is shown in Fig. 189. This is particularly useful in sandy soil. The garbage is poured into the inner can, the bottom of which is a strainer. From time to time the solid portion of the garbage remaining in the inner can should be burned in the kitchen fire.

The garbage can requires especial attention. The cover must fit properly and always be in place except when it is being filled or cleaned. The



URINE SOAKAGE PIT

FIG. 190.

outside of the can must be clean at all times, and it is best to have it stand on a platform, in order to facilitate emptying and to prevent a nuisance under the can. The inside of the can may be purified by burning it out with coal oil, straw or paper. The ground around the can or barrel often becomes polluted, and hence an excellent place for the breeding of flies and the production of disagreeable odors. To remedy this condition, scrape the ground around and under the can, spread hot ashes over the area scraped, and occasionally burn over the area with coal oil. On no account should cooks be allowed to sprinkle lime on the ground around the camp to take the place of cleanliness and save the labor of policing.

The *rock pile crematories* are the best garbage incinerators for camps. They are all based upon the same principle, but it is unusual to find any two quite alike. Essentially, they consist of a pile of embers for cremating the heavier portions of the garbage, and the fire is placed against a pile of rocks which, when hot, volatilize and consume the liquid por-

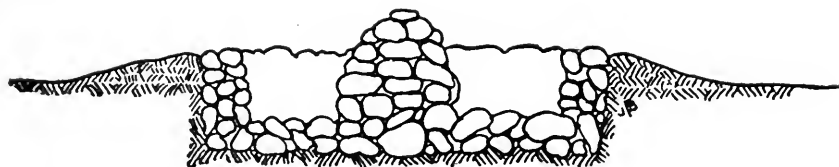


FIG. 191.—A ROCK PILE CREMATORY.

tion. The designs vary from circular as shown in Fig. 191, to horse-shoe-shaped, with or without a stone bottom.

In the circular rock pile crematory the fire is built in one quadrant, into which solid wastes are thrown. The central pile of rocks helps in creating a draft and also offers a larger surface for evaporating liquids,

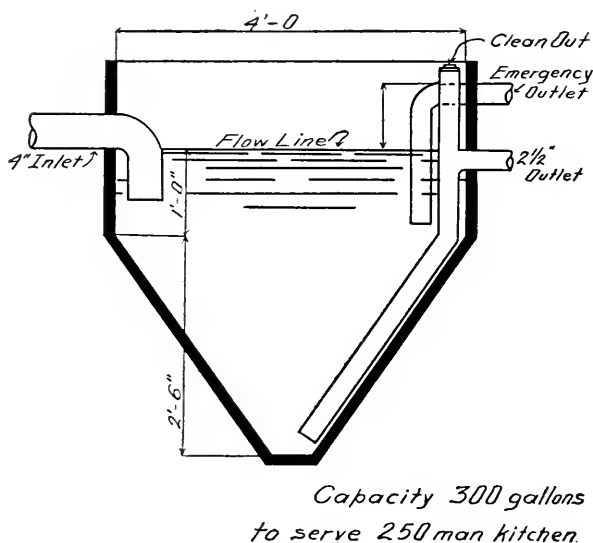


FIG. 192.—U. S. ARMY GREASE TRAP.

which are thrown into neighboring quadrants. Garbage will burn itself, once the fire is well started, or it may be assisted with coal oil or other inflammable material. Unconsumed particles together with the ash should be scraped up and burned every morning by the kitchen detail.

When fuel is scarce and stones few, probably no device for the destruction of garbage and refuse is more readily improvised than the

Caldwell or English crematory. It consists of a trench ten feet long and one foot wide and about fifteen inches deep at the middle and thence gradually shallowing up at each end to the surface level. Over the deep part a barrel is placed and around it is constructed a chimney five feet high, of clay, earth or sod, sprinkled with water and packed tightly. Two openings at the bottom are provided for draft. A fire is made in the interior and the barrel burned out, after which there remains a solid cone of earth. Fuel and garbage are dropped down the chimney. Of the two openings the one to leeward is closed. A bed of tin cans is a fair substitute for a grate. See also Section X.

### SANITATION OF TRENCHES

The sanitation of trenches, such as are used in modern warfare, presents unusual difficulties. Owing to the extended use of hand grenades, trenches are dug deep enough so that the soldier's head is several feet below the surface. Parts of trenches may be 40 feet below the surface. Trenches are usually one to two meters wide and often contain dugouts for shelter, protection and other purposes. Connecting laterals communicate with the reserve trenches in the rear. Ordinarily one man per square meter is stationed in the first line trench, which is increased to four or five in time of attack.

In low wet ground, or in rainy weather, water collects and must be pumped out or drained. The trenches may be floored or lined with wood, cement, or other available material.

Rats are a particular nuisance in trenches used for any length of time; for their suppression see page 338. Flies abound, owing to dead bodies in "no man's land" between the opposing lines, and also from horse manure. Flies were held to be responsible for much of the gastrointestinal disorders among the troops in the World War. Lice and other vermin may infest the trenches.

Latrines are placed in covered recesses or in dugouts a short distance to the rear of the trenches, and connected by a narrow passage. Lime and sulphate of iron are used plentifully to cover excreta, the latter if it is to be used as fertilizer; it is better, however, systematically to collect, burn or bury such material. All forms of trench trash and débris are collected in sacks and carried to the rear frequently.

Provisions are made all along the line for daily baths so far as possible, and tubs, improvised showers or designated streams are used for this purpose.

Commands are relieved from trench duty as frequently as exigencies permit. The usual tour of duty is 48 hours. Despite the unfavorable conditions there has been surprisingly little sickness. Epidemics have

been rare and mild. An unusual number of cases of psychoses developed in the first part of the trench war, but the mentally unfit were soon weeded out.

Many trenches, especially in France, are dug in land that has been intensively cultivated for centuries, hence infections such as tetanus and the gas bacillus (*B. welchii*) frequently complicate wounds.

## HYGIENE IN THE TROPICS

The chief characteristics of tropical climates which adversely affect military service are the constant warm temperature, great relative humidity, high degree of insolation, close contact with populations having low sanitary standards, and prevalence of unusual preventable infections. Our own tropical possessions, such as the Philippines, Porto Rico, Hono-

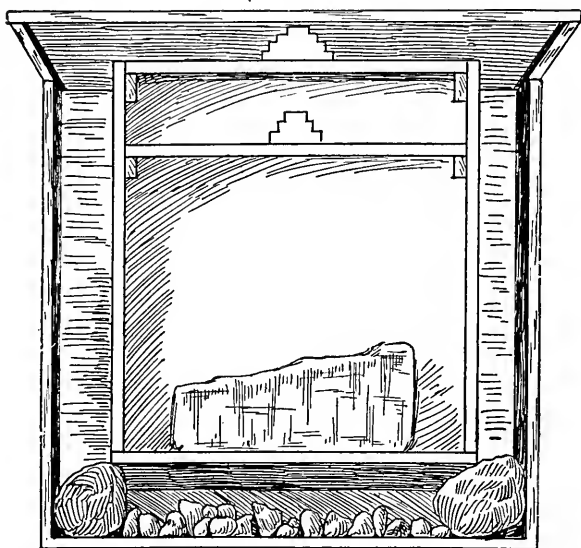


FIG. 193.—IMPROVED ICE-BOX. (Wilson's "Field Sanitation," George Banta Pub. Co.)

lulu, and the Canal Zone, have better climatic conditions than continental regions like India, South America, and northern Australia. In Manila the mean temperature for May, the hottest month, is 84.5° F.; in the Philippines 92° F. in the shade represents a hot day. The discomforts, in Cuba, Porto Rico, and the Philippines, of the constant warmth and humidity are greatly alleviated by the almost incessant blowing of trade winds or monsoons. In these parts heat exhaustion is rare; sunstroke is practically unknown. While the heat and high humidity of our tropical possessions exert an enervating influence, it is believed that the

ill effects have been greatly exaggerated. Psychological influences, such as fear of disease, dislike of the service, homesickness, monotony of life, enormous distance from home and friends, and lack of social opportunity, rather than the climate, favor mental deterioration and recourse to liquor and prostitutes.

If proper care is taken, with sufficient exercise and good habits, it is as easy to remain in good health in the tropics as in temperate regions. A few special precautions are necessary to avoid endemic disease.

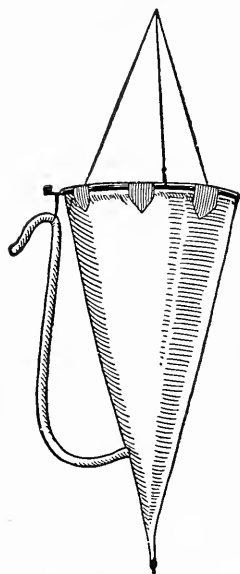


FIG. 194.—WATER BAG TO COOL WATER IN HOT COUNTRIES. The bag should be hung in the breeze; the cooling depends upon evaporation. (Wilson's "Field Sanitation," George Banta Pub. Co.)

I can vouch for the fact that it is quite practical to do hard mental work in the tropics for a year or more. However, prolonged residence seems to bring on lassitude and a disinclination for both mental and physical exertion. Hence, it is customary in our Government Service to limit tours of duty in the tropics to a period not exceeding three years at a time.

When a choice is possible, residence or camp site in the tropics should always face the trade winds. The site should be high and dry and removed from native quarters in order to avoid infections. Houses and tents must be screened, and in addition a mosquito bar for the bed is advisable. Houses should be built on piers or piles well above the ground. Where ants abound, the legs of beds and food chests should stand in water, but care must be taken that this water does not become a breeding place for mosquitoes. Special care should be taken to remain in the security of a well-screened abode from before sunset until after sunrise.

It is advantageous to avoid the direct sun at noon; otherwise it is best to wear a pith helmet or carry a green parasol. Colored glasses against the glare of the sun are a comfort. The clothes should be white or khaki color, light and airy, and of the best of linen. The diet in the tropics should not differ materially from that in temperate climates—about the same number of calories are required, and it is not possible to regulate heat production and heat loss through diet. Overeating is more apt to bring on gastro-intestinal troubles in hot weather than in cold. Special care must be taken to see that the diet is well balanced and contains sufficient vitamins.

It is safest to eat only well-cooked food and to drink only boiled water, unless assured of their quality. More water should be drunk in

hot climates to make up for the unusual evaporation. Alcohol especially must be avoided in the tropics.

The skin should be kept clean, and care taken to prevent the effect of prickly heat.

It is a great mistake to avoid exercise in the tropics. Tennis, golf, horseback riding or walking in the cool of the evening or morning are helpful. Swimming is an unusually good form of exercise in the tropics, provided the waters are clean and safe.

It will be necessary to have an ice-box, not alone for food, but for serums, vaccines, and other supplies which are ruined by heat.

A temporary ice-box on the march and in temporary camps may be made simply by digging a hole in the ground and wrapping the meat and ice in a shelter tent or poncho—obviously not a very satisfactory arrangement. In 1892, while in Camp Jenner, I succeeded in keeping supplies cold and clean during the hot summer on the Rio Grande by sinking boxes in the ground with an air space between. This arrangement is shown in Fig. 193, taken from Wilson's "Field Sanitation." This ice-box should have a double lid. The air space between the two boxes may be packed with hay or sawdust. Drain holes should be placed in the bottom.

## COLD CLIMATES

Ordinarily, troops stationed in Arctic regions maintain a higher average of health than those remaining in the temperate zone. Great cold at many times has been a big factor in military operations. Perhaps the most notable example is the celebrated retreat from Moscow. On the march in cold weather straggling must never be permitted. Tight shoes, or anything which slightly restricts the circulation, greatly increases the liability of frost-bite. Snow-blindness is common among soldiers in the northwestern part of the States as well as in Alaska. It may be prevented by wearing colored goggles, with a felt border to prevent freezing to the face. The so-called "snow eyes" of the Eskimo are even better. They consist of a light wooden spectacle with a narrow slit to look through. Anything which constricts the circulation must be avoided, especially in cold climates. In our army, woolen outer and under garments are supplied for service in the north and cotton for the south and the tropics. In very cold weather the canteen, filled with boiling water, makes a very fair hot-water bag.

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## SECTION XVI

### A LABORATORY COURSE IN PREVENTIVE MEDICINE AND HYGIENE

Following is a schedule of the laboratory course used in the Department of Preventive Medicine and Hygiene of the Harvard Medical School. The course must coördinate with other Departments, and will therefore vary in different Medical Schools.

The required exercises and approximately the time for each are as follows:

SUBJECT	TIME PERIOD
Vaccination	1
Phenol coefficient	1
Water, chemical	2
Milk, bacteriological	1
“ chemical	1
Bacterial vaccine	1
Vital statistics	1
Schick test and diphtheria diagnosis	1
Pneumococcus typing	1
Meningococcus carriers	1

(A period is from 3 to 5 P. M.)

The following optional exercises are offered:

Air analysis  
Room fumigation  
Water, bacteriological  
Examination sputum for tubercle bacilli  
“ smears for gonococci  
“ feces for typhoid bacilli  
Blood grouping on basis of iso-agglutinins.  
Sanitary Excursions

Each laboratory exercise must be written up, showing how the results were obtained, with an interpretation.

Students may supply their own sample of milk, water, etc., for sanitary analysis.

The laboratory is open for any student who wishes to repeat an exercise, or do additional work connected with his sanitary survey, or other problem in Preventive Medicine. Assistance will be given. Apply to the Instructor.

## I

## VACCINATION

(*Vaccinia—Cowpox*)

Students will vaccinate each other, and each student will keep a careful clinical record of his own local and general reactions.

Keep a daily record of temperature, pulse, etc., on the enclosed chart. Fill in blank below and make a daily record of (1) local eruption, with sketches showing size, number, color, appearance, and development of papules, vesicles, pustules and areola; (2) constitutional symptoms, enlargement of lymph nodes, etc. Students are advised to make blood counts, urine examinations, and other laboratory tests.

Indicate in conclusion the type of reaction, whether primary, accelerated, immediate, or negative.

## VACCINATION RECORD

Name	Age	Sex
Operator	Date	Hour M.
Vaccine: Produced by	U. S. License No.	Lot No.
History of Previous Vaccinations:		
	1st	2nd 3rd
(1) Age		
(2) Method		
(3) Result		
(4) Sketch of previous scars		

Clinical Study of Present Vaccination: (a) Daily record local eruption, etc.

(b) Constitutional symptoms. Record temperature, pulse, etc. on enclosed chart.

(Use extra sheets if necessary)

Summary and Diagnosis:

## OTHER TESTS

Immunity or susceptibility to diphtheria as determined by the Schick test will be given in a separate exercise.

Students are also offered opportunity to immunize each other with the triple typhoid vaccine.

Opportunity will be given to test sensitiveness to various food proteins, pollens and other antigens.

Accurate clinical records must be made in detail of the course of events of each test made. These records should be inserted in the notebook.

## II

### STANDARDIZATION OF DISINFECTANTS

#### *Phenol (Carbolic) Coefficient*

**Object.**—To compare the germicidal power of an unknown disinfectant against that of a 1 per cent. solution of phenol.

Make up, according to directions, two dilutions of phenol, and three of the unknown disinfectant, from the following table:

From a 5 per cent. solution of phenol

10 c. c. plus 35 c. c. water = 1:90

10 c. c. " 40 c. c. " = 1:100

From a 1 per cent. solution of the unknown disinfectant

10 c. c. plus 12½ c. c. water = 1:225

10 c. c. " 15 c. c. " = 1:250

10 c. c. " 17½ c. c. " = 1:275

Bring the water bath to 20° C. The thermometer should be in a test tube, partly filled with water, in the bath. Place the suspension of *B. typhosus* in the bath to allow the clumps to settle and the temperature to reach 20° C. Place the 5 large sterile test tubes in their places in the water bath.

Transfer 5 c. c. of the phenol dilution (1:90) to the first large test tube on the left of the water bath. Rinse the pipet in the next dilution (1:100) and transfer 5 c. c. of it to the next tube in the water bath. With another pipet, transfer 5 c. c. of the dilutions of the unknown disinfectant to the remaining three large test tubes, working from left to right.

Flame both platinum loops. Add 0.1 c. c. of the culture to each of the 5 large tubes at exactly 30-second intervals, beginning at the left, and taking care that the culture does not get on the walls of the tube. Mix contents of tubes after adding cultures.

Thirty seconds after inoculating the last large tube, start to transfer a loopful from each large tube in the water bath to culture tubes in the rack, and continue without interruption at intervals of 30 seconds until all the transfers have been made. The platinum loops are flamed and used alternately. Label the first tube of each row with the disinfectant and dilution. Incubate for 48 hours and tabulate results.

## EXAMPLE

Time in Minutes			2½	5	7½	10	12½	15
Phenol	1-90	.....	+	—	—	—	—	—
Phenol	1-100	.....	+	+	—	—	—	—
Unknown	1-225	.....	+	—	—	—	—	—
Unknown	1-250	.....	+	+	+	—	—	—
Unknown	1-275	.....	+	+	—	+	—	—

The carbolic coefficient is therefore  $\frac{225}{90} = 2.50$ .

Record results and state the limitations of the test as applied to the value of a germicide in practical application.

## III

## WATER

## EXERCISE 1

**Object.**—To determine various kinds and degrees of pollution.

**Free and Albuminoid Ammonia.**—Wash flasks and Nessler jars with distilled and ammonia-free water. Measure out 500 c. c. of the sample and pour into flask.

Connect flask to condenser and light burner, adjusting so that the Nessler jars fill in from 5 to 8 minutes.

Distill over three jars of 50 c. c. each.

Turn out flame and disconnect flask. Add 40 c. c. alkaline permanganate solution (hot) and continue distillation until 5 more jars are collected. Measure into Nessler jars from buret the following amounts of ammonium chlorid standard: 0.3, 0.5, 0.7, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5 c. c., and dilute with ammonia-free water to the 50 c. c. mark. To each of the eight jars collected, and to each standard jar, add 2 c. c. of Nessler solution. DO NOT MIX. Allow to stand ten minutes. Compare each jar distilled over with the standards, and record the number of c. c. of ammonia in the standard which it matches. For example, if jar No. 1 matches the jar containing 1.5 c. c. of the standard, record it as 1.5. Add together the results from the three jars for free ammonia and multiply by 0.02 to get part per million of N as free ammonia. Do the same for the five jars distilled for albuminoid ammonia.

## EXAMPLE

N as Free $\text{NH}_3$	N as Albuminoid $\text{NH}_3$
Jar 1 — 1.5	Jar 4 — 1.7
" 2 — 0.3	" 5 — 0.8
" 3 — 0.0	" 6 — 0.5
—	" 7 — 0.3
$1.8 \times 0.02$	" 8 — 0.3
= 0.036 part per million	—
	$3.6 \times 0.02$
	= 0.072 part per million

Record results and give interpretation.

## EXERCISE 2

**1. Nitrate Determination.**—Measure exactly 20 c. c. of the sample into a small evaporating dish. Put on the water-bath and evaporate nearly to dryness. Allow the last few drops to evaporate at room temperature. Add 1 c. c. of phenol di-sulphonic acid from the buret and rub up thoroughly with a rod. Add about 10 c. c. of distilled water and make alkaline to litmus paper with ammonium or potassium hydrate. Wash into a Nessler jar and dilute to the 50 c. c. mark with distilled water. Compare with standard nitrate solution as follows: Fill a 50 c. c. graduate with the standard nitrate solution and pour into a clean 100 c. c. Nessler jar until the color matches the sample. Note amount of standard used and record. (Or compare with a series of standards.)

To find parts of N as nitrates per million, divide the number of c. c. of standard by the number of c. c. of sample used.

Record results and give interpretation.

**2. Determination of Nitrites.**—Fill a Nessler jar up to the 50 c. c. mark with the sample. To the sample add 1 c. c. of sulphanilic acid and 1 c. c. of alphanaphthylamin solution from the burets. MIX THOROUGHLY. Allow to stand not less than 10 minutes nor more than 30. Compare sample with standards and record in terms of c. c. of standard nitrite solution. To get parts of N as nitrites per million, multiply the number of c. c. of the standard by 0.01. The color is due to the formation of azobenzolnaphthalaminsulphonic acid.

Record results and give interpretation.

**3. Determination of Chlorids.**—Measure out 50 c. c. of the sample into the evaporating dish. Into another measure 50 c. c. of distilled water. Add to each 1 c. c. of the potassium chromate indicator. To the sample add carefully from the buret standard  $\text{AgNO}_3$  until the red of the silver chromate persists, using the distilled water for comparison of colors. Record number of c. c. of the standard  $\text{AgNO}_3$  solution used. Each c. c. of the standard equals 0.0005 gram of Cl, or

0.5 mg. of chlorid. The number of c. c. of the standard used times 0.5 equals mg. of chlorid in 50 c. c. of the sample. This result times 20 equals mg. per liter or parts per million.

Record results and give interpretation.

**4. Determination of Hardness.**—Into the glass stoppered bottle measure 50 c. c. of the sample. From the buret add standard soap solution 0.3 c. c. at a time. After each addition shake thoroughly, and lay the bottle on its side. When the lather covers the entire surface and persists for five minutes, read the buret and record. Now add 0.5 c. c. of the soap solution. Shake, and if the lather disappears add more soap as before until a lather is obtained which persists for five minutes. The magnesium salts are precipitated first, then the calcium salts; hence the second addition of soap solution after five minutes, which will indicate the presence or absence of calcium hardness. If the lather does not disappear on the addition of the 0.5 c. c. of soap solution, the first reading is the end point. Read the parts per million from the table of hardness and convert into degrees of hardness Clark's scale from the conversion table.

Record results and give interpretation.

TABLE OF HARDNESS SHOWING THE PARTS PER MILLION OF CALCIUM CARBONATE FOR EACH 0.1 C. C. SOAP SOLUTION WHEN 50 C. C. OF SAMPLE ARE USED

C. c. of Soap Solution	0.0 c. c.	0.1 c. c.	0.2 c. c.	0.3 c. c.	0.4 c. c.	0.5 c. c.	0.6 c. c.	0.7 c. c.	0.8 c. c.	0.9 c. c.
0.0								0.0	1.6	3.2
1.0	4.8	6.3	7.9	9.5	11.1	12.7	14.3	15.6	16.9	18.2
2.0	19.5	20.8	22.1	23.4	24.7	26.0	27.3	28.6	29.9	31.2
3.0	32.5	33.8	35.1	36.4	37.7	38.0	40.3	41.6	42.9	44.3
4.0	45.7	47.1	48.6	50.0	51.4	52.9	54.3	55.7	57.1	58.6
5.0	60.0	61.4	62.9	64.3	65.7	67.1	68.6	70.0	71.4	72.9
6.0	74.3	75.7	77.1	78.6	80.0	82.4	82.9	84.3	85.7	87.1
7.0	88.6	90.0	91.4	92.9	94.3	95.7	97.1	98.6	100.0	101.5

CONVERSION TABLE OF HARDNESS

	Parts per Million	Clark Degrees	French Degrees	German Degrees
Parts per million.....	1.00	0.07	0.10	0.056
Clark degrees.....	14.3	1.00	1.43	0.80
French degrees.....	10.0	0.70	1.00	0.56
German degrees.....	17.8	1.24	1.78	1.00

English degrees of hardness (Clark's scale) represent grains of calcium carbonate per imperial gallon.

French degrees of hardness represent parts per 100,000 of calcium carbonate.

German degrees of hardness represent parts per 100,000 of calcium oxid.

To convert hardness from one scale to another, multiply by the factor opposite the scale in which it is expressed and under the scale to which it is to be converted.

The temporary hardness is due usually to bicarbonates of calcium and magnesium; the permanent hardness is due to sulphates and chlorides of these elements.

## IV

### MILK

**Bacteriology of Milk**—*Object*.—To determine the sanitary character of a milk.

1. Mix milk by shaking the bottle.
2. Flame lip of bottle and pour a sterile test tube about half full of milk for B. Welchii test. Put test tube into water-bath at 80° C. for an hour. Incubate this for 24 to 48 hours at 37° C.
3. Pour about 50 c. c. milk into sterile bottle for bacteriological work.

4. Put agar on to melt.
5. Label Petri dishes: 1/100, 1/1,000, 1/10,000 in duplicate, together with name and date.
6. With first 1 c. c. pipet:
  - (a) Put 1 c. c. milk into 99 c. c. water blank; shake 25 times = 1/100 dilution.

With second pipet, put:

- (a) 1 c. c. of 1/100 dil. into 9 c. c. water blank = 1/1,000 dilution.
- (b) 1 c. c. 1/100 dil. into 99 c. c. water blank = 1/10,000 dilution.

(c) and (d) 1 c. c. 1/100 dil. into 2 Petri dishes.

With third pipet, put:

(a) and (b) 1 c. c. 1/1,000 dil. into 2 Petri dishes.

With fourth pipet, put:

(a) and (b) 1 c. c. 1/10,000 dil. into 2 Petri dishes.

Before plating each dilution, rinse pipet by drawing dilution to be plated back and forth in the pipet several times.

7. Cool agar slightly by adding cold water to cup. Cool each tube to about 45° C.; test by placing tube against cheek; flame lip of tube and pour. Revolve plate. Allow to cool while doing other tests. When hard place upside down in incubator. Plates should be read in 24 to 48 hours.

8. Empty dilution bottles and put pipets in pan.

## MICROSCOPIC EXAMINATION OF BACTERIA IN MILK

**Breed Method.**—1/100 c. c. milk or cream is spread with needle over area of a square centimeter. Film allowed to dry. Fix in methyl alcohol, extract fat in ether. Stain in Loeffler's methylene blue to desired intensity. Extract any excess stain in the preparation by dipping in 95 per cent. alcohol. It is necessary to know the area of microscopic field at any given tube length, and this may be determined by a stage micrometer. Using oil immersion lens, count organisms in field of known area. To make this comparable to agar plate count, groups of organisms of same kind are counted as one. Count from ten to fifty fields in this manner and determine average. Then if the area of each field counted is, for example, 1:4,000 of a square centimeter, then the final count in 1 c. c. would be  $X$  (the average for each field) multiplied by 4,000, multiplied by 100 (the amount of milk taken). This method is very valuable in determining the condition of milk previous to pasteurization. Results may be obtained in two or three hours, and in raw milk they agree closely with plate count.

**Slack's Method** (demonstrated).—A definite volume of milk is sedimented. This sediment is spread on a slide, stained as described under the Breed Method, and examined. A total count is obtained which is approximately quantitative. This method is valuable in classification of milks on basis of presence or absence of streptococci or other organisms of characteristic morphology.

## BACTERIOLOGICAL MILK STANDARDS

*Certified, or Grade A* (raw milk).—Not over 10,000 per c. c.

*Grade A* (pasteurized milk).—Not over 200,000 per c. c. before pasteurization, and not over 10,000 per c. c. after pasteurization.

*Grade B.*—Not over 1,000,000 per c. c. before pasteurization and less than 50,000 per c. c. after pasteurization.

*Cream.*—In 20 per cent. cream the count shall not be more than five times the limit for the same grade of milk.

1. **Fat Test.**—Milk should be well mixed by pouring (not shaking) immediately before each of the following tests:

Pipet into the Babcock flask 17.6 c. c. of the sample of milk. Pipet 17.6 c. c. of  $H_2SO_4$  (sp. gr. 1.82) into the flask (properly balanced) and revolve on centrifuge for five minutes. Remove flask and add hot water up to the mark at the bottom of the neck and whirl for three minutes. Remove again and add hot water up to the 8 mark in the neck. Whirl again for one minute. Remove and, with the calipers, immediately read the percentage of fat. Empty the flask and rinse with hot water before the contents get cold.

2. **Specific Gravity.**—Mix the milk thoroughly by pouring and fill the cylinder. Take the specific gravity with the Quevenne and New



York Board of Health lactodensimeters. Record temperature and specific gravity. Correct each determination for temperature by the table. (Accepted temperature for sp. gr. is 60° F. or about 15° C.)

**3. Total Solids.**—Richmond Slide Rule. Bring the observed lactometer reading opposite the 60° mark and read the correct specific gravity opposite the observed temperature. The arrow of the slide is then set opposite the observed percentage of fat and the total solids are read opposite the corrected specific gravity on the scale marked "specific gravity."

TABLE FOR CORRECTING THE SPECIFIC GRAVITY OF MILK ACCORDING TO TEMPERATURE.  
(Adapted from Table of Vieth.)

Specific Gravity	10°	11°	12°	13°	14°	15°	16°	17°	18°	19°	20°
1.027	26.1	26.2	26.4	26.5	26.7	26.9	27.1	27.4	27.5	27.7	28.0
28	27.0	27.2	27.4	27.5	27.7	27.9	28.1	28.4	28.5	28.7	29.0
29	28.0	28.2	28.4	28.5	28.7	28.9	29.1	29.4	29.5	29.8	30.1
30	29.0	29.1	29.3	29.5	29.7	29.9	30.1	30.4	30.5	30.8	31.1
31	29.9	30.1	30.3	30.4	30.6	30.9	31.2	31.4	31.5	31.8	32.2
32	30.9	31.1	31.3	31.4	31.6	31.9	32.2	32.4	32.6	32.9	33.2
33	31.8	32.0	32.3	32.4	32.6	32.9	33.2	33.4	33.6	33.9	34.2

Directions: Find the observed gravity in the left-hand column. Then, in the same line and under the observed temperature will be found the corrected reading.

TEMPERATURE CONVERSION TABLE

C.	F.	C.	F.
9°	48.2°	15°	59.0°
10°	50.0°	16°	60.8°
11°	51.8°	17°	62.6°
12°	53.6°	18°	64.4°
13°	55.4°	19°	66.2°
14°	57.2°	20°	68.0°

To change degrees C. to degrees F. =  $(C.^{\circ} \times 915) \div 32$   
 " " " F. " " C. =  $(F.^{\circ} - 32) \times 5/9$

#### 4. Milk Standards.—

	Butter Fat	Solids Not Fat	Total Solids
U. S. Government.	3.35	—	12.0
Boston, Mass. ....	3.25	8.5	—

In general, the following may be applied to the interpretation of results of chemical examination of milk:

*Normal Milk.*—Ratio of fat to total solids about as indicated in Standards:

$$3.25 : 12 = 1 : 4 \text{ (approximately)}$$

*Skim Milk.*—Ratio of fats to total usually more than 1 : 4.

$$0.8 \text{ per cent. (fat)} : 9.3 \text{ per cent (total solids)} = 1 : 11$$

*Watered Milk.*—Ratio of fat to total solids about as in normal milk, but actual amount of each low. Solids not fat usually below 8.0.

2.1 per cent. (fat) : 9 per cent. (total solids) = 1 : 4 (approximately)

*Skimmed and Watered Milk.*—Low fat, low solids not fat, and ratio of fat to solids usually greater than 1 : 4.

1.2 per cent. (fat) : 8.5 per cent. (total solids) = 1 : 7

In the last two types of adulteration a determination of refractive index is valuable in drawing conclusions.

## V

### BACTERIAL VACCINE

#### *Alternative Methods Will Be Demonstrated*

1. Set up water bath to each 2 men and accurately regulate to 53° C.

2. Clean slides for smears.

3. Make bacterial suspension with 1 c. c. ungraduated pipet using about 1 to 2 c. c. salt solution and reserve drop in pipet for Par. 4. Heat suspension for one-half hour in water bath. Boil large rubber nipple ten minutes.

4. Put grease pencil mark on capillary pipet about one inch from end. Draw citrate solution to the mark, allow a *small* bubble of air to enter, draw up a measure of blood from finger, allow bubble to enter, and finally draw up a measure of bacterial suspension. Force out pipet contents on a clean slide, mix, withdraw a small drop to another slide, and with the edge of a clean slide make a smear.

5. Fix in alcohol, allow to evaporate, stain with eosin two minutes, and wash. Stain with methylene blue 30 seconds and wash until the eosin color reappears.

6. Count, using oil immersion lens. Count both r. b. c. and bacteria in each field until 1,000 r. b. c.'s are counted.

7. Compare suspension to turbidity standards, and estimate number of organisms present.

8. Make up vaccine to contain 1,000,000,000 bacteria per c. c.

#### CALCULATION

Lot X = No. bact. in suspension per cu. mm.

Lot Y = No. bact. counted, in this case 3,760.

5,000,000 = r. b. c. per cu. mm.

1,000 = r. b. c. counted.

1,000 : 3,760 :: 5,000,000 : X

1 c. c. contains 18,800,000,000 bacteria. Therefore, add 17.8 c. c. sterile solution to each c. c. of bacterial suspension; for, if

$$\begin{aligned} 18.8 \text{ c. c.} &= 18,800,000,000 \text{ bacteria,} \\ \text{then } 1 \text{ c. c.} &= 1,000,000,000 \quad \text{"} \end{aligned}$$

9. Make transplant using 0.5 c. c. to bouillon tube.
10. Add tricresol to vaccine sufficient to make 0.23 per cent.
11. Stopper vaccine with inverted sterile nipple.

## VI

### VITAL STATISTICS

**Estimate of Population.**—Example of arithmetical method.

Population of a city June 1, 1900, census 50,000

Population of same city April 15, 1910, census 61,850

Period between = 9 years  $10\frac{1}{2}$  months = 9.875 years.

Annual increase by arithmetical calculation:

$$\frac{61,850 - 50,000}{9.875} = 1,200 \text{ per year.}$$

Estimated for July 1, 1906: Period from 6—1—00 to 7—1—06 = 6 years, 1 month = 6.083 years =  $50,000 + (6.083 \times 1,200) = 57,300$ .

As a rule, population is estimated to July 1st for the year in which the statistics are being compiled.

**Formulae.**—General (crude) death rate =  $\frac{\text{No. deaths}}{\text{Population}} \times 1,000$

Corrected for non-residents:

$$\text{Resident death rate} = \frac{\text{No. deaths (residents)}}{\text{Population}} \times 1,000$$

Specific death rate for a disease:

$$\frac{\text{No. deaths from a specific disease}}{\text{Total population}} \times 100,000$$

Fatality rates in per cent.:

$$\frac{\text{No. deaths from a specific disease}}{\text{No. cases of the same}} \times 100$$

Morbidity rate, or incidence:

$$\frac{\text{No. cases of a specific disease}}{\text{Population}} \times 1,000$$

Infant mortality:

$$\frac{\text{No. deaths of children under 1 year}}{\text{No. births for year (Still-births not included)}} \times 1,000$$

General (crude) birth rate:

$$\frac{\text{No. births per year}}{\text{Population}} \times 1,000$$

**Problems.**—Data are given below for Pittsburgh, Pennsylvania. From them, calculate:

- (1) General (crude) death rate.
- (2) Death rate corrected to exclude non-residents.
- (3) The specific death rate of white and colored people.
- (4) Specific death rate for tuberculosis and typhoid.
- (5) Fatality rate for typhoid, etc.
- (6) Incidence of measles, typhoid, etc.
- (7) Infant mortality, general, white and colored.
- (8) The birth rate, general, white and colored.

## STATISTICS FOR PITTSBURGH, PENNSYLVANIA

Population			
Year	Total	White	Colored
1880 .....	156,381		
1890 .....	238,617		
1900 (as of June 1st) .....	451,512	430,973	20,355
1910 ( " " 15th) .....	533,905	508,008	25,623
1920 (est. July 1st) .....	588,193		

## Statistics for 1917

Deaths		Deaths From	
Total .....	10,645	Tuberculosis (Pulmonary):	
White .....	9,472	Total .....	753
Colored .....	903*	White .....	670
Non-Resident .....	1,278	Colored .....	83
		Typhoid:	
		Total .....	70
		Measles:	
		Total .....	63
No. of Cases of			
Typhoid .....	234		
Measles .....	4,031		
Tuberculosis (Pulmonary) .....	6,024		
Births		Deaths Under 1 Year	
Total .....	16,543	Total .....	1,983
White .....	15,889	White .....	1,846
Colored .....	655*	Colored .....	137

\* It will be noted the deaths colored exceed births. That this is not uncommon the following statistics show:

1919		1920 (1st half year)	
Deaths (colored)	788	Deaths (colored)	474
Births	703	Births	332

Number of cases estimated from total number of deaths from each disease and expected case fatality rates: Typhoid, 700; measles, 11,000; tuberculosis (pulmonary), 6,024. Incomplete reporting probably accounts for the difference between estimated number of cases and those actually reported. Use the estimated number of cases to compute case fatality rate.

(9) Fill out the enclosed death certificate with a primary and contributing cause of death.

(10) Fill out the enclosed birth certificate.

(11) Criticize the following causes of death:

Typhomalarial fever  
 Influenza  
 Fracture of skull  
 Rheumatism  
 Ptomain poisoning  
 Uremia  
 Gangrene  
 Cardiac dilatation  
 Cancer  
 Apoplexy  
 Paralysis  
 Convulsions  
 Hemorrhage  
 Peritonitis  
 Senility  
 Cerebrospinal meningitis  
 Appendectomy  
 Septicemia

Reference:—Physicians' pocket manual to the International List of Causes of Death. Bureau of the Census, Government Printing Office, Washington, D. C.

#### SIX RULES OF BERTILLON FOR PROPER CLASSIFICATION OF CAUSES OF DEATH

1. If one of the two diseases is an immediate and frequent complication of the other, the death should be classified under the head of the primary disease. Example:—

Scarlet fever and diphtheria, classify as scarlet fever.

2. If the preceding rule is not applicable the following should be used. If one of the diseases is surely fatal and the other is not of such gravity, the former should be selected as the cause of death. Example:—

Pulmonary tuberculosis and puerperal septicemia, classify as tuberculosis.

3. If neither of the above rules is applicable, then the following: If one of the diseases is epidemic and the other is not, choose the epidemic disease. Example:—

Measles and biliary calculi, classify as measles.

4. If none of the three preceding rules is applicable, the following may be used: If one of the diseases is much more frequently fatal than the other, then it should be selected as the cause of death. Example:—

Pericarditis and appendicitis, classify as pericarditis.

5. If none of the four preceding rules applies, then the following: If one of the diseases is of rapid development and the other is of slow development, the disease of rapid development should be taken. Example:—

Cirrhosis and angina pectoris, classify as angina pectoris.

6. If none of the above rules applies, then the diagnosis should be selected that best characterizes the case. Example:—

Saturnism and peritonitis, classify as saturnism.

## VII

### DIPHTHERIA DIAGNOSIS

#### COLLECTION OF SPECIMEN

*Material Necessary.*—(1) Sterile swabs—iron wire is better than wooden sticks. The latter may break, or if heavy enough, may be too thick to use in the nose.

(2) Clean slides.

(3) Tubes of Loeffler's serum medium.

*Method of Collection.*—The swab is rubbed gently but firmly against any visible membrane on the tonsils or pharynx, a rotary motion being given to the swab at the same time. The swab is immediately inserted in the blood serum tube and rubbed back and forth several times over the whole surface of the medium, again rotating the swab. Care should be taken not to break the surface of the blood serum. Then, from the same swab or from a fresh swab, make smears on a slide for direct examination. Return the swab to its tube and sterilize the whole.

It is advisable to take a culture from the nasal cavities after first cleansing them with a spray of sterile normal salt solution. It is well

to keep in mind that *B. diphtheriae* may cause infections of any of the mucous membranes, the order of incidence being pharynx, larynx, nasal cavities, conjunctiva, middle ear, and genital organs.

*Treatment of Specimen Collected*—Direct Smear.—Make three smears directly from the swab, dry them in air, fix and stain with Loeffler's methylene blue stain, Neisser's stain, gram stain. The absence of diphtheria bacilli must not be assumed if negative results are obtained, as they often pass unrecognized if mixed with a number of other organisms. Only if *numerous* gram positive bacilli, staining *irregularly* with Loeffler's methylene blue and showing typical granules with Neisser's stain, are obtained is one justified in making a diagnosis from direct smear. In all cases, culture should be resorted to for confirmation.

*Culture*.—Place the culture, made as above, at 37° C. as quickly as possible. If no incubator is available, an inside vest pocket will serve. On Loeffler's serum diphtheria bacilli usually outgrow all other throat forms (except staphylococci) within 18 hours.

*Examination of Culture*.—*B. diphtheriae* grows on Loeffler's serum media in large, round, elevated, yellowish or grayish-white colonies, with opaque center and an irregular periphery; the surface is moist. Remove some of the growth with a sterile platinum loop, and make a smear, dry, fix and stain with Loeffler's methylene blue. Neisser's stain and Gram stain. Animal inoculation may be resorted to to prove the presence of virulent diphtheria bacilli. This will be demonstrated.

#### THE SCHICK TEST

*Object*.—To determine the presence or absence of diphtheria antitoxin in the blood of the subject under test.

A minute quantity of toxin (1/50 M. L. D.) is injected *intracutaneously* and a local reaction follows if there is less than 1/30 of a unit of antitoxin per c. c. of blood. The explanation of the test is that when antitoxin is present, the toxin is neutralized and no injury to the tissues occurs. A negative reaction therefore indicates the presence of antitoxin (*immunity*). A positive reaction indicates the absence of antitoxin (*susceptibility*).

Diphtheria toxin is diluted so that 0.1 c. c. equals 1/50 of the M. L. D. for a 250-gram guinea-pig. This amount (0.1 c. c.) is injected with a 1 c. c. syringe and fine needle *intracutaneously* on the flexor surface of the forearm or arm. A good guide for the insertion of the needle into the proper layer of the skin is to be able to see the oval opening of the needle through the superficial layers of the epidermis. A properly made injection is recognized by a distinct wheal-like elevation, which moves with the skin, and shows the prominent openings of

the hair follicles. The results of the test should be read and noted daily.

The reaction that results at site of injection may be either positive, negative, pseudo, or combined positive and pseudo.

(1) *Positive*.—Trace of redness in 12 to 24 hours. Distinct in 24 to 48 hours. Reaches height on 3rd to 4th day. Leaves circumscribed scaling area of brownish pigmentation which persists for 3 to 6 weeks.

(2) *Negative*.—No reaction at site of inoculation.

(3) *Pseudo*.—Local anaphylactic response of the tissue cells due to the protein substances which are present in the toxic broth used for the test. Reaction appears early—in from 6 to 18 hours—reaches its height in 36 to 48 hours, disappears on the 3rd or 4th day. There is generally no scaling. At its height, the pseudo reaction shows varying degrees of infiltration and appears as a small central area of dusky redness with a secondary areola, which gradually shades off into the surrounding skin. The reaction may also have a rather uniform appearance and be two to three times the size of a true reaction. Compare with control.

(4) *Combined*.—Positive and pseudo reaction in the same individual. The central area of redness is larger and better defined, the amount of infiltration is also more marked, a definite area of scaling brownish pigmentation is observed after the pseudo element has disappeared in the test.

Pseudo, combined and doubtful reactions, in the absence of suitable controls should be regarded as positive to be on the safe side.

*Control*.—With toxin heated to 80° C. for 30 minutes, or with toxin neutralized with antitoxin, to help interpretation.

## VIII

### CLASSIFICATION OF PNEUMOCOCCI

Make smear preparations of pneumonia sputum. Stain for capsule by Hiss Method and Gram Method.

**Hiss Method**.—Preparations are made by mixing suspected material with a drop of animal serum, preferably beef blood serum, on a cover slip. Dry in air and fix by heat. Stain for a few seconds with fuchsin:

Saturated alcoholic fuchsin (or gentian violet) 5 c. c.

Distilled water

95 “

The cover slip is flooded with the dye and the preparation held over a Bunsen flame for a second until it steams. Wash off dye with 20 per cent. aqueous copper sulphate solution. Blot (do not wash), dry and mount.



**Isolation of the Pneumococcus—Avery's Medium.**—Meat infusion broth 0.3 to 0.5 per cent. acid to phenolphthalein containing 1 per cent. glucose and 5 per cent. defibrinated rabbit blood. This is distributed into test tubes in 5 c. c. quantities. A tube of this medium, or a mouse, is inoculated with washed sputum. The Avery's medium should be incubated 6 to 8 hours and the tube centrifuged at low speed to throw out blood cells. The supernatant fluid is tested in the same manner as described for peritoneal washings from the mouse. The Avery method is applicable only when mice are not obtainable.

Each group will autopsy the mouse inoculated the previous day with pneumonia sputum. The peritoneal cavity should be opened and the free fluid, if any, pipetted into a small test tube. The peritoneal cavity should then be washed with about 3 c. c. of sterile saline and the washings added to the peritoneal fluid. This gives a suspension of the organisms present in the peritoneal cavity. Plant cultures on blood serum from the hearts' blood and incubate. Make smear preparations from hearts' blood and stain as above.

Centrifuge the peritoneal washings for five to ten minutes at high speed. Pipet off (using capillary pipet) the clear supernatant fluid for use in the precipitin test. Resuspend the sediment in 3 c. c. salt solution for use in the agglutination test.

**Agglutination Test.**—Into five small tubes in a rack add as follows:

- |             |                                       |
|-------------|---------------------------------------|
| Tube No. 1— | 5 c. c. 1/30 dilution of Type I serum |
| “ “ 2—      | 5 c. c. undiluted Type II serum       |
| “ “ 3—      | 5 c. c. 1/10 dilution Type II serum   |
| “ “ 4—      | 5 c. c. 1/10 dilution Type III serum  |
| “ “ 5—      | 5 c. c. sterile ox bile               |

Add 0.5 c. c. of the bacterial suspension obtained from the peritoneal washing to each tube. Incubate at 37.5° C. for one hour. Note type of pneumococcus present and lysis in the bile tube. Record result.

**Precipitin Test.**—Into four small tubes in a rack add as follows:

- |             |                                       |
|-------------|---------------------------------------|
| Tube No. 1— | 5 c. c. 1/15 dilution of Type I serum |
| “ “ 2—      | 5 c. c. undiluted Type II serum       |
| “ “ 3—      | 5 c. c. 1/5 dilution Type II serum    |
| “ “ 4—      | 5 c. c. 1/10 dilution Type III serum  |

## IX

### MENINGOCOCCUS ISOLATION AND CARRIER DETECTION

Obtain material on a swab from the posterior nasopharynx (adenoid region); plate directly from the swab, and after 24 hours' incubation of the inverted plate, make presumptive slide agglutination tests with specific sera and suitable controls, using colonies fished directly from the

plates. The dried drops are later fixed and stained to determine whether the organism is a gram negative diplococcus. Where time and material are available, this technique is elaborated.

**Swabbing.**—In skilled hands the “open” swab may be successfully employed, but the use of the West tube is recommended. The swab must not touch lips, tongue, tonsils, etc. The mucous material on the tip of the swab is inoculated by touching the surface of the special medium in a Petri dish. The material is then spread over the surface with a platinum wire or it may be spread directly with the swab. The plates should be immediately incubated in the inverted position. Cooling of the plates and delay in incubation diminishes the number of successful isolations of the meningococcus.

**Examination of Plate Cultures.**—The colonies of the meningococcus are small and delicate. They are convex, glistening, translucent, and as they grow older tend to become opaque in the center. The young colonies may be confused with those of *Diplococcus crassus*, *Micrococcus catarrhalis*, *Diplococcus pharyngis flavus*, *Diplococcus pharyngis siccus*, and some *Streptococci*.

**Presumptive Slide Agglutination Test.**—Drop A is a 1/10 dilution of polyvalent meningococcus serum. Drop B is a 1/10 dilution of normal horse serum (control). Drop C is 0.85 per cent. salt solution (control).

A	B	C
O	O	O

Three drops are placed on a microscopic slide as shown. The suspected colony is fished and the platinum wire is dipped into each drop to permit part of the colony to wash off into it. In doing this, dip first into drop C, then into drop B, and finally into drop A. Burn the wire and after it has cooled, emulsify the material in each drop thoroughly working in the same direction. Agglutination in A and none in B and C is presumptive for meningococcus. Any other reactions are negative and indicate one of the other organisms. The slide can be stained by gram to verify the morphology and staining characteristics of the organism present.

**Macroscopic Agglutination.**—To 1 c. c. quantities of the emulsion in five tubes add:

- (1) To the first tube, 1 c. c. of a 1/100 dilution of normal type meningococcus serum.
- (2) To the second tube, 1 c. c. of a 1/100 dilution of parameningococcus serum.
- (3) To the third tube, 1 c. c. of a 1/50 dilution of Rockefeller polyvalent antimeningococcic serum.
- (4) To the fourth tube, 1 c. c. of a 1/10 dilution of normal horse serum (control).

(5) To the fifth tube, 1 c. c. salt solution (control).

Incubate at 37° C. for 3 hours.

**Interpretation.**—Agglutination in tubes 1 and 3 = meningococcus (normal).

Agglutination in tubes 2 and 3 = parameningococcus.

Agglutination in tube 3 = meningococcus (intermediary).

Agglutination in all tubes, in none, or in either of the two controls is negative for meningococcus.

A. Each student will take a West swab, and after swabbing the nasopharynx of his neighbor, plate the material as directed, and after marking the plate for identification, will put it in the incubator in the inverted position.

B. The student will at this point acquaint himself with the character of the meningococcus colonies by studying the plates of pure cultures of meningococci and plates containing mixed cultures.

C. Students will at this point make a series of macroscopic slide agglutination tests to acquaint themselves with the technique of the procedure, using colonies from the plates containing pure cultures of meningococci. They will then proceed to make fishings of suspicious colonies from the mixed plates, and having identified a colony by the presumptive test, they will fish it to a blood agar slant. Mark for identification and incubate.

D. Students will set up three sets of five tubes as directed and using the meningococcus emulsions marked X, Y, and Z, will determine to which group they correspond.

E. Study plates put in incubator at the previous period.

## X

### SANITARY SURVEY OF A CITY OR TOWN

Each student is required to make a sanitary survey of a city or town, based on the following outline, and submit a written report of the same. The report should consist of: (a) data, (b) interpretation of the facts, and (c) criticisms and recommendations. In order to receive credit this year, the sanitary survey must be handed in not later than May 15th.

*Introduction*—General description of the town including:

- (a) History
- (b) Geographical position
- (c) Topography
- (d) Climate

- (e) Geology
- (f) Population (number and constitution)
- (g) Urban, suburban or rural
- (h) Organization of the board of health
- (i) Other information about the town.

*Water.*—

- (a) The water shed—sources of pollution, methods of collection, storage, purification
- (b) An analysis of the water and its interpretation
- (c) Public or private wells
- (d) Examine a sample of the water in the laboratory.

*Sewage.*—

- (a) System of disposal—if purified or treated, how?
- (b) Efficiency
- (c) Relation to health of this and other towns
- (d) Criticism of system.

*Garbage, Refuse, Ashes.*—

- (a) Method of collection
- (b) Disposal
- (c) Relation to health
- (d) Criticism of methods.

*Vital Statistics.*—

- (a) Death rate
- (b) Infant mortality
- (c) Specific rates for:
  - (1) Typhoid
  - (2) Tuberculosis
  - (3) Measles
  - (4) Scarlet fever
- (d) Submit samples of blanks used by the department of health, especially those for deaths, births, marriages, and notifiable diseases. Fill out a death certificate. State opinion as to thoroughness of reporting morbidity, mortality and other vital statistics.

*Milk.*—

- (a) Report on the sanitary conditions of one farm and one city dairy, using score cards
- (b) Amount of milk pasteurized and by what method  
Criticism
- (c) Amount of milk "certified." If possible, visit and report on farm producing it.

- (d) Examine a sample of milk in the laboratory  
Interpret result.

*Sanitary Nuisances.*—

- (a) Source of odors
- (b) Dust—causes and method of prevention
- (c) Rubbish and general cleanliness. Empty lots. Dumps
- (d) Flies and mosquitoes
- (e) Rats and vermin
- (f) Stables and manure
- (g) Breeding places of mosquitoes
- (h) Smoke
- (i) Unnecessary noises
- (j) Piggeries, etc.
- (k) Legal definition of “nuisance” and method of abatement.

*Industrial Hygiene.*—

- (a) Report upon one industry based upon a visit to a factory or workshop.

*Housing.*—

- (a) Sanitary condition of one tenement
- (b) Ventilation of one large building.

*Communicable Diseases.*—

- (a) Give a list of the diseases notification of which is required by the board of health
- (b) Quarantine regulations
- (c) Methods of disinfection and fumigation
- (d) What measures are taken to prevent the spread of tuberculosis?
- (e) Should some other disease be prevalent, what measures are taken to control it?
- (f) Venereal diseases, reporting and control.

*Schools.*—

- (a) Visit and report on one school—ventilation, lighting, temperature, playgrounds, etc.
- (b) Medical inspection of school children. How conducted?
- (c) Diseases for which children are excluded from school.

*Miscellaneous.*—

- (a) Markets
- (b) Provision stores and soda fountains
- (c) Slaughter houses and meat inspection
- (d) Cold storage plants

- (e) Kitchens of hotels and restaurants
- (f) Wharves
- (g) Barber shops
- (h) Distribution of educational and other pamphlets
- (i) Other activities of the board of health, as maintenance of diagnostic laboratory, meat inspection, etc.
- (j) District nursing and social service
- (k) Charitable institutions or organizations of importance to public health such as Antituberculosis Association, Red Cross, Baby Hygiene, Milk Stations, Public Health Nursing, Health Center, Prenatal or Maternity Work, Hospitals for Communicable Diseases, and other health activities
- (l) City planning
- (m) Food and drug administration.

*General Summary of.*—

- (a) Conditions found
- (b) Criticisms
- (c) Recommendations.

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